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Social protection for working-age women in Tanzania

Exploring past policy trajectories and simulating future paths

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Abstract: Tanzania has expanded its social protection framework significantly over the past decade, but the country continues to grapple with important gender inequalities. This paper examines, first, the evolution and effects of Tanzania's social protection policies since the 2000s, from the perspective of working-age women. Drawing on a scoping review of diverse evidence, the paper shows that despite progressive legislative reforms and policy efforts to extend social assistance and insurance arrangements, significant inequalities in access to social protection persist for women across the formal and informal sectors. Second, this paper explores, through microsimulations, the potential benefits of introducing a child grant scheme for families as an instrument for gender-responsive social protection expansion. The simulation findings indicate that introducing child grants allocated to the main caregiver has great potential to promote women's empowerment and the achievement of SDGs in Tanzania.

Key words: social protection, Tanzania, women, gender, microsimulation, social insurance, social assistance

JEL classification: J16, I3, I38, C15

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1 Introduction

Equitable access to gender-responsive[1] social protection is vital for women's empowerment and the achievement of the Sustainable Development Goals (and particularly targets 1.3, 5.4, and 10.4[2]). Social protection systems that fail to address and promote gender inequalities risk aggravating the various intersecting forms of discrimination against women and girls. This paper responds to the 'urgent need to approach existing shortcomings in social protection outcomes using a gender lens' (Holmes and Jones 2013: 5). It examines social protection measures and policy developments in Mainland Tanzania, their effects and implications for women's livelihoods and wellbeing, and future opportunities for gender-responsive policy expansion.

Social protection has been defined in different ways in the literature and amongst global social policy actors. The International Labour Organization (ILO), for instance, uses the terms 'social protection' and 'social security', often interchangeably, to refer to 'policies and programmes designed to reduce and prevent poverty and vulnerability throughout the life cycle' (ILO 2017: 1). The life cycle perspective emerged during the early inceptions of the concept of social security, which was primarily understood as a means of income protection in the context of full industrialization and full employment in post-war Europe. This is reflected in the ILO's 1952 Social Security Convention 102,[3] which promotes social protection for key 'contingencies' experienced during the life cycle: health care, sickness, old age, unemployment, employment injury, family and child support, maternity, disability, widowhood, and orphanhood.

The conventional approach to social protection, which offers income protection for those in formal employment, has been criticized as not being a viable model in the development context, where women are overrepresented in the informal economy and thereby typically excluded from these arrangements. Sabates-Wheeler and Kabeer (2003), in particular, draw attention to women's restricted labour force participation, which is due to their reproductive and care roles, socio-cultural norms that hinder their access to resources and opportunities, and discrimination against them in labour market structures. The authors argue in favour of robust social protection for the informal sector, accompanied by other corrective measures (e.g., land reforms) to bolster women's equitable access to assets and resources. Taking this argument one step further, Sabates-Wheeler and Devereux (2008) posit that social protection measures should also include 'transformative elements' (e.g., promotion of workers' rights or legislation to protect people with disabilities) to address inequalities arising from the broader socio-political environment.

In terms of actual policy instruments, social protection is typically understood to encompass contributory *social insurance* (protecting employees against life course and work-related risks) and non-contributory *social assistance* (mitigating poverty and vulnerability). However, other instruments, such as care services and labour market policies, have also occasionally been

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[1] Defined here as 'outcomes that reflect an understanding of gender roles and inequalities and which make an effort to encourage equal participation and equal and fair distribution of benefits' (UNDP 2019: 3).

[2] 1.3: 'implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable'; 5.4: 'recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies, and the promotion of shared responsibility within the household and the family as nationally appropriate'; 10.4: 'adopt policies, especially fiscal, wage, and social protection policies, and progressively achieve greater equality'; see https://indicators.report/.

[3] Available at: https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312247:NO (accessed 4 July 2022).

bracketed under social protection (see e.g., Carter et al. 2019). In the context of development, social insurance has primarily covered formal sector employees, who represent a small minority of the active labour force, and reaches particularly few women, who are typically engaged in the informal sector and unpaid work. At the same time, social assistance measures have become a popular tool under safety net programmes, typically including unconditional cash transfers (UCTs), provided to financially disadvantaged people without conditionalities, and/or conditional cash transfers (CCTs), offering income support in return for meeting conditions related to, for example, children's educational attainment or health visit attendance. In the sub-Saharan African region, public works components offering temporary employment to vulnerable populations have been frequently integrated into such programmes. Safety nets constitute a highly targeted form of social assistance aimed at the extremely poor, and particularly women, therefore representing a discretionary form of social protection. As such, they differ from universal, rights-based schemes—such as child grants or family allowances—available on the basis of citizenship.

Social protection has become an increasingly important and debated policy area in global social policy in recent decades. The World Bank, notably, has acted as a key funder and promoter of social safety nets (and particularly CCTs). Other key actors have promoted a largely different approach to social protection, emphasizing the need for universal measures to respond to social protection needs beyond the extremely poor. The ILO's Social Protection Floors (SPF) is such a policy initiative, denoting an important shift away from employee- and poverty reduction-focused approaches to those providing social protection for all (see e.g., Devereux 2017). The ILO's SPF recommendation 202 promotes access to essential health care and basic income security through four basic social security guarantees, as defined at the national level.[4] The universalist aim of the SPF is also echoed in the SDG 1.3. The global COVID-19 pandemic has captured the attention of scholars and policy-makers alike concerning the existing gaps in social protection measures, and spurred the debate around future policy directions (Razavi et al. 2020).

