



THE UNITED REPUBLIC OF TANZANIA

PRIME MINISTER'S OFFICE
LABOUR, YOUTH, EMPLOYMENT AND PERSONS WITH DISABILITY

NATIONAL SOCIAL PROTECTION POLICY (2023)

NOVEMBER 2023



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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
BoT	Bank of Tanzania
BRELA	Business Registrations and Licensing Agency
Cap	Chapter
CBOs	Community-Based Organizations
CHF	Community Health Fund
COMSIP	Community Savings and Investment Promotion
COVID-19	Corona Virus Disease-19
FBO	Faith-Based Organization
FGM	Female Genital Mutilation
GDP	Gross Domestic Product
GEPF	GEPF Retirement and Benefits Fund
GN	Government Notice
HBS	Household Budget Survey
HIV	Human Immunodeficiency Virus
iCHF	Improved Community Health Fund
ILFS	Integrated Labour Force Survey
ILO	International Labour Organization
LAPF	LAPF Pensions Fund
LGAs	Local Government Authorities
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MIS	Management Information System
MP	Member of Parliament
NBS	National Bureau of Statistics
NBS	National Bureau of Statistics
NGOs	Non – Governmental Organizations
NHIF	National Health Insurance Fund
NIDA	National Identification Authority
NISS	National Informal Sector Scheme
No.	Number
NPA – VAWC	National Plan of Action to End Violence Against Women and Children
NSPP	National Social Protection Policy
NSSF	National Social Security Fund
NSSP	National Social Security Policy

PFM	Public Finance Management
PMO – LYED	Prime Minister's Office – Labour, Youth, Employment and Persons with Disability
PMO	Prime Minister's Office
PO – RALG	President's Office – Regional Administration and Local Government
PPF	PPF Pensions Fund
PSPF	Public Service Pension Fund
PSSN	Productive Social Safety Net
PSSSF	Public Service Social Security Fund
R.E	Revised Edition
rita	Registration, Insolvency and Trusteeship Agency
SACCOS	Savings and Credit Cooperative Societies
SDGs	Sustainable Development Goal
SHIB	Social Health Insurance Benefit
SNHI	Single National Health Insurance
SSRA	Social Security Regulatory Authority
SWO	Social Welfare Officer
TASAF	Tanzania Social Action Fund
TDHS	Tanzania Demographic and Health Survey
THIS	Tanzania HIV Impact Survey
TIC	Tanzania Investment Centre
TiKA	Tiba kwa Kadi
TIRA	Tanzania Insurance Regulatory Authority
TRA	Tanzania Revenue Authority
TZS	Tanzanian Shilling
UN	United Nations
USD	US Dollar
VGT	Vulnerable Groups Transfers
VHCT	Variable Human Capital Transfers
VICOBAs	Village Community Banks
WCF	Workers Compensation Fund

POLICY GLOSSARY

1. **Basic needs poverty:** A state or condition in which a person or community lacks the financial resources and basic human needs for a minimum standard of living, such as food, clothing and shelter.
2. **Child labour:** Work that deprives children of their childhood, potential and dignity and that is harmful to physical and mental development.
3. **Civil society organizations:** The aggregate of non-governmental organizations and institutions that manifest the interest and will of citizens and the community.
4. **Contributory social protection:** This comprises mandatory contributory schemes financed by both employer and employee during working life for long and short-term benefits, as well as other schemes to which individuals or households contribute voluntarily.
5. **Gender:** Refers to the culturally and socially determined characteristics, values, norms, roles, attitudes and beliefs attributed to women and men through constructed identity in a society.
6. **ILO minimum standards:** The International Labour Organization set an instrument that was adopted at its 35th session in June 1952, popularly known as the Social Security (Minimum Standards) Convention No. 102, which itemized several contingencies and benefits required as minimum standards, including old age, invalidity, survivorship, employment injury, maternity, medical care, sickness, unemployment and family benefits.
7. **Indexation of benefits:** This is the adjustment of pensions and other cash benefits to consider price movements and thereby protect against inflation of the beneficiaries. Indexes may be based on prevailing statutory minimum wages, yearly average earnings of the contributors or consumer price inflation.
8. **Provident fund:** A fully funded defined contribution scheme in which a public entity manages funds.

9. **Social insurance schemes** are schemes in which social contributions are paid by employees or others, or by employers on behalf of their employees, in order to secure entitlement to social insurance benefits, in the current or subsequent periods, for the employees or other contributors, their dependents or survivors.
10. **Livelihood:** Refers to the means of living of an individual or household, especially financially or vocationally.
11. **Maternity protection:** Refers to the protection rights of pregnant women and women who have recently given birth to avoid harm to their health or their baby's health through paid maternity leave and measures to prevent loss of employment.
12. **Nutrition:** Is the intake of food considered in relation to the body's dietary needs.
13. **Portability of benefits:** A system that ensures the accrued benefit rights of members of a contributory scheme are not lost by members changing their employer, changing employment from one sector to another or migrating from one country to another. The system ensures the continuity of accrued benefit rights.
14. **Poverty:** The inability of an individual, family or community to attain a minimum standard of living. This is evidenced by inadequate access to basic needs and services such as food, clothing, shelter, basic health care facilities and education. Poverty is usually defined in monetary terms, measured by a level of consumption below a defined poverty line.
15. **Private sector:** Part of the country's economic system run by individuals and companies rather than a government institution.
16. **Formal sector:** The sector which includes employers and employees who have entered into a contract of employment or apprenticeship or any other contract contemplated in the definition of "employee".
17. **Informal sector:** The sector which includes workers who work

informally and who do not work in terms of an employment contract or any other contract contemplated in the definition of "employee".

18. **Public works:** Refers to the provision of state-sponsored employment for the working-age poor who are unable to support themselves due to under-productivity, seasonality of rural and urban livelihoods, or the inadequacy of market-based employment opportunities
19. **Productive inclusion:** Programmes that provide an integrated package of services, such as grants and training, to promote self-employment and wage employment among the poor.
20. **Risk:** The probability that an uncertain event will occur and have adverse consequences.
21. **Social assistance:** This comprises non-contributory schemes or programmes that provide cash or in-kind benefits to vulnerable groups, such as households living in poverty, persons with disabilities, old persons and children.
22. **Social security:** The protection measures that society provides for its members through a series of public measures against economic and social distress that would otherwise be caused by the stoppages or substantial reduction of earnings resulting from sickness, maternity, employment injury, unemployment, disability, old age, death and medical care.
23. **Social protection:** It is a set of formal and informal interventions that aim to reduce social and economic risks, vulnerabilities and deprivations for all persons, facilitating equitable economic growth and inclusive social development.
24. **Social transfers:** Social assistance in the form of cash or in-kind transfers to individuals or households. These can be either unconditional or conditional.
25. **Social welfare services:** These services include both preventive and responsive services to protect vulnerable groups such as children,

women, old persons and persons with disability from violence, abuse, exploitation and discrimination and ensure their full participation in society.

26. **Social protection system:** This comprises all the contributory and non-contributory social protection schemes and programmes and the interlinkages and synergies between these components.
27. **Social welfare system:** A country's preventive and responsive social welfare services. These include preventive measures to reduce the risk of problems materializing and responsive measures to address problems that have already arisen. They focus on vulnerable groups such as children, the elderly and persons with disabilities, with procedures for case management and referral to more specialized service providers in case of need.
28. **Vulnerable groups:** These are groups of people who, because of their characteristics, are exposed to heightened risks and cannot easily cope when risks materialize or shocks occur. They include children, women, the elderly, persons with disabilities or chronic illnesses and households living in poverty or close to the poverty line.
29. **Vulnerability:** Susceptibility to the impact of risky events or adverse shocks as a result of a particular weakness or lack of capacity for self-protection.
30. **Worst forms of child labour:** The use, procuring or offering of a child for prostitution for the production of pornographic performances and trafficking of drugs or work which by its nature or the circumstances in which it is carried out harms the health, safety or morals of children.
31. Poverty line is the estimated minimum level of income needed to secure the necessities of life
32. Non-governmental Organizations is a private, not-for-profit organization which is independent of government control

FOREWORD

For the past two decades, Tanzania's rapid economic growth has enabled the government to reduce poverty significantly in all its dimensions while achieving the Millennium Development Goals (SDGs). Nevertheless, those at the top of the income distribution bracket have benefited disproportionately, while a substantial number of the population still live below the poverty line. Recognizing the adverse effects of poverty and inequality on economic growth has motivated the Government of the United Republic of Tanzania to implement social protection programmes to tackle poverty, vulnerability and social exclusion better and contribute to equitable economic growth and inclusive social development.

This policy has been developed to promote effective coordination and implementation of relevant social protection interventions. This policy is integral to the National Development Vision 2025, underscoring social protection's importance in addressing risks and vulnerabilities.

The development process of this policy has been consultative and participatory, involving all key stakeholders, such as relevant government ministries, NGOs, CBOs, social partners, academic institutions and development partners. I sincerely hope implementing this policy will protect the poorest and most vulnerable households, promote small-scale businesses and public works for poor households, and prevent contingencies for employees and other income earners during social and economic distress.

The implementation of this policy will require substantial financial outlays. I do not doubt that all stakeholders will collaborate to help mobilize these resources and fully participate in the design, implementation, monitoring, and evaluation of the programmes this policy will inspire.

I believe this policy will transform Tanzanian people's lives positively.



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CHAPTER ONE

INTRODUCTION

1.1 Background

Social protection is a total of formal and informal measures that aim to reduce social and economic disasters, vulnerability, and the lack of basic needs for all people, thus facilitating economic growth and inclusive development. Social protection is divided into two categories: the contributory and non-contributory social protection systems. Article 11(1) of the Constitution of the United Republic of Tanzania of 1977 guarantees the right to social protection, stating that: ***'The state authority shall make appropriate provisions for the realization of a person's right to work, to self-education and social welfare at times of old age, sickness or disability and in other cases of incapacity.'***

Social protection has been a national priority since independence. Under Mwalimu Nyerere's Ujamaa Policy and the 1967 Arusha Declaration, the government sought to safeguard all citizens' welfare through free social services, including healthcare and education. Although Tanzania has since embraced a more market-oriented approach during the post-Arusha Declaration period, social protection schemes and programmes remain crucial for reducing vulnerability to social risks and ensuring a decent life and dignity for all. The Five-Year Development Plan III for 2021/22 - 2025/26 recognizes social protection as an integral part of economic and social development.

Moreover, Tanzania has ratified various international conventions such as the 1967 International Convention on Economic, Social and Cultural Rights, the Convention on the Elimination of Discrimination against Women in 1981 and the Convention on the Rights of the Child in 1989. The Conventions recognize that social protection is one of the fundamental rights of all human beings. Tanzania has also adopted many international resolutions, including the 1953 UN Declaration on Women's Political Rights, the African Declaration on Human and Peoples' Rights of 1981, the African Declaration on the Rights and Welfare of the Child of 1990, the UN Declaration on the Rights of Persons with Disabilities of 2006 and

the International Labour Organization's Declaration on the Prevention of Worst Forms of child labour in 1999. Additionally, as a member of the African Union, the East African Community and the Southern African Development Community, Tanzania is also responsible for the various provisions and protocols regarding social protection, including the Ouagadougou Declaration and Plan of Action on Employment and Poverty Alleviation in Africa (2004), the Livingstone Call to Action (2006) and the African Union Social Policy Framework (2008) that guide the actions of member states.

Despite the regional guidelines, Tanzania must ratify Convention No.102 of the International Labour Organization (ILO) (1952) on minimum benefits standards. The convention has been used to develop the country's social protection system. Furthermore, the government has also been implementing ILO Recommendation No. 202 of 2012 to provide basic social protection services. The proposals were adopted after the global financial crisis of 2007-2008. The recommendation aimed to ensure all poor and vulnerable citizens access essential subsidies and other social protection services.

In January 2003, Tanzania adopted the National Social Security Policy to provide social security services to Tanzanians and achieve the National Development Vision 2025 Goals. The policy was formulated following the government-funded social services after independence, which was deemed unsustainable in the long term. The specific objectives of the policy were to build a social security sector management system; to harmonize services provided by various funds; to strengthen non-contributory programmes in social security; to integrate the informal sector into social security; to enable the social security sector to provide essential benefits according to various international conventions; to enable social security funds to provide defined benefits instead of defined contributions; to increase the competitiveness of social security funds bring efficiency and recognition of social security charitable services.

Since the implementation of the National Social Security Policy (2003), several achievements have been made, including the establishment of the Social Security Regulatory Authority (SSRA) in 2008 which in 2019, the responsibilities were transferred to the ministry responsible for

social security and the Bank of Tanzania (BoT) was tasked to overseeing investment and financial matters in the social security funds; the establishment of the Workers' Compensation Fund (WCF); merging of pension funds to improve efficiency; have various social security sector management guidelines; implementation of various social protection programmes including money transfer, food aid, temporary public works, measures to strengthen income generation; and the establishment of the Community Health Fund (CHF).

Furthermore, implementing the National Social Security Policy (2003) has helped to establish robust systems and procedures for implementing contributory social protection interventions, especially for social security fund members. Despite the progress in implementing the policy, it did not carry the broader concept of social protection, especially non-contributory social protection. As a result, the social protection system continues to face several challenges, including a shortage of services, low level of financing, poor sustainability of some social protection programmes, inadequate level and scope of the benefits, lack of effective coordination of non-contributory social protection programmes and the absence of a comprehensive legal framework for social protection. In addition, the National Social Security Policy (2003) was not comprehensive in informing and guiding the development, implementation, and coordination of the social protection interventions initiated in recent years, particularly in social health insurance and non-contributory programmes. Thus, this policy provides a more comprehensive framework to address the country's evolving social protection challenges.

Therefore, the proposed policy will include new issues that have emerged during the implementation of the National Social Security Policy (2003), including the Sustainable Development Goals (SDGs), which Tanzania is implementing, particularly poverty eradication (SDG 1), ensuring a healthy life and promoting wellbeing for people of all ages (SDG 3), gender equality (SDG 5), economic growth and decent work (SDG 8) and reducing the high-income disparity in society (SDG 10).

1.2 Situation Analysis

1.2.1 Poverty and Vulnerability

According to the Household Budget Survey (HBS) of 2007 and 2017/18 in Tanzania Mainland, basic needs and food poverty have been declining by an average of 0.8 percent per year. For instance, basic needs poverty declined from 34.4% in 2007 to 28.2% in 2011/12 and 26.4% in 2017/18. Similarly, food poverty decreased from 11.7% to 8.0% during the same period, and more poor people lived in rural areas (81%) than urban areas (19%). Similarly, the livelihoods of the poor depend mainly on small-scale farming and self-employment in other branches of the informal economy, where productivity and earnings are low.

Moreover, HBS (2017/18) shows that household size also correlates with poverty, rising from about 7-12% in households with 2-3 members to 37% in households with 7 members and over 40% in households with 9 or more members. This situation reflects the higher ratio of dependents (children and old people) to working-age adults in these larger households. When dependents constitute 75% or more of the household, poverty averages almost 40%.

Furthermore, the vulnerability of households is determined by geographical, demographic, and socio-economic factors such as area of residence, household composition, and access to assets. These influence the degree of vulnerability to unemployment, disease, climate change, floods, droughts, storms, earthquakes, livestock diseases and sudden price increases, making it crucial for the government and stakeholders to implement sustainable measures to address them.

In addition to these household-level factors, individuals experience varying vulnerability to risks at different life cycle stages. These household-level and life cycle factors interact: the risks and deprivations at different life cycle stages are worse in the poorer wealth quintiles, as shown in the following paragraphs:

Children: Poor households tend to have larger numbers of children. As a result, poverty in the child population (under 18) is higher than for the whole population (30.1% compared to 26.4%, according to the 2017/18

HBS). Poverty rises from 5.3% in households without children to 37.7% in households with six or more children.

Children under 5: This age group is vulnerable to both mortality and malnutrition. Malnutrition impairs cognitive development, with long-term knock-on effects on learning at school, adult productivity and national economic development. Similarly, chronic malnutrition remains much higher in the poorest households. According to the National Nutrition Survey (2022), 30% of children under 5 in Tanzania Mainland are stunted. Stunting indicates a low nutritional state for a long time.

Furthermore, the stunting rate in rural areas is higher (34 percent) than in urban areas (21 percent). However, the Dar es Salaam region has the lowest stunting rate (18 percent), and the Mbeya region has the highest rate (57 percent) compared to other regions. The high rates of stunting among children may be caused by poverty levels, food insecurity, and poor quality of care for children under the age of five at the household level, access to health care and environmental conditions (water, sanitation and hygiene). Although there has been progress in access to clean water, sanitation and hygiene in general, significant differences still exist between urban and rural areas.

School-age children: Primary, secondary and vocational training enrolment has increased rapidly, and gender parity has been attained at both primary and secondary levels. However, according to the HBS (2017/18), dropout is high, resulting in much lower net enrolment ratios at the lower secondary level (32.9%) than in primary school (83.4). Poor children are far less likely to be attending school than the better-off.

The primary school net attendance ratio (NAR) has increased from 76% in 2015/16 to 79% in 2022. In addition, secondary school attendance increased from 23% in 2015/16 to 36% in 2022 (TDHS).