Globally speaking, the majority of African countries continue to lag behind in terms of access to gender-responsive social protection and gender-inclusive development. In fact, social protection arrangements remain limited altogether, only 13 per cent of the population of sub-Saharan Africa (SSA) having access to some form of social protection (UN/DESA 2021). However, in the past decade, SSA countries have increasingly invested in social assistance measures, particularly through multi-component cash transfer programmes, whilst also introducing new and innovative reforms in social insurance-based social protection (see also Lambin and Nyyssölä forthcoming). It is also noteworthy that numerous social protection and job responses were introduced in the region following the COVID-19 pandemic (Gentilini et al. 2022).

Tanzania represents a key example of social protection expansion in the region; the country introduced pioneering legislation enabling access by informal sector workers to contributory insurance schemes, while its flagship cash transfer programme, Productive Social Safety Nets (PSSN), targeting particularly female-headed households, has seen the most rapid annual increase in beneficiary households in the world (Beegle et al. 2018). At the same time, the future of gender-responsive social protection expansion in the country remains uncertain. There are no other substantial social assistance measures currently in place other than the PSSN, which is intended to continue until 2024. Moreover, while the most recent Five Year Development Plan (FYDP III,

[4] These include: (i) access to essential health care, including maternity care; (ii) basic income security for children, providing access to nutrition, education, care, and any other necessary goods and services; (iii) basic income security for persons of active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity, and disability; (iv) basic income security for older persons. See https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:3065524 (accessed 4 July 2022).

2021/22–2025/26) aims to increase social protection coverage by up to 30 per cent, the government's productivist development vision emphasizes engagement in productive activities as the basis for access to social protection (URT 2021a). This raises questions about the extent to which current policies respond to women's social protection needs and how the latter will be addressed in the future.

Literature on social protection and welfare state building remains limited in the context of SSA (Hickey et al. 2020). Gender-focused analyses of extant social protection models are even fewer, the rare works being focused on South Africa (Hassim 2006; Plagerson et al. 2019), and no previous publications exist on the specific context of Tanzania to our knowledge. This paper seeks to address this knowledge gap by examining the Tanzanian social protection model from the perspective of working-age women, in order to better understand its impacts and implications for women's wellbeing and livelihoods, and to inform future research and policy-making. Combining a qualitative, scoping study approach of collecting and analysing diverse sources of evidence and a quantitative component that simulates the introduction of a rights-based child grant to key populations for the context of Tanzania, the paper seeks to answer the following research questions:

1. To what extent have past policy developments responded to women's social protection needs and what are their implications on the livelihoods and wellbeing of working-age women?

2. To what extent would a child support grant, allocated to the main caregiver, represent a viable policy instrument for gender-responsive social protection expansion in Tanzania?

The following section presents an overview of the key concepts and issues related to social protection from a gender perspective in the development context. After this, in Section 3, we discuss the research design of this paper. The following sections (4 and 5) examine recent developments in social insurance and assistance measures, along with their implications on working-age women in Tanzania. Section 6 then explores the opportunities and potential benefits of gender-responsive social protection expansion in the country through the simulation of different versions of the South African Child Support Grant (CSG) for the Tanzanian context. Finally, in the discussion and conclusions section (7), we reflect on the findings of this study within the current political context of Tanzania and make some policy recommendations.

2 Social protection: gender perspectives and challenges in the development context

Despite increased recognition of current social protection needs among policy-makers at global and national levels, and the documented social and economic benefits of investing in social protection, important questions remain concerning the measures to be adopted in low- and middle-income countries with a large and growing informal sector heavily powered by women workers (e.g., UN Women 2015). Given that traditional social security arrangements consisting of contributory social insurance (i.e. schemes offering income security for life cycle events in return for contributions by employees and/or employers) are benefiting the small formal sector while targeted safety net programmes often cover the most vulnerable, the vast majority of informal workers have remained outside social protection coverage (Olivier 2019). Women are disproportionately affected; as of 2019, 3.9 per cent of working-age women compared with 10.8

per cent of men in Africa were covered by comprehensive, rights-based social security protection[5] (ILO 2021a). It is against this backdrop that the ILO has promoted increasing formalization of informal work as a pathway to ensuring *all* workers' rights and access to social protection. However, the feasibility of such a transition (and its timeframe) in highly informal economies has been questioned, and investments in social protection particularly for informal workers have been promoted as a crucial step towards increased population coverage (e.g., Olivier 2019; Sabates-Wheeler and Kabeer 2003; Stuart et al. 2018). Besides, integrated models offering coverage to both informal and formal sector workers have been put forth as a sustainable approach to social protection with greater financial pools, lower inclusion and exclusion errors, and flexibility in terms of changes in labour market position (Palacios and Robalino 2020).

Yet social protection systems in the Global South remain characterized by two-tier models that combine separate, sector-specific policy measures such as formal sector social insurance and narrowly targeted social assistance (Palacios and Robalino 2020). Such models bear two main disadvantages for women. First, given the absence of sufficient universal social assistance and the lower representation of women in the formal sector, they reinforce women's dependence, in the case of income shocks, on a husband. Women can rely on informal social protection offered by husbands' wealth, or formal social insurance arrangements in cases where the husband engages in formal employment—through health insurance covering households or a survivor's pension, for instance, if such benefits are provided by the husband's insurance package. Second, two-tier social protection models typically reflect a lower valuation of informal work and unpaid care work, which are carried out primarily by women.

Globally speaking, contributory social insurance schemes typically offer some maternity benefits, protection against work injuries, and pension schemes, while targeted social assistance frequently provides only limited income support to households in extreme poverty. This translates into a better range and level of benefits under contributory social insurance schemes compared with social assistance schemes, significantly disadvantaging women (see Cook and Razavi 2012; Fourie 2019). Consequently, women in the informal sector typically incur income and/or job loss during or after pregnancy, while many return to work prematurely, with important health risks to themselves and their children (ILO & ECASSA 2019; Lund 2009; Ulrichs 2016). Thus, women remain highly dependent on informal social security arrangements for protection during sickness and old age, for instance.

Despite being the least protected in most social protection arrangements, informal sector workers face a broad range and depth of risks. They often work in unsafe environments, thereby being more likely to suffer work-related injuries, sickness, and disability; their income is more likely to be dependent on the season or available work; and they are more likely to lose all income following sickness or unemployment (RNSF 2017). Moreover, while the livelihoods of informal workers, vis-à-vis those of formal workers, are continuously challenged by poorer access to assets and markets, shocks such as natural disasters, conflicts, and economic crises affect the availability and quality of work within the informal sector more intensely (Olivier 2019; Rwegoshora 2014).

For women, difficulties in accessing assets and securing sustainable livelihoods are more intense (see Panda 2018; Tesfaye et al. 2021) and they experience a greater level of vulnerability in the event of different shocks (political, economic, climate-related, etc.) (Holmes and Jones 2013). A recent study from Tanzania highlights the challenges Tanzanian female traders face in accessing

[5] Number of people of working age who enjoy comprehensive legal social security coverage in eight areas (sickness, unemployment, old age, employment injury, child/family benefit, maternity, invalidity, survivors), as specified in Convention 102 (see ILO 2021a).

trading spaces, finance, and business development services (Pallangyo 2021). The particular vulnerability of women in the event of external shocks has been evidenced in the context of the COVID-19 pandemic. The extant evidence underscores that the pandemic has generated new social protection needs, particularly for women, who are especially exposed to the virus and the economic implications of the pandemic (Azcona et al. 2020; Berkhout et al. 2021). It has also been predicted that fewer women than men will regain employment during the COVID-19 recovery (Deshpande 2020; ILO 2021b).

Furthermore, women represent a high share of workers within the least protected categories of the informal sector—i.e. those with low job quality and wage security (Chen 2012; Sabates-Wheeler and Kabeer 2003). For instance, in Tanzania, around 70 per cent of women in both agricultural and non-agricultural sectors work as unpaid family helpers (Lokina et al. 2016). Women are also overrepresented amongst the unemployed (12.7 per cent versus 5.8 per cent for men in 2020/21 (URT 2021b)). At the same time, increasing women's disposable income or access to credit, for instance, does not automatically translate into transformative outcomes in terms of social and economic empowerment. Women remain disadvantaged by lower levels of education, language skills, participation in decision-making structures, and other unequal gender dynamics at the societal, household, and individual levels. Women also experience other social vulnerabilities, including time poverty, gender-based violence, and male abandonment, leading to stigma—all of which challenge women's ability to effectively utilize the resources that are available to them. All this requires broader transformative policies addressing gender inequalities (Holmes and Jones 2013).

Safety net programmes, and particularly CCTs targeting women, have been promoted as key instruments in expanding social protection of and empowering vulnerable women. However, gender scholars have heavily criticized CCTs targeting women for reinforcing their care responsibilities and furthering their recognition as mothers rather than citizens as a basis for enabling access to social protection (e.g., Molyneux and Thomson 2011). Indeed, CCTs are typically aimed at impoverished families, designed to prioritize transfers to primary caregivers, and include conditionalities around children's school attendance and health check-ups, which 'lock' women into their stereotypical gender role in return for income support. Furthermore, comprehensive literature reviews on social safety nets show that cash transfers have yielded mixed results in terms of women's empowerment. While there is some evidence that cash transfers have decreased intimate partner violence and enhanced women's wellbeing and life satisfaction (especially unconditional transfers), the impact on women's labour force participation has been less significant and effects on intra-household bargaining power remain mixed (Peterman et al. 2019). At the same time, there is cross-country evidence that CCT programmes often aggravate women's time poverty due to added conditionality-related responsibilities and increased girls' school attendance, which reduces the available help that previously eased mothers' burden of unpaid work (Bastagli et al. 2016). However, given that safety net programmes are increasingly incorporating additional components alongside cash transfers aimed at capacity-building (known as 'cash transfer plus' programmes), there is an ongoing need for empirical evidence on the ways in which different policy designs affect women's livelihoods and wellbeing in different contexts.