As children's age increases, the demands of working also increase compared to the necessity of going to school as a result they opt to drop from schools. Other factors contributing to girls' school dropouts are marriage and teenage pregnancy (the 2022 TDHS survey shows that 22% of girls aged 15 to 19 had a childbirth, miscarriage or were pregnant).

Regionally, the teen pregnancy rate is the lowest in the Kilimanjaro region (8%) and highest in Songwe (45%). The rate of teenage pregnancy is six times higher for uneducated women (53%) compared to those with secondary education or more for 9% (TDHS, 2022). Adolescent pregnancies expose young women to the challenges of education, health and psychological development. Besides, children born to young women are more likely to be at risk of malnutrition, stunting, and even leading to childhood mortality.

Adolescents and youth: The Integrated Labour Force Survey (ILFS) in 2020/21 found that unemployment in Tanzania Mainland is highest in the age group 15-24, at 14.7%, with urban youth in the worst situation (reaching 35.1% in Dar es Salaam and 16.8% in other urban areas). At the same time, females were affected more than males (17.6% versus 11.7%). Moreover, more than 80% of youth are in 'vulnerable employment' (working as self-employed or without contracts and social security benefits), mainly in agriculture and the informal sector.

Working-age population: According to ILFS (2020/21), only 14.0% of those in work in Tanzania Mainland are in paid employment, a marginal increase from 13.8% in 2014. About four-fifths are engaged in own account work (54.2%) or family economic activities (29.5%), mainly in agriculture or small informal business activities, without formal employment arrangements or social protection. This problem is even more pronounced for women: 89.0% of employed women are own account workers or contributing family workers, compared with 78.4% of employed men. The overall unemployment rate in 2020/21 was 9.0%, with a further 10.9% under-employed.

Moreover, the relationship between the labour force and HIV prevalence shows that HIV prevalence increases with age and overall stood at 4.6% of the population aged 15-49 in 2018. The HIV burden is higher in urban (7.5%) than in rural areas (4.5%) and higher among women (6.2%) than men (3.1%). In addition, adult women remain vulnerable to maternal mortality. At the same time, poverty accentuates the risk that expectant mothers will not access maternal health services and will face a higher risk of mortality (THIS, 2023).

Furthermore, health services in the country have improved, with women delivering at home falling from 57% in 2015/16 to 36% in 2022 for low-income households, compared to 5% to 3% over the same period for high-income households.

The number of women giving birth outside of health facilities is approximately twelve times higher in low-income than in high-income households (36 percent compared to 3 percent).

Elderly: According to the HBS (2017/18), in Tanzania Mainland, households headed by old persons aged 65 and above have a 29.4% poverty rate, higher than households headed by working-age adults. Besides, women predominate in the elderly population. Old age pensions are limited to employment-based schemes, with 12.8% of the population aged 60 and above receiving pensions as of 2021.

Persons with disability: According to the HBS (2017/18) report, 6.8% of the population aged 5 years and above in Tanzania Mainland has a disability, while 15.5% have 'some difficulty' in at least one functional domain. The prevalence of disability increases sharply in old age, with rates of 26% and 34% for men and women, respectively, in the age group of 55 and above.

The predominant disability types are visual impairment (7.5% of the population aged 5+), physical disability (5.9%) and memory loss (4.4%). This group is among the poorest and most vulnerable, facing lower levels of education and literacy, marginalization in socio-economic activities and limited access to specialized services. Similarly, only 6% of households headed by persons with a disability have health insurance.

Gender: The government is committed to strengthening social protection programmes based on understanding and monitoring gender roles and responsibilities in the household and community, drawing on quantitative and qualitative data. This commitment will ensure that attention is given to such constraints as illiteracy and innumeracy, lack of financial accounts and cell phones, and limitations on decision-making power in the household. The programmes are designed to avoid or alleviate these challenges.

While there have been firm government commitments to gender equality, gaps persist in Tanzania, like the rest of the world. Women in Tanzania continue to face constraints in agricultural production and have more limited access to assets, resources and services, such as education, credit, technology, and inputs. According to the global ranking, “the Women, Peace and Security Index” captures achievements in inclusion, justice, and security, placing Tanzania 85th out of 153 countries (Georgetown Institute for Women, Peace and Security, 2017). An estimated 44% of women have experienced intimate partner violence at some point in their lives, while 15% of men think that women should not have a paid job outside the home.

Furthermore, women remain vulnerable to serious social risks, including lower labour and employment participation. According to ILFS (2020/21), only 70.1% of the female population is employed, compared to 81.1 % of men, and there are wide disparities in pay, with women earning only 60% on average of male income. This situation reflects that women have less access to formal sector employment than men, resulting in substantially lower coverage in occupational pension schemes. According to 2022 pension fund statistics, women account for only 38% of members of mandatory pension funds and 32% of old-age pensioners. The extension of contributory social protection is particularly limited in the women-dominated agricultural and informal sectors.

In addition, women face reproductive health risks (higher vulnerability to HIV than men, low access to maternal health services and high maternal mortality) and gender-based violence and abuse. These abuses include child marriage, FGM, domestic violence and sexual assault. Likewise, poor women are in a worse situation. For instance, on average, poor women have 6 - 7 children, compared to 3 – 4 for non-poor women. Similarly, 37% of poor women gave birth in the last 24 months, compared to 26% of non-poor women. On average, poor women have about one year less education than non-poor women (6.3 versus 7.3 years). Moreover, Finscope’s (2023) data indicates a wide diversity of citizens with bank accounts in urban (33.9%) and rural (14.3%). Women with a bank account accounted for 18% compared to 26.5% of men. In addition, about 58% of poor women own mobile phones, compared to 88% of women from the higher-income group (TDHS, 2022).

1.2.2 Overall Economic and Social Development

Tanzania's economic performance has been characterized by strong gross domestic product (GDP) growth rates averaging 4.7% as of 2022 and was expected to reach 5.2% in 2023 and 5.8% in 2024. The country's short and long-term development objectives are set out in detail in Tanzania's Development Vision 2025 and the Long-Term Perspective Plan (2011/12–2025/2026), both of which aim to transform Tanzania into a middle-income country with an average GDP per capita of US\$ 1,006 by 2026. Tanzania is a lower-middle-income country since 2021, with a GDP per capita of USD 1,076. The goal has been to transform the country from an agriculture-based to an industry-based economy while ensuring that the benefits of high growth are reflected in an improved quality of life for most Tanzanians.

The Five-Year Development Plan III for 2021/22–2025/26 recognizes social protection's important role in human development, which is considered 'the ultimate aim of any development plan in Tanzania'. One of the plan's key interventions is to 'promote social welfare programmes (safety nets), including access to health insurance and pension schemes as well as income smoothing mechanisms.'

Equally important, as Tanzania's Development Vision 2025 states, is the overall objective of a 'developmental mindset' amongst Tanzanians. The key aspects of this objective include creativity, professionalism and entrepreneurship in a saving and investment culture. These goals cannot be achieved without serious investment in human capital. Since poverty is one of the key barriers to human capital development, this calls explicitly for the country to address poverty in its multiple forms. These commitments underscore the importance of a comprehensive social protection policy and have been the basis for current social protection initiatives, including labour-intensive public works, cash transfers to vulnerable groups and contributory pension schemes.

1.2.3 Current Situation of Social Protection

Social protection is multi-sectoral and is implemented under different sectoral policies and programmes clustered into two broad categories: non-contributory and contributory social protection.

1.2.3.1 Non-contributory Social Protection

In Tanzania, non-contributory programmes are those provided to the poor and vulnerable and are usually financed from public resources. The programmes address life cycles and other risks for those who are not or have never been able to protect themselves. The programmes aim to reduce poverty, vulnerability, and inequality while contributing to other developmental objectives such as human capital development. Non-contributory programmes include cash and in-kind transfers.

a) Cash Transfers

The Productive Social Safety Net (PSSN) programme administered by the Tanzania Social Action Fund (TASAF III) is a major social assistance programme targeting extremely poor households, covering the Tanzania Mainland and Zanzibar. PSSN programme has three components: cash transfers, public works, and livelihood enhancement for productive inclusion. The programme has been implemented in two phases: PSSN I from 2012 - 2019 and PSSN II from 2020 - 2025.

Through PSSN, highly low-income families are provided with cash transfers, partially contingent on households investing in their human capital by sending their children to school and using health services. Moreover, coverage of the cash transfer component of the PSSN increased from 0.4% of the population in 2013 to about 10% in 2016 and remained unchanged after that period. However, due to population growth and funding constraints, PSSN II cash transfer coverage was about 8% of the population. As of June 2023, the PSSN had 1,347,361 beneficiary households with 5,111,477 members (Males 2,237,886 and females 2,873,591), of which 6% were children under six, 38% were school-age children, 40% working-age adults and 16% old persons aged 60 and above.