3 Research design

This research combines a qualitative scoping study of diverse literature and evidence with a quantitative simulation component. The primary purpose of the scoping study is to identify the policy developments in the realm of social protection, with their effects and implications on the wellbeing and livelihoods of working-age women in Mainland Tanzania. The scoping study method is an increasingly popular approach to evidence synthesis, and 'aims to systematically identify and map the breadth of evidence available on a particular topic, field, concept, or issue, often irrespective of source (i.e., primary research, reviews, non-empirical evidence) within or across particular contexts' (Munn et al. 2022). Crucially, it allows evidence to be compiled from diverse sources, thus differing from a systematic literature review, which typically analyses published academic literature in a narrowly defined area to respond to a specific information need (Munn et al. 2018).

Our scoping study involved compilation and review of diverse evidence based on clearly defined inclusion and exclusion criteria to ensure the relevance and quality of the analysed materials. More specifically, the data focused on policy developments and effects from 2000 to 2021 in Mainland Tanzania. Besides focused searches primarily on Google Scholar, Econlit, and PubMed, the data collection approach involved a 'snowballing effect', enabling the addition of further publications and relevant information sources emerging from the compiled evidence. Finally, further evidence was collected and reviewed through expert recommendations at the review stage. All compiled data were reviewed for relevance by at least two authors before inclusion.

The core data include peer-reviewed journal articles, book publications, and working papers addressing social protection in the Tanzanian context. Research publications, such as policy evaluations by leading international organizations (e.g., the World Bank, UNICEF, UNDP), were also examined. Additionally, relevant policy plans and documents produced by the Tanzanian government were analysed to identify key past policy developments and future objectives in the realm of social protection. Different 'media sources' (websites, publications) were also solicited to capture information on the most recent policy developments. Some information related to extant insurance schemes was directly sought from representatives of the National Social Security Fund. Finally, readily available quantitative data and indicators were examined to support the analysis. The use of these diverse evidence sources (summarized in Table 1) enabled extensive data triangulation, enhancing the validity and reliability of the findings (see Yin 2014).

The quantitative analysis, addressing the second research question, has a forward-looking focus. It explores the potential welfare impacts of introducing a new social assistance scheme, paid for by the main caregivers in households with children under the age of 7, as a gender-responsive social protection instrument in the Tanzanian context. This is realized through a simulation of different policy designs inspired by the South African Child Support Grant (CSG). The simulation required first determining feasible policy options for the Tanzanian political and socio-cultural context and its current policy mix. These options were inspired by evaluations of the South African CSG and other extant evidence in the literature. After the initial documentary analysis, we designed a number of feasible policy options for the simulations using TAZMOD, a model that applies the Tanzanian tax–benefit rules to individuals, drawing on the 2017/18 Household Budget Survey. Appendix Table A2 shows the policies that are simulated in TAZMOD.[6]

[6] TAZMOD is based on EUROMOD (software version 3.1.8). These models are based on a harmonized set of variables and income concepts (EUROMOD 2018; University of Essex 2019).

Table 1: Data sources and criteria

Data source	Inclusion criteria	Exclusion criteria	Number
Academic publications (journal articles, book chapters, books, working papers)	Ranked peer-reviewed journals and publications. Sound research methods.	Student dissertations. Non-ranked journals. Publications not focused on/including Tanzania.	54
Policy/programme evaluations (by implementing organizations, contracted evaluators, or other organizations)	Conducted by recognized and established research bodies. Sound research methods.	Project briefs and publications that do not specify research methods or design. Publications not focused on/including Tanzania.	24
Quantitative datasets, available statistics, and indices (provided by publicly available data banks)	Conducted by recognized and established development organizations; commonly utilized indices.	Unreliable surveys (e.g., online surveys, small population); indices and data provided by politically oriented NGOs.	10
Government documents (URT policy documents, development plans, legal provisions)	All relevant documents by the central government, ministries, local authorities, and other relevant government agencies considered.	Documents not focused on/including issues related to social protection and/or gender. Documents by independent bodies.	8
Media (journalistic publications, news pieces, website information)	Recognized Tanzanian and other relevant news outlets; news reports of government statements and measures; information on government agency websites.	Opinion pieces; social media content; editorial blogs. Documents not focused on/including issues related to social protection and/or gender.	8

Source: authors' compilation.

4 Contributory social insurance: what protections for women in Tanzania?

In terms of compulsory social insurance for those in formal employment, the Tanzanian system remained highly fragmented until 2018.[7] Since the Public Service Social Security Fund Act of 2018, the Public Service Social Security Fund (PSSSF) has been the main insurer for civil servants, while the National Social Security Fund (NSSF) insures other formal sector employees (and voluntary informal worker enrolees) (URT 2018). Given that the existing compulsory insurance schemes included no protection for work-related injury, a Workers' Compensation Fund was established in 2015 under the Prime Minister's Office, to provide mandatory protection against injury, disability, and death for formal sector employees.