Furthermore, the programme provides three types of cash benefits: a fixed transfer provided to all PSSN beneficiary households, vulnerable groups transfers (VGT) provided to households with any child and households with a person with a disability, and variable human capital transfers (VHCT) for all households with children, conditional on compliance with health or education conditions (depending on the age of the child). The VGT for households with persons with disabilities covered 6% of PSSN

beneficiary households by 2023. Moreover, data from HBS (2017/18) has established the important contribution that TASAF has made to reducing poverty in Tanzania through PSSN I&II. In addition, the survey revealed that, without PSSN income support, national poverty would be about 2% higher and extreme poverty would be 1.2% higher. This situation implies that the PSSN lifts 1 million people out of poverty and 700,000 out of extreme (food) poverty.

An impact evaluation of PSSN I found that the programme has raised the consumption of beneficiary households by 20%, increased assets ownership (by 5-7% for assets such as transport facilities, mobile phones, radios and furniture and by almost 19% for livestock) and the share of households with savings by 4%. Similarly, the programme has increased the proportion of households cultivating any farm plot by 7% and significantly improved the percentage of households using seeds, fertilizers and pesticides. It has contributed to a threefold increase in the percentage of households registered in the CHF, from 11% to 33%, improved the access of children under 5 to health services (by 15%) and increased enrolment in primary school (by 11%). Finally, beneficiaries are better prepared to manage environmental and other shocks.

However, the current coverage of cash transfers is equivalent to a little over one-half of PSSN's target group, which is the poorest 15% of the population. PSSN covers only a small proportion of its target population, as most beneficiaries are outside the poorest 15% due to the difficulties of targeting a population with a relatively flat income distribution across the bottom income deciles. Additionally, HBS data indicate that 69% of PSSN beneficiaries are non-poor. In many cases, they are close to the poverty line and are at risk of falling back into poverty without PSSN support.

The programme is limited in coverage due to inadequate resources, and high dependence on donor funding threatens its sustainability. PSSN cash transfers have not yet been used as a framework for providing adaptive social protection to protect livelihoods in the event of large covariate shocks, such as the economic repercussions of the Corona Virus Disease-19 (COVID-19) pandemic or droughts. In addition, the nature of a 'project' without a clear legal framework may also weaken the programme's sustainability in institutional terms.

b) In-kind Transfer Programmes, Fee Abolition and Exemptions in the Social Sectors

The government has been providing non-cash aid in the form of disaster relief, food supplement programmes and school meal subsidies, as well as fee exemptions. These non-cash aids aim to facilitate vulnerable groups' access to essential health services and the abolition of school fees at primary and ordinary levels of secondary education to promote access to education and student retention.

Nevertheless, the government provides free or subsidized food to disaster-victim households in affected areas. Besides, it stabilizes the market by releasing food from its national reserve to control inflation during food scarcity. The government has also been distributing food with nutrients for families with children affected by malnutrition and food rations (along with nutrition education) to prevent chronic malnutrition and combat malnutrition. These programmes reached about 30,000 households in 2016.

Providing free or subsidized school meals is a mechanism to assist and incentivize poor and vulnerable households to send their children to school, promote learning and reduce dropout. Currently, this programme is limited to pupils in government primary and secondary boarding schools and pupils with severe disabilities attending special schools. The coverage of these in-kind transfer programmes is extremely low. For instance, subsidized school meals for primary and secondary school students cover about 2%, and supplementary feeding programmes to address malnutrition cover 0.4% of children under 5.

Nonetheless, the government has committed significantly to social protection through its expanded fee-free education policy, promulgated in 2016. It has abolished all direct school fees, including informal fees previously levied by schools, in government pre-primary, primary and lower secondary schools. By reducing the direct costs of education, the progressive extension of fee-free education has contributed immensely to the increase in school enrolment at pre-primary, primary and secondary levels, from 90.2% in 2015/16 to 98.1% in 2022. Specifically in poor and vulnerable households, children's school attendance has increased from 70% in 2015/16 to 82% (TDHS, 2022). Fee-free education is one of the

most significant social protection initiatives in terms of cost, with a budget of TZS 346.5 billion in 2022/23.

The fee-free education policy has removed direct cost barriers for children to enrol and attend pre-, primary and secondary levels. However, the policy does not make primary school completely free, as parents still have to pay for indirect costs such as school uniforms and materials, as well as meals where they are not provided. Financial access barriers remain high, constraining access by poor and vulnerable households at the university level, where tuition and other fees have not been abolished.

In the health sector, the government provides free access to health services for children under 5, pregnant women and old persons. Special aids, such as wheelchairs, prostheses and spectacles, are free to persons with special needs.

c) Social Welfare Services

Social welfare services are preventive and protective measures aimed at addressing problems such as violence, abuse, discrimination and exploitation. They focus on vulnerable groups such as children, the elderly and persons with disabilities, with procedures for case management and referral to more specialized service providers in case of need.

In the Local Government Authorities (LGAs), Social Welfare Officers (SWOs) are primarily responsible for responsive services and case management. Meanwhile, Community Development Officers focus on preventive measures through sensitization activities. As of 2022/23, there were 964 SWOs at the district council level and in hospitals. This number is inadequate to meet the established norm of eight SWOs per district. Statistics show a deficit of 22,395 SWOs, equivalent to 97% of the requirement.

Sensitization activities have raised awareness in communities about the harmful effects of child marriage, teenage pregnancy and violence against women and children. In 2022/23, 218,369 (85,699 males and 132,670 females) vulnerable children were identified and provided with various services, including health insurance, school fees, nutrition, school materials, family reunification and psychosocial support and treatment.

Moreover, 18,186 children and women protection committees have been set up at community and district levels to strengthen protection. Child labour committees have been established at national and district council levels under the National Action Plan for the Elimination of the Worst Forms of Child Labour, adopted in 2009. The committees monitor the exploitation of children by carrying out inspections to identify hazardous types of work and unsafe workplaces that violate child rights. Furthermore, 2,669 children's councils have been established as of 2022, including the United Republic of Tanzania Children's Council. In addition, the Tanzania Police Force has established 423 Police Gender and Children's Desks throughout the country and has been training its officers on child abuse and gender-based violence.

Furthermore, the government developed a National Plan of Action to End Violence Against Women and Children (NPA-VAWC) 2017/18-2021/22, which encompassed a wide range of interventions in eight thematic areas: economic empowerment, norms and values, safe public spaces, parenting and family support, law enforcement, response and support services, safe schools and life skills, and coordination. Under this plan, the various community and local-level committees for protecting women and children are being integrated into unified committees for improved efficiency and effectiveness.

Moreover, the government provides protection and essential services to vulnerable elders. For instance, 937,266 elders (out of an elderly population of 3,491,983 (Census 2022) have been provided cards for free medical services. Similarly, councils of elders have been established at village, ward, council and regional levels. Care services are provided for some elderly persons, including those abandoned or neglected by their families, in 14 government-run households and 20 households established by the private sector. Nevertheless, child labour has long been recognised as a critical problem in Tanzania. According to the ILFS's (2020/21) survey, 5.02 million out of 20.11 million children aged 5-17 were engaged in child labour, of which 4.85 million were engaged in hazardous work. Among the 5.02 million children in child labour, 29.5% are in rural areas, 13.6% are in urban areas, and 4.7% are in Dar es Salaam. The main economic sectors where child labour prevails are agriculture (83.7%) and trade and services (5.8%).

d) Productive Inclusion Measures

Productive inclusion measures are complementary measures within social assistance programmes. In Tanzania, such initiatives have included promoting savings, livelihood training, grants and micro-credit for income-generating activities, agricultural input subsidies, and public works projects.

There is a strong tradition of small community-based groups for savings and rotating credit, such as the Village Community Banks (VICOBAs). Moreover, Savings and Credit Cooperative Societies (SACCOS) and various microfinance institutions provide more formalized saving and credit opportunities. The ministry responsible for local government manages a women's development fund to empower women economically through micro-credit support. However, LGAs are required to set aside 10% of their budgets for promoting women's livelihoods (4%), youth (4%) and persons with disabilities (2%).

The livelihood enhancement component of the PSSN contributes to productive inclusion through Community Savings and Investment Promotion (COMSIP), basic business skills training and coaching/mentoring, and productive grants. Consequently, TZS 11.6 billion was disbursed to 51,397 household beneficiaries in all 186 project areas of authority. By the end of 2023, 56,518 savings groups had been mobilized through COMSIP intervention, with 778,940 members (663,121 females and 115,819 males).