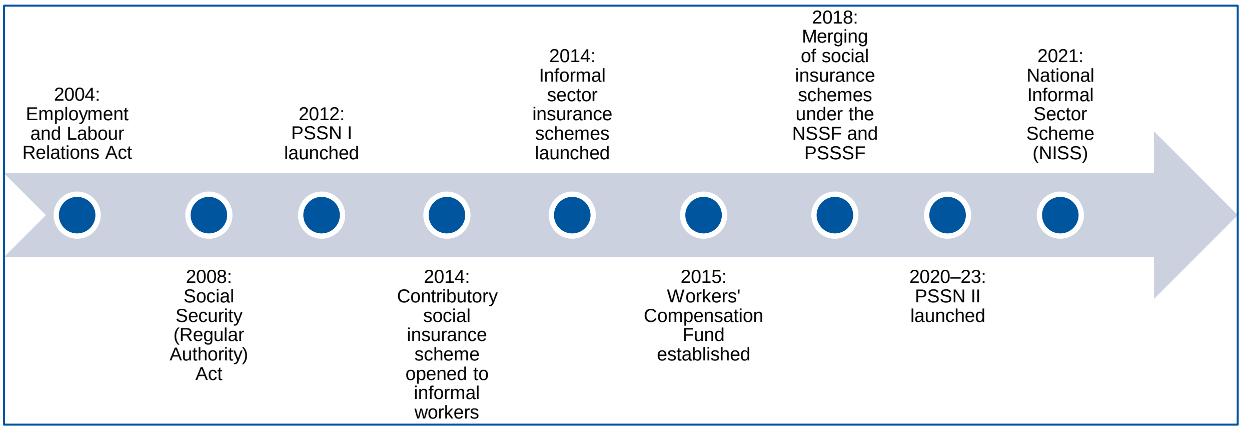
Alongside increased coordination and expansion of social insurance arrangements for the formal sector, Tanzania has made important progress in terms of social insurance extension for informal workers. This was enabled by the Social Security (Regulatory Agency) Act of 2008,[8] which redefined 'employees' as 'workers' and consequently legally opened public social insurance schemes to informal sector workers, representing pioneering legislation on the continent (Masabo 2019; Olivier 2019). However, it took until 2014 for the NSSF to allow voluntary informal workers to enrol in its formal sector scheme. Importantly though, the NSSF was mandated in 2017 to provide informal sector workers with a separate social security product, and a National Informal

[7] Previously, there were four separate pensions schemes: the Government Employees Provident Fund (GEPF), Local Authorities Pension Fund (LAPF), Parastatal Pension Fund (PPF), and Public Service Pensions Fund (PSPF); these were merged under the PSSSF and NSSF.

[8] This was preceded by the National Social Security Act of 1997, which allowed the enrolment of self-employed persons in the NSSF (Masabo 2019).

Sector Scheme (NISS) for self-employed informal workers was launched in summer 2021,[9] preceded by other schemes aimed at specific professional groups within the informal sector. Figure 1 summarizes the social protection measures introduced between 2000 and 2021. The remainder of this section takes a closer look at the existing social insurance schemes through a gender lens.

Figure 1: Timeline of key social protection measures in Tanzania (2000–21)



Source: authors' illustration.

4.1 Contributory social insurance for formal sector employees

Contributory social insurance schemes are typically the most generous form of social protection. In Tanzania, the two formal sector insurance schemes provided by the NSSF and PSSSF offer relatively broad benefit packages covering most life cycle events (see Table 2). While both schemes include a survivor's pension (typically allocated to the spouse), the NSSF also offers health insurance for the member and their household, making it particularly relevant to (female) spouses of formal sector workers. Moreover, the Employment and Labour Relations Act of 2004 (revised in 2017) guarantees to insured women 12 weeks of fully paid maternity leave (paid in two lump sums),[10] in line with current provisions in other countries in Eastern and Southern Africa (see Figure 2). The legislation also makes provision for full coverage of medical treatment related to pregnancy and delivery and a right to two hours of paid time for breastfeeding per day during the first six months after returning to work.

However, the provisions for paid paternity leave are limited to three days within the first week after the child's birth, which denotes a significant gender bias within the legal framework, discouraging shifts in stereotypical gender roles. Moreover, the right to maternity benefit requires lengthy contributions. The insured member has to make 'at least 36 monthly contributions to the Fund, of which 12 monthly contributions must have been made in the 36 months prior to the expected week of confinement' and have been employed with the same employer for a minimum of 6 months. In addition, a woman can claim maternity benefit only once every three years.[11]

[9] See NSSF (2022c).

[10] 100 days for twins (see URT 2004).

[11] See NSSF (2022a).