The PSSN's public works component provides paid work for up to 60 days per year. Generally, this occurs during low agricultural activity before land preparation and crop planting. The timing is designed to avoid conflict with household agricultural work and enable poor households to build up modest resources for the lean season before harvests. The wages from employment in public works help smooth household resources and reduce the risks of food insecurity and acute malnutrition during the 'hunger season'. During PSSN I, around 300,000 persons from about one-quarter of PSSN beneficiary households were engaged in public works. In addition, about 50,000 people worked on food-for-assets projects managed by local governments outside the PSSN framework.

Besides, as of 2022/23, the government has subsidized agricultural inputs such as fertilizer and high-quality seeds through a voucher system for small farmers. This intervention has been provided to sunflower farmers to improve their productivity and incomes.

1.2.3.2 Contributory Social Protection

Tanzania has a long history of providing contributory social protection services through mandatory and supplementary schemes offered by public and private institutions. Contributory social protection includes pension schemes, employment injury schemes and health insurance.

In 2008, the government enacted the Social Security (Regulatory Authority) Act No. 8 of 2008, which, among other measures, established the Social Security Regulatory Authority (SSRA) to supervise and regulate the social security sector. Until 2018, the pension schemes included the National Social Security Fund (NSSF), the PPF Pensions Fund, the Public Service Pensions Fund (PSPF), the LAPF Pensions Fund and the GEPF Retirement Benefits Fund, all of which provided long and short-term benefits. Meanwhile, the Workers Compensation Fund (WCF) provides employment injury benefits. In contrast, the health insurance system consists of three official schemes: the National Health Insurance Fund (NHIF), the Improved Community Health Funds (iCHF), and NSSF (Social Health Insurance Benefit - SHIB). These schemes provide eight benefits envisaged in ILO Convention No. 102 (1952) on Social Security Minimum Standards. The benefits are old age, survivors, invalidity, maternity, unemployment, sickness, medical care and employment injury. However, pension schemes do not offer family benefits. Nevertheless, some children's benefits are provided through social assistance programmes.

Furthermore, the government undertook significant reforms in 2018-2019 to improve efficiency and ensure the sustainability of pension schemes. It enacted the Public Service Social Security Fund Act No. 2 of 2018, merging four pension schemes: PSPF, PPF, GEPF and LAPF. The newly established Public Service Social Security Fund (PSSSF) provides social security services for public servants. Meanwhile, NSSF continues to serve both private and informal sector employees and the self-employed. Moreover, the Written Laws (Miscellaneous Amendments) Act (No.6) 2019 amended the Social Security (Regulatory Authority) Act No. 8,

abolishing SSRA and transferring its functions to the ministry responsible for social protection matters. Moreover, investment and financial matters were transferred to the Bank of Tanzania.

In addition to the mandatory social security schemes, several other schemes have been established to provide private or community-based mutual health insurance and voluntary savings. The voluntary savings schemes are run by public pension funds, private companies, professional bodies, and community-based organizations (CBOs). As of 2022, seven schemes had been registered under the Social Security (Regulatory Authority) Act Cap.135.

Despite these initiatives, there is still a significant gap in the coverage of contributory social security schemes. For instance, as of June 2023, the two pension funds (PSSSF and NSSF) had 3.01 million members, equivalent to 13.1 % of the 23 million employed population. Excluding dormant members, the total active membership was 1.9 million. The low coverage of the schemes reflects low compliance in the formal sector, where more than half of workers (52%) are not enrolled (Pensions' Administrative Data, 2023).

Other challenges include extending voluntary insurance to the informal sector, where earnings are low and irregular, a weak insurance culture, administratively complex collection, and no employer contribution, making membership less attractive. Although NSSF has introduced the National Informal Sector Scheme (NISS) for informal and self-employed workers, uptake has been low.

An assessment by ILO in 2016/17 concerning the social security schemes found that the government offers eight out of nine benefits as per ILO Convention No. 102 of 1952. These benefits are medical care, old age, employment injury, unemployment, invalidity, sickness, maternity, and survivors' benefits. Family benefit is not offered. Among the eight benefits, only three (medical care, old age and employment injury) meet ILO Minimum Standards. The other five require certain parametric adjustments to comply with ILO Convention No. 102. However, the value of benefits has been eroded by inflation, therefore requiring periodic adjustments.

Progress has been made to enable the portability of benefit rights between schemes in Tanzania Mainland. However, this is not yet the case for the transfer of benefits between Tanzania and other countries, although the principle of portability is recognised in the East African Community Common Market Protocol.

The government launched the CHF in 2001 for rural areas and *Tiba kwa Kadi* (TiKA) for urban areas 2009 to extend health insurance coverage to the informal sector. These schemes were progressively established in every LGA, with matching funds from the government to complement households' contributions to make the schemes' financially sustainable.

However, there was no portability from one community-based scheme to another, and the contribution rate differed from one district to another. In addition, limitations on the supply side, such as drug stock-outs in health facilities and obliging patients to purchase medicines elsewhere 'out of pocket', discouraged some contributors from renewing their CHF cards.

As an interim measure towards establishing a Single National Health Insurance (SNHI), the government converted the CHF into an improved scheme (iCHF) that addressed some of these weaknesses. Under the iCHF, funds were pooled at the regional level, and standardized premiums were set for Dar es Salaam and other urban and rural areas. As of 2023, the government has established a single national health insurance system by enacting the Universal Health Insurance Act No. 13 of 2023. The National Health Insurance Fund administrative data (2022) indicate that 15.3% of the population was enrolled in the four primary health insurance schemes (CHF 6%, NHIF 8%, SHIB 0.3% and Private Insurance 1%).

1.2.3.3 Expenditure on Social Protection

According to a public expenditure review on social protection, government expenditure on social protection amounted to 2.35% of GDP in 2016/17 (World Bank 2018). Spending is dominated by the contributory public pension schemes (1.5 percent of GDP), followed by social assistance (0.45 percent) and general subsidies (0.42 percent). However, this underestimates total social protection expenditure, as it excludes the fee-free education policy (0.17% of GDP in 2017/18), fee waivers in the health sector and subsidies for health insurance. Furthermore, according

to the World Bank, the expenditure on social assistance is relatively low compared to the African average of 1.55% and mainly depends on donors. The most significant social assistance expenditure is on the PSSN conditional cash transfers and public works (0.30 percent of GDP in 2016/17), whereas spending is low on all other programmes.

1.3 Social Protection Challenges

More specifically, the situation analysis above indicates that the social protection system faces the following main challenges:

- i. Absence of effective social protection management and coordination framework.
- ii. There is an inadequate financing framework for social protection programmes, especially on the non-contributory side of the system;
- iii. The coverage of social protection schemes and programmes remains generally low, particularly in the informal sector. A substantial proportion of the poorest and most vulnerable sections of the population is not yet reached either by contributory social insurance schemes or by social assistance and welfare programmes;
- iv. Inadequate scope of instruments and the value of benefits provided. One of the main gaps concerns the architecture of the national health insurance system, including its benefit package;
- v. The portability of benefits between Tanzania and other countries has not yet been achieved;
- vi. The system of preventive and responsive social welfare services remains relatively weak at the community level to address violence and abuse against women and children and meet the needs of persons with disabilities;
- vii. The potential synergies between social protection and disaster risk management have not yet been fully exploited. Social assistance programmes can strengthen the resilience of the poor and vulnerable

- to environmental shocks and climate change. Meanwhile, public works can contribute to environmental protection.
- viii. Inadequate integration of gender aspects in social protection schemes and programmes which hinder gender equity and equality; and
 - ix. Good governance is crucial in social protection to ensure the accountability and transparency of programmes and schemes.

CHAPTER TWO

RATIONALE, VISION, MISSION AND POLICY OBJECTIVES

2.1 Rationale for the Policy

Social protection is an investment and one of the most essential components of the national social development agenda. According to the SDGs 2030 and the Five-Year Development Plan II for 2021/22-2025/26, it is an investment in human capital development and part of the strategy to achieve inclusive growth and reduce poverty and inequality.

The government has successfully implemented most of the policy measures in the NSSP (2003). The policy focused on addressing several major problems that required urgent attention. The problems include the low coverage of schemes and programmes, the coordination of social security, the financing of social security and the inadequacy of benefits. Other problems are the legal framework and minimum standards, the portability of social security benefits and the good governance of the social security system.

Despite the considerable achievements, as revealed by some reviews, including an in-depth evaluation of the implementation of the NSSP, further concerted efforts are needed to improve the social protection system. During the implementation of NSSP (2003), new challenges and opportunities emerged, requiring adopting a new policy.