Table 2: Social insurance schemes in Tanzania as of 2021

Scheme	NSSF	PSSSF	Wavuvi Scheme	Madini Scheme	Walikuma Scheme	NISS
Target population	Formal sector (compulsory), informal sector (voluntary)	Civil servants (compulsory)	Fishermen (voluntary)	Artisan miners (voluntary)	Agricultural workers (voluntary)	Informal workers (voluntary)
Benefit coverage	Pensions (old-age pension, survivor's pension, and invalidity pension), unemployment benefit, health insurance, maternity benefit, and funeral grants	Pensions (old-age pension, survivor's pension, and invalidity pension), unemployment benefit, death gratuity, sickness benefit, maternity benefit, and access to a mortgage	Cover for injury and disability; low-interest loans for fishing inputs; children's school fees; pensions; free sickness treatment	Credit and financial borrowing; free sickness treatment; cover for injury and disability; pensions	Cover for injury and disability; low-interest loans for agricultural inputs; children's school fees; pensions; free sickness treatment	Health insurance; old-age pension (loans are under development)
Contribution level	*Formal sector*: 20% of wages shared between employees (10%) and employers (10%) *Informal sector*: TZS 20,000 per month	Contributions by employer and employees are 15% and 5%, respectively[12]	Min. TZS 20,000 per month	Min. TZS 50,000 per month	Min. TZS 20,000 per month	Min. TZS 20,000 per month (contribution rate determines level of available loans)
Other conditions	Tanzanian citizenship	Tanzanian citizenship	Membership of Beach Management Units (BMU) or other relevant association	Must be a small-scale miner affiliated with regional miners' associations (REMAs) or other relevant association	Membership of basic crop associations (Agricultural Marketing Cooperative Societies, AMCOS) or other relevant association	

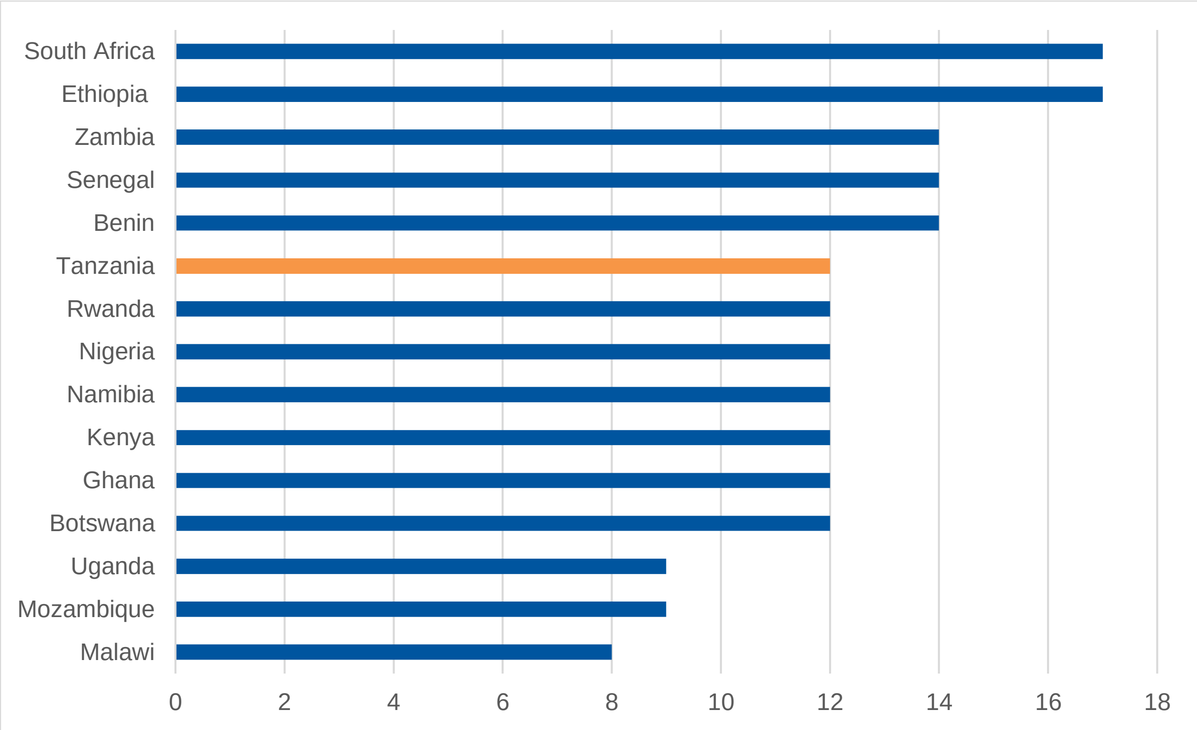
Note: The TZS to USD exchange rate used in this paper is from 14 September 2021, when TZS 10,000 was equivalent to USD 4.30; see https://www.xe.com/currencyconverter/convert/?Amount=1&From=TZS&To=USD

Source: authors' illustration based on DTDA (2021), PWC (2022), URT (2018), and NSSF and PSSSF websites.[13]

[12] See https://taxsummaries.pwc.com/tanzania/individual/other-taxes (accessed 4 July 2022).

[13] See https://www.nssf.or.tz/; https://www.psssf.go.tz/benefits/

Figure 2: Maternity benefit duration in formal schemes in selected countries (weeks)[14]



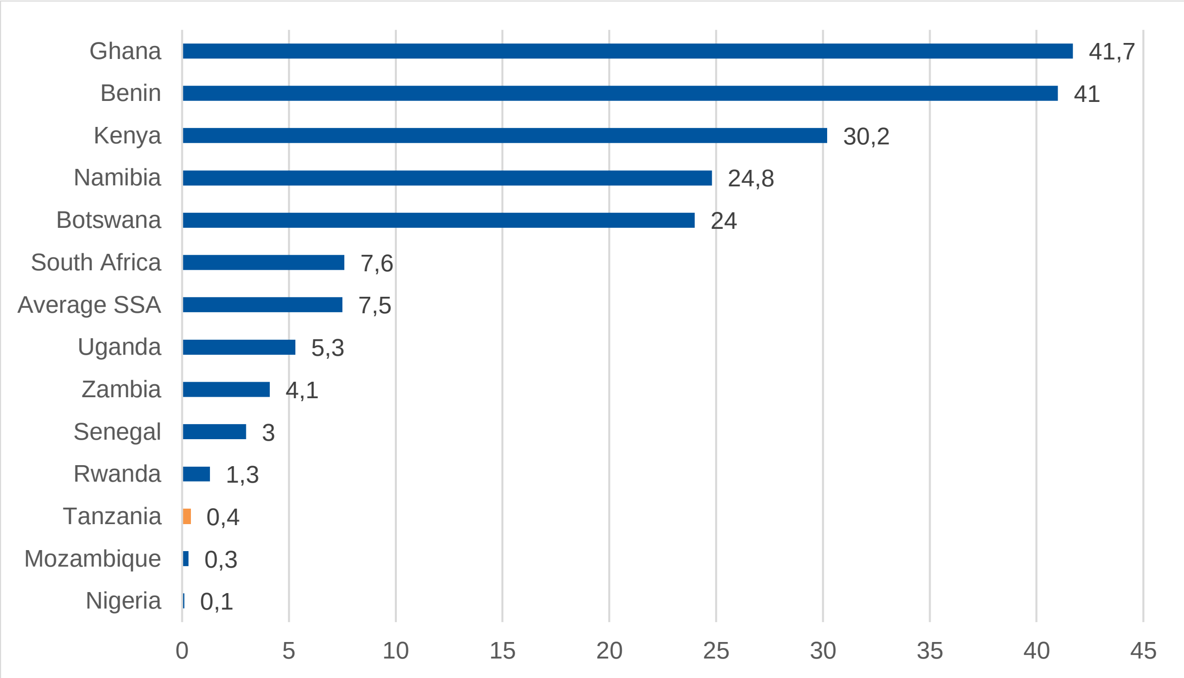
Source: authors' illustration using publicly available legislative documents.[15]

Perhaps more importantly, though, given that the majority of Tanzanian women operate within the informal economy and remain excluded from the maternity protections under formal sector social insurance schemes, the actual share of Tanzanian women receiving contributory maternity benefits nears 0 per cent (see Figure 3). Moreover, other progressive measures such as the right to breastfeed for two hours per day for a period of six months after returning to work have proven difficult to realize due to work schedules and distances between women's home and workplace (Mhando and Kayuni 2019).

[14] Number of weeks during which cash benefits are provided by law to at least some groups of female workers during maternity leave.

[15] Documents include South Africa's Unemployment Insurance Act; Ethiopia's Labour Proclamation 1156/2019; Zambia's Employment Code Act 3 of 2019; Nigeria's, Namibia's, and Ghana's Labour Acts; Kenya's, Uganda's, Malawi's, and Botswana's Employment Acts; Mozambique's Labour Law; and Senegal's, Rwanda's, and Benin's Codes du travail.

Figure 3: Share (%) of women receiving maternity cash benefits[16]



Note: data for different countries from different years between 2016 and 2020.

Source: authors' illustration using data from ILO Social Security Inquiry Database.[17]

Furthermore, the 2004 Employment and Labour Relations Act (ELRA) guarantees paid sick leave of a minimum of 126 days in a 36-month cycle, which covers all formal sector employees suffering from COVID-19.[18] Additionally, the Worker's Compensation Fund, established in 2015, introduced work injury insurance for formal sector employees in Tanzania. This requires mandatory contributions on behalf of employers in both the public and the private sectors (0.5 and 1 per cent of employee wages, respectively), whilst providing protection for temporary and permanent work-related injuries, disablement, and death.[19] These represent key improvements within the legal frameworks of social protection provision, and are particularly pertinent in countries such as Tanzania that grapple with the double burden of disease (a heavy load of communicable and non-communicable diseases) as well as onerous working conditions in numerous professions. Additionally, it is important to note that, although the reach of (all) legal provisions in the 2004 ELRA is explicitly limited to the formal sector, the labour regulations recognize domestic servants as covered employees.[20] This unique legislative feature is pertinent

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[16] Share of women who have given birth (or adopted) in a given year receiving 'periodic cash benefits paid on a regular basis as income replacement for income lost from inability to work before and after childbirth or in connection with the adoption of a child for a specified period of time as prescribed by the statutes of the scheme or national law'.

[17] See ILO (2022).

[18] Entitlements include full pay for the first 63 days, and half pay for the subsequent 63 days (see section 32(1-2) in URT 2004).

[19] See WCF (2022).