The NSSP (2003) was not comprehensive in informing and guiding social protection programmes and schemes' development, implementation, and coordination. The policy primarily focused on the contributory pension schemes that mainly benefit formal sector employees. Apart from these schemes, new developments and initiatives regarding social protection were not considered in the NSSP (2003).

These new developments include the development of health insurance schemes and expanding social assistance mechanisms, particularly cash transfers, labour-intensive public works and livelihood enhancement measures.

Acknowledging this challenge and the need for a more inclusive and holistic approach that responds to new developments and challenges, this new policy provides a comprehensive framework. It includes social insurance, social assistance, social welfare services and complementary measures to promote the productive inclusion of poor and vulnerable households. This change in scope and perspective has necessitated the adoption of a broader policy, with a change in name to the National Social Protection Policy.

2.2 Vision, Mission and Policy Objectives

2.2.1 Vision

Establish a strong and effective social protection system that protects against social and economic risks, promotes inclusive growth and provides a minimum acceptable living standard.

2.2.2 Mission

To enhance access to social protection services through an integrated, comprehensive and well-coordinated social protection system.

2.2.3 General Objective

To ensure all persons live at socially acceptable international standards and exploit their human capabilities to optimize social and economic development.

2.2.4 Specific Objectives

In attaining the overall objective, the following specific policy objectives are to be pursued:

- i. To establish a multi-sectoral coordination mechanism for the social protection system;
- ii. To ensure adequate financing of the social protection system ;
- iii. To expand social protection coverage;
- iv. To provide adequate social protection benefits;

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- v. To facilitate the portability of social security benefit rights between Tanzania and other countries;
 - vi. To enhance capacity to deliver effective and sustainable social welfare services;
 - vii. To synergize between social protection, environmental protection and disaster risk management;
 - viii. To ensure gender equity and equality through social protection programmes; and
 - ix. To strengthen the good governance and accountability of social protection services.

CHAPTER THREE

POLICY ISSUES, OBJECTIVES AND STATEMENTS

This Chapter depicts policy issues, objectives, and policy statements for the National Social Protection Policy (2023).

3.1 Specific Policy Issues

3.1.1 Policy Issue 1: Management Framework and Coordination of Social Protection

The prevailing legal and coordination framework governs the country's implementation of social protection interventions. The government has implemented several laws to govern the social protection system, primarily for social insurance funds. In contributory social protection, entitlements and other features of the schemes are legally defined. In contrast, non-contributory social protection has no effective legal framework to govern it. For example, social assistance programmes, such as the PSSN programme, which covers about 1.34 million vulnerable households, have no legal framework to define benefits and entitlements for beneficiaries. Therefore, a legal framework will support short and long-term planning for managing social protection in the country.

Furthermore, social protection issues are multi-sectoral and implemented by several stakeholders, including ministries, departments and agencies (MDAs), LGAs and non-governmental organizations. However, the ministry responsible for labour oversees social security funds such as PSSSF, NSSF and WCF. Meanwhile, NHIF is under the ministry responsible for health, iCHF is under the President's Office–Regional Administration and Local Government (PO-RALG), social welfare services are under the ministry responsible for community development, and TASAF is under the President's Office–State House. The fragmentation of social protection programmes and lack of effective coordination has resulted in overlaps and duplications in service delivery, exclusion and inclusion errors in respective groups of people, fiscal space constraints and limited monitoring and evaluation (M&E). These challenges result in the ineffective coordination of social protection issues.

Objective: Establish a multi-sectoral coordination mechanism for managing the social protection system.

Policy Statements:

The government, in collaboration with other stakeholders, shall:

- (a) Establish an effective mechanism for multi-sectoral coordination of social protection;
- (b) Strengthen the management framework of social protection;
- (c) Strengthen the institutional framework for providing social assistance services; and
- (d) Strengthen coordination of social protection service providers.

3.1.2 Policy Issue 2: Social Protection Financing System

Social protection is an investment and one of the most essential components of any national social development agenda. According to the SDGs, social protection is an investment in human capital development and part of the strategy to achieve inclusive growth and reduce poverty and inequality.

However, according to the Social Protection Expenditure Review (2018), social protection financing has remained around 2.35% of GDP. Low coverage rates and non-compliance with the law diminish the revenue of the social insurance funds.

Success in expanding health insurance coverage depends on financing to make membership accessible to the poor. Social assistance, particularly in Productive Social Safety Nets (PSSN), is highly dependent on external financing, risking its sustainability.

According to the Tanzania Economic Survey (2020), social protection financing needs to increase to about 4% of GDP so that social protection schemes and programmes can fulfil their roles. These roles include reducing poverty, vulnerability and inequality, building resilience and productive capacity of the poor, improving food security and nutrition,

facilitating access to essential social services and developing human capital. For the sustainable financing and delivery of social protection programmes, there is a need for a long-term financing plan.

Objective: To ensure adequate financing of the social protection system.

Policy Statements:

The government, in collaboration with other stakeholders, shall:

- (a) Strengthen financing system for contributory social protection;
- (b) Develop a sustainable financing system for non-contributory social protection;
- (c) Increase the share of domestic financing of social assistance programmes;
- (d) Encourage private sector participation in financing social protection initiatives; and
- (e) Create a conducive environment for social security funds to invest in sustainable and viable projects.

3.1.3 Policy Issue 3: Coverage of Social Protection Services

A review of the National Social Security Policy (2003) indicated that coverage of contributory and non-contributory social protection services is generally low. The existing employment-based social insurance schemes cover only 9.9 percent of the employed population, estimated at 23 million in 2021.

At the same time, administrative data indicate that health insurance coverage is about 15.3% of the total population. Moreover, contributory social protection schemes cover a large part of the labour force engaged in the informal sector due to low and irregular earnings, administrative difficulties, adverse selection and a weak insurance culture. Meanwhile, old age pensions are limited to contributory schemes, with only 12.8% of the population aged 60 and above receiving pensions as of 2021.

Regarding social assistance, it is estimated that by 2023, about 1.34 million households with about 5.1 million family members were receiving cash transfers. However, this coverage level is equivalent to only 8% of the population, or about half of the target group (the poorest 15 percent). Implementing the PSSN programme raises the consumption of extremely poor households, promotes their investment in human capital development, helps them manage shocks in ways that do not trap them in poverty and strengthens their ability to graduate from social assistance and become financially self-sufficient. However, social assistance programmes are still not reaching many impoverished and vulnerable people.

Objective: To expand social protection coverage to citizens.

Policy Statements:

The government, in collaboration with other stakeholders, shall:

- (a) Strengthen the existing contributory social protection system and ensure all workers in the formal sector are reached;
- (b) Ensure extension of social protection coverage services for formal and informal sectors;
- (c) Strengthen and scale up social assistance programmes to vulnerable individuals and households; and
- (d) Promote and strengthen traditional systems for social protection.

3.1.4 Policy Issue 4: Adequacy of Benefits

Tanzania's contributory social security schemes currently offer eight benefits stipulated under the ILO Convention No. 102 of 1952. These benefits include old age, maternity, disability, employment injury, unemployment, survivors, medical care, and sickness. The exception is family benefit.

However, these contributory schemes benefit only a small part of the population. The scope of non-contributory social protection is more limited than contributory social protection.

Regarding the adequacy of benefits, an assessment conducted in 2016/17 by ILO concerning the Social Security Schemes found that, among the eight benefits, only three meet ILO Minimum Standards: medical care, old age and employment injury. The five other benefits require certain parametric adjustments to comply with ILO Convention No. 102. In addition, inflation has eroded the value of benefits in contributory and non-contributory social protection due to the absence of mechanisms to adjust benefits.

Objective: To provide adequate social protection benefits.

Policy Statements:

The government, in collaboration with other stakeholders, shall:

- (a) Improve the quality of benefits offered by social insurance schemes and social assistance schemes to meet international standards;
- (b) Strengthen health insurance services for both formal and Informal sectors; and
- (c) Ensure that the value of social insurance benefits, social assistance transfers, and support is adequate for meeting beneficiaries' basic needs.

3.1.5 Policy Issue 5: Portability of Social Security Benefits

The government has established an arrangement to ensure that members who move from one pension scheme to another do not lose their benefit rights. However, the portability of social security benefits rights between Tanzania and other countries has not been addressed.

Objective: To facilitate the portability of social security benefit rights between Tanzania and other countries.

Policy Statement:

The government, in collaboration with other stakeholders, shall:

Seek reciprocal agreements to transfer social security benefit rights with other countries.

3.1.6 Policy Issue 6: Social Welfare System

Social welfare services include preventive and responsive measures to reduce the risks associated with violence, abuse, exploitation and social exclusion and addressing problems when they occur. These services focus on vulnerable groups such as children, women, the elderly and persons with disabilities.

In implementing the social welfare services, the government has ratified the relevant international instruments and enacted various laws, including the Law of the Child Act No. 21 Cap. 20 2009 [R.E. 2019], the Employment and Labour Relations Act No. 6 of 2004 and the Persons with Disability Act No. 9 of 2010. Furthermore, the government developed the National Plan of Action to End Violence Against Women and Children (NPA-VAWC) 2017/18-2021/22 and the National Action Plan on the Elimination of the Worst Forms of Child Labour, Tanzania 2017 – 2021, set up the National Child Helpline (116) and a National Integrated Case Management System.

Despite the institutionalization of these systems, the provision of social welfare services is still limited in terms of coverage, quality, institutional arrangements, coordination, human resources, sustainability and financing. These challenges have considerably impaired the operation of the social welfare system. Problems such as child marriage and the worst forms of child labour remain persistent and widespread and thus require a robust institutional system to deal with these issues.

Objective: To enhance capacity to deliver effective and sustainable social welfare services.

Policy Statements:

The government, in collaboration with other stakeholders, shall:

- (a) Strengthen institutional capacity to provide quality social welfare services at all levels, particularly local government;
- (b) Prevent and respond to all forms of abuse, violence and discrimination against vulnerable groups, particularly the elderly, children, women and persons with disability; and

- (c) Improve welfare services to vulnerable groups, particularly the elderly, children, women and persons with disability.

3.1.7 Policy Issue 7: Synergies Between Disaster Risk Management, Environment and Social Protection

Social protection programmes can play essential roles in disaster risk management on both the preventive and responsive sides. Social protection programmes strengthen the resilience of poor and vulnerable populations to natural disasters, pandemics, humanitarian crises and other shocks.

In its efforts to prevent and respond to disaster risks, the government, through TASAF, is implementing public works and social transfer programmes whereby, in rural areas, this system protects income security during cyclical periods of seasonal food insecurity. In addition, some public works sub-projects specifically aim to mitigate the effects of climate change and protect the environment while enhancing the long-term productivity of the poor.

Furthermore, the government provides free or subsidized food to disaster-victim households in affected areas. It stabilizes the market by releasing food from its national reserve to control inflation during food scarcity. Following natural disasters, social transfer programmes can be used to support those affected, while labour-intensive public works can assist in reconstruction. Social welfare services provide psychosocial support to the victims of disasters and shocks.

However, the synergy between the government ministries responsible for social protection, environment, and disaster relief management is poorly coordinated, and the initiatives highlighted above remain small-scale. Public works could be used more widely to strengthen environmental protection. More comprehensive coverage of social transfers and public works would also strengthen the resilience of poor and vulnerable households, enabling them to avoid harmful coping strategies in response to shocks. Social protection interventions have not yet been integral to the national response to major socio-economic shocks and disasters, such as the COVID-19 pandemic.

Objective: To develop synergies between social protection, environmental protection and disaster risk management.

Policy Statements:

The government, in collaboration with other stakeholders, shall:

- (a) Use social protection, including public works, to contribute to environmental protection;
- (b) Use social transfers to strengthen the resilience of poor and vulnerable households during disasters and shocks;
- (c) Strengthen the role of social welfare services to respond to disasters and humanitarian crises; and
- (d) Integrate social protection measures in the national response to socio-economic shocks.

3.2 Cross-cutting Issues

3.2.1 Policy Issue 8: Gender

Discriminatory gender attitudes and practices have wide-ranging social consequences. Women face gender-based violence and abuse, notably child marriage, female genital mutilation (FGM), domestic violence and sexual assault, as well as discrimination in matters such as land ownership and inheritance, lower enrolment in upper secondary and tertiary education, and lesser opportunities in the labour market and access to credit. In addition, they have low access to maternal health services, face high maternal mortality, and have a higher risk of HIV infection than men. In short, girls and women are more vulnerable than boys and men to a range of risks and deprivations.

Moreover, in the labour market, women are more likely to be in unskilled manual jobs and domestic services, whereas men are more prominent in skilled and managerial jobs. Overall, fewer women than men are employed, while there are wide disparities in earnings and fewer women than men are enrolled in pension schemes or receiving retirement pensions.

However, the government and civil society organizations are implementing many initiatives under the NPA-VAWC to address these gender disparities. These include the provision of legal aid to women, a national campaign to eliminate FGM and the establishment of gender desks in police stations. Despite these measures, gender disparities and gender-based violence and abuse are still severe. Social welfare services cannot address these socio-cultural problems. There is a need to strengthen social protection programmes to consider gender issues when designing and implementing their activities.

Objective: To advance gender equity and equality through social protection programmes.

Policy Statements:

The government, in collaboration with other stakeholders, shall:

- (a) Ensure that social protection initiatives are gender sensitive and help to advance gender equity and equality in society; and
- (b) Ensure that social welfare and community development services focus strongly on preventing and responding to problems of gender-based violence and abuse, including sexual and physical assault, marriage of girls below the age of 18 and FGM.

3.2.2 Policy Issue 9: Good Governance

Accountability and transparency are crucial in social protection as they foster public confidence and acceptability and promote broader participation in programme implementation. Hence, service providers in the social protection sector must ensure the best use of available resources and account for their utilization.

The government has made headway in several areas to enhance governance in the social security field, including establishing the Social Security Division under PMO-LYED to oversee and coordinate social protection schemes and programmes.

Moreover, the governance of social assistance programmes has benefited from general improvements in areas such as reforming Public

Finance Management (PFM) systems and transferring competencies and capacities to LGAs. Furthermore, there have been specific improvements in systems for programme management, such as community involvement in the management of PSSN targeting and public works project selection at the local level, the development of management information systems (MIS) and the establishment of redress and grievance mechanisms.

Despite these positive developments, some governance challenges continue to hamper the quality of social protection provision. These include the lack of clear separation between purchaser and provider in the community health insurance system, creating a conflict of interest, which needs to be addressed as part of the reforms to the system.

In social assistance, the lack of a legal framework and the 'project' nature of the primary interventions weaken their mainstreaming into government planning, PFM and accountability mechanisms. The strengthening of the governance of social assistance requires the development of guidelines, as well as further investment in systems development (particularly MIS and grievance and redress mechanisms).

Objective: To strengthen the good governance and accountability of social protection services.

Policy Statements:

The government, in collaboration with other stakeholders, shall:

- (a) Strengthen transparency and accountability in the financing and delivery of social protection programmes and services;
- (b) Ensure the effective participation of stakeholders, including both beneficiaries and service providers, in designing and implementing social protection programmes; and
- (c) Ensure an adequate normative and regulatory framework governs all social protection schemes and programmes.

CHAPTER FOUR

LEGAL FRAMEWORK

The key legal instruments governing social protection in Tanzania Mainland include the Employment and Labour Relations Act No. 6 of 2004; the Labour Institutions Act No. 7 of 2004; the Occupational Safety and Health Act No. 5 of 2003; the Social Security Act Cap. 135; the Public Service Social Security Fund Act No. 2 of 2018 and the Persons with Disability (Rights and Privileges) Act No. 9 of 2010. Furthermore, other laws are the National Social Security Fund Act Cap. 50 [R.E. 2018]; the Workers Compensation Act Cap. 263 [R.E. 2015]; the Universal Health Insurance Act of 2023; the National Health Insurance Fund Act Cap. 395 [R.E. 2015]; the Law of the Child Act No. 21 Cap. 20 of 2009 [R.E. 2019] and the Anti-Trafficking in Persons Act No. 6 of 2008;

In addition, the government has prepared various regulations, including the Law of the Child (Child Employment) Regulations GN. No. 197 of 2012 and the Law of the Child (Apprenticeships) Regulations of 2012 GN. No. 154. Besides, there are other laws such as the National Education Act No. 25 of 1978; the Disaster Management Act No. 6 of 2022; the Cooperative Societies Act No. 6 of 2013 and the National Economic Empowerment Act No. 16 of 2004.

However, some legislation must be reviewed and amended to implement this policy effectively. Besides, some new legislation must be enacted to address the country's emerging social protection issues and challenges.

CHAPTER FIVE

INSTITUTIONAL FRAMEWORK, MONITORING AND EVALUATION

5.1 Institutional Framework

The successful implementation of the National Social Protection Policy (NSPP) requires the participation of several actors with clear, specific roles and responsibilities. These include but are not limited to the government, the private sector, civil societies and social partners.

5.2 Roles and Responsibilities of Key Actors

The roles and responsibilities of each institution are as follows:

i. Ministry Responsible for Social Protection

This ministry is responsible for creating the legal and institutional framework for social protection; ensuring good governance in social protection schemes and programmes; coordinating the social protection policy and its plans; monitoring and evaluating social protection, and producing regular reports on the policy implementation.

Moreover, it is responsible for preparing and supervising social protection laws, regulations and guidelines; registering social security schemes, fund managers, administrators and custodians; and monitoring the sustainability of social security schemes. Other responsibilities are ensuring schemes' compliance with official guidelines; maintaining and updating social protection databases; overseeing compliance to ILO's Social Protection Minimum Standards; and coordinating the establishment of mechanisms for the portability of social security benefit rights between Tanzania and other countries.

ii. Ministry Responsible for Finance.

This ministry is responsible for mobilising resources from domestic and foreign sources to fund social protection initiatives and encourage private sector participation in financing social protection initiatives. In addition, it is responsible for mainstreaming social protection issues in national budget guidelines and planning processes, attracting new support from

financing partners for social protection initiatives, ensuring timely and accurate disbursement of funds, and approving adjustments in social assistance benefits provided by the government.

iii. Ministry Responsible for Public Service Management

This ministry is responsible for developing and strengthening a comprehensive and stable institutional framework for social protection.

iv. Ministry Responsible for Health

This ministry is responsible for developing policies, laws, and guidelines to protect public health. It will also carry out reforms to expand coverage, availability, and accessibility of health insurance and services to vulnerable groups through exemptions on payments of various fees.

v. Ministry Responsible for Community Development, Gender, Women and Special Groups

This ministry is responsible for developing an integrated social welfare MIS, policies, laws and guidelines for providing social welfare services and supporting the implementation of national programmes to combat violence against women and children. Furthermore, it is responsible for raising awareness on gender-related issues and children, spearheading and monitoring gender mainstreaming in all programmes, and providing empowerment and livelihood opportunities to vulnerable women.

vi. Ministry Responsible for Agriculture

This ministry is responsible for developing policies, laws, and guidelines concerning providing farming inputs and extension services to vulnerable households and ensuring food security and diversification to enhance the nutrition of vulnerable households.

vii. Ministry Responsible for Regional Administration and Local Government

This ministry is responsible for guiding and monitoring the mainstreaming of social protection issues in regional and local government plans and budgets and capacity building of the LGAs to effectively implement social welfare services and programmes to combat violence against women and children. Furthermore, it is responsible for monitoring LGAs' compliance

with the policy's requirements in financing the economic empowerment of women, youth and persons with disability.

viii. Ministry Responsible for Union Matters

This ministry is responsible for coordinating meetings to discuss and endorse bilateral arrangements for social protection between Tanzania Mainland and Zanzibar.

ix. Ministry Responsible for Foreign Affairs and International Cooperation

This ministry is responsible for negotiating and entering into international agreements on social protection between Tanzania and other countries.

x. Ministry Responsible for Constitutional and Legal Affairs

The ministry is responsible for drafting and amending laws relating to social protection.

xi. Bank of Tanzania

The bank is responsible for regulating and supervising financial matters related to the social security schemes in Tanzania Mainland and their investments.

xii. National Identification Authority (NIDA)

The authority is responsible for providing necessary information to enable social security schemes to register members and conduct various activities.

xiii. Registration, Insolvency and Trusteeship Agency (RITA)

The agency is responsible for providing necessary information to enable social security schemes to register members and conduct various activities.

xiv. Tanzania Insurance Regulatory Authority (TIRA)

The authority is responsible for managing the implementation of universal health insurance and submitting implementation reports to the ministry responsible for social protection matters.

xv. Regional Secretariats

The regional secretariats are responsible for mainstreaming social protection in regional and local government plans and budgets, coordinating social protection initiatives in the regions, providing technical support and coordinating and monitoring the performance of social protection initiatives in LGAs.

xvi. Local Government Authorities

The LGAs at the district council level are responsible for financing the economic empowerment of women, youth and persons with disability; provision of preventive and responsive social welfare services against all kinds of violence in society; mobilization of financial, human and material resources for the implementation of social protection programmes and the monitoring of their implementation.

xvii. Social Insurance Schemes

The schemes such as PSSSF, NSSF, WCF, and NHIF are responsible for the implementation and management of social insurance laws, regulations and guidelines; expansion of social security coverage; contributions collection; benefits payment to their members; and provision of public education and awareness to scheme's stakeholders. The schemes are also responsible for collaborating and working closely with other government institutions, including TRA, BRELA and TIC, to improve overall compliance.

xviii. Tanzania Social Action Fund

The fund is responsible for administering and implementing a cash transfer programme, public works and livelihood enhancement initiatives through PSSN II. This includes facilitating the delivery of social assistance benefits to programme beneficiaries, managing mechanisms for identifying and enrolling beneficiaries, and improving the management information system.

xix. National Bureau of Statistics

In collaboration with other stakeholders, the bureau will generate, store and maintain adequate and up-to-date social protection statistics for planning purposes.

xx. Private Sector

In collaboration with the government, the private sector is responsible for implementing social protection programmes such as payments to beneficiaries, public education and awareness-raising, and initiating and implementing corporate social responsibility initiatives to support social protection programmes.

xxi. Employers

Employers are responsible for registering themselves and their employees to social security schemes, remitting contributions timely and accurately and providing awareness to employees and the public.

xxii. Employers' Associations

Employer associations represent employers' interests in developing the social protection system and sensitize employers about their obligations.

xxiii. Workers' Unions

The unions are responsible for representing workers' interests in the social security sector and sensitising their members and dependants about their obligations, rights and benefits.

xxiv. Employees

Employees are responsible for registering for social security schemes and updating their information.

xxv. Community-Based Organizations

Community-based organizations are responsible for complementing government efforts to provide social protection services, promote transparency and accountability in social protection programmes, and participate in implementing, monitoring, and evaluating programmes.

xxvi. Professional Associations

Professional associations are responsible for issuing guidelines, advice, and best practices for managing social protection programmes, capacity building, and technical support.

xxvii. Academic and Research Institutions

The institutions are responsible for researching social protection issues, disseminating research findings and developing human capital.

xxviii. Media

The media is responsible for informing the public of developments in social protection and providing public awareness on social protection issues.

xxix. Development Partners

Development partners are responsible for providing technical and financial support in developing social protection programmes.

xxx. Financial Institutions

The financial institutions are responsible for providing and facilitating different financial products to social protection programmes and members.

xxxi. Communities

The communities are responsible for building a saving culture among their members, being responsive to the needs of vulnerable persons, and maintaining self-help traditions.

5.3 Monitoring and Evaluation

Monitoring and evaluation are essential for improving the implementation of the National Social Protection Policy (2023). The overall responsibility for monitoring the policy is vested in the ministry responsible for social protection. However, the ministry shall collaborate closely with other ministries, the private sector, employers' associations, workers' unions, civil society organizations and development partners.

Furthermore, the M&E will include collecting and analyzing policy implementation reports and monitoring and evaluation systems to be implemented. Policy implementation monitoring mechanisms will include conducting review meetings to ensure that planned targets are achieved. Moreover, monitoring reports will be published annually, and evaluation reports will be published every five years during the implementation of

the policy. Meanwhile, various research will be conducted during the review period.

5.4 Conclusion

This policy document guides the provision of social protection services to reduce poverty, inequalities and vulnerability to risks, increase access to essential services, improve human capital development, ensure inclusive growth and reduce the exposure of poor and vulnerable households and individuals to economic, social and environmental shocks. Furthermore, the policy aims to ensure quality and efficient social protection service delivery.

The government is determined to ensure timely policy implementation to extend social protection coverage to most of the population, per ILO Recommendation No. 202, to establish essential social protection services.

This policy will be implemented with the following instruments and mechanisms:

- (a) NSPP implementation strategy;
- (b) Enactment of new laws, regulations and amendment of some existing legislation;
- (c) Strengthening institutional capacity for designing social assistance programmes and providing services in social security schemes;
- (d) Establishment of a multi-sectoral coordination framework for guiding and monitoring the implementation of the policy; and
- (e) Expansion of fiscal space for adequate and sustainable public financing of social protection.

Implementing this policy will complete coverage of all eligible populations accessing social protection services (horizontal dimensions) with adequate benefits (vertical dimensions).

Moreover, a crucial requirement for effective policy implementation will be the mobilization of adequate financial resources through contributions from social insurance schemes and tax-financed public resources, especially for the non-contributory programmes and for subsidizing social protection to ensure universal access.

The successful implementation of this policy requires the participation of all stakeholders, including the government and its public institutions, social partners, the private sector, civil society organizations, development partners and the public. The government is committed to developing a robust social protection system that protects the poor and vulnerable, promotes inclusive growth, and provides minimum acceptable living standards to all Tanzanians.

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