[20] According to the Regulation of Wages and Terms of Employment Order of 2010 (Mainland Tanzania), 'domestic servants' include 'any person employed wholly or partially as a cook, house servant, waiter, butler, maidservant, valet, bar attendant, groom, gardener, washman or watchman'. See https://idwfed.org/en/resources/domestic-workers-in-the-united-republic-of-tanzania-summary-of-findings-of-a-situational-analysis-2013/@@display-file/attachment_1 (accessed 5 July 2022).

from the perspective of women, who are overrepresented among domestic workers in Mainland Tanzania. In 2020/21, 4 per cent of men and 7.4 per cent of women aged 15+ were employed as household domestic workers (see URT 2021b).

It is also noteworthy that both the NSSF and PSSSF schemes provide unemployment benefits, differentiating Tanzania from the majority of African countries (ILO 2021a). However, access and levels of protection remain low. The existing schemes provide benefits only at the rate of 33.3 per cent of salary prior to unemployment for 6 months in any 12 month period, while the person must have contributed for a minimum of 18 months (if this condition is unmet, the member receives 50 per cent of their total contributions as a lump sum). Additionally, under the NSSF scheme, unemployment benefits are accessible only by employees under 55 years of age who have left their jobs involuntarily.[21] Despite trade union condemnation, the government has not reformed social protection law regarding unemployment (DTDA 2021). From the perspective of women, restricted access to unemployment benefits in the Tanzanian context is particularly problematic due to their already more frequent career breaks and interruptions. At the same time, the COVID-19 pandemic has especially damaged women's employment, in both the formal and the informal sectors (DTDA 2021; World Bank 2022a).

Women's high concentration in informal employment and more frequent career breaks mean that they have lower access to contribution-based pensions, and only 27 per cent of all pension recipients[22] in 2014 were women (Lokina et al. 2016). Since there are no government-provided social pensions in Mainland Tanzania (in contrast to the semi-autonomous Zanzibar), the majority of women depend fully on informal social security arrangements and/or work into old age. It is also noteworthy that the minimum monthly pension payable to a member is legally set to a minimum of 40 per cent of the lowest sectoral minimum wage.[23] However, sectoral minimum wages have not been adjusted since 2013, which particularly affects the lowest paid category of (heavily female-dominated) domestic servants (DTDA 2021). In addition, the wage ratio of men/women remains around 1 in the formal sector (and 2 for the informal sector; OECD & ILO 2019)—representing one of the highest levels of wage inequality in the Eastern and Southern African region (UN Women & UNDP 2021). It may therefore be expected that women who access rights-based contributory old age pensions receive lower payments than men, who enjoy higher wages.

4.2 Public social insurance for informal-sector workers

Achieving widespread coverage of informal sector workers is a major challenge relating to social insurance expansion. In Tanzania, informal employment represents over 90 per cent of total employment, and 72 per cent of informal employment remains in the agriculture sector (ILO 2018). Over the past decade, several countries in SSA have introduced contributory social insurance packages for the large population of informal workers, as a domestically led policy tool alongside targeted social assistance schemes (Lambin and Nyyssölä forthcoming). The Tanzanian government has also recognized the inadequacy of social protection in the informal sector by

[21] See NSSF (2022b).

[22] Consisting of a lump sum equal to 25 per cent of the total pension payment received at the beginning of retirement, and monthly payments for the remaining 75 per cent of the total; see https://www.nssf.or.tz/benefits/old-age-pension (accessed 5 July 2022). Invalidity pension is provided at the same rate for members who have lost at least two-thirds of their ability to work; see https://www.nssf.or.tz/benefits/invalidity-pension (accessed 4 July 2022).

[23] See https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/104596/127653/F1097283052/TZA104596.pdf (accessed 4 July 2022).

extending informal workers' access to formal social insurance schemes and developing new insurance products tailored to different groups of informal workers.

In 2014, the NSSF started to offer voluntary enrolment to the 'traditional' NSSF insurance scheme described above at the contribution rate of TZH 20,000 (USD 8.5) per month. In the same year, the NSSF also launched insurance packages for 'difficult to reach' populations through the Wakulima Scheme (Farmers' Scheme) and the Madini Scheme (Small Miners' Scheme) (ISSA 2014), and later the Wavuvi Scheme (Fishermen's Scheme)—with contribution rates varying between TZH 20,000 and TZH 50,000 per month (see Table 2). These specialized schemes respond to the partially differing social protection needs of informal sector workers in different professional paths, representing a progressive approach to social insurance expansion (see Olivier 2019). For instance, they include protection against disasters as well as measures that enable productive investments and encourage saving (Masabo 2019), such as access to credit and financial borrowing; and low interest loans for agriculture and fishing inputs. Provisions are also made for children's school fees, sickness treatment, and cover for injury and disability. However, access to the schemes is limited to members of workers' associations and cooperatives, which offer loans to cover contribution fees; and the covered sectors are mostly male-dominated.

Crucially, in summer 2021, the NSSF introduced the the NISS, which is available to all self-employed workers, as well as employers and employees in the informal sector. Access is granted at the contribution rate of TZH 20,000 per month, while the benefit package (which is being developed) currently includes an old age pension, health benefits, and access to loans.[24] Thus, like the specialized schemes, it seeks to enhance access to assets and encourage savings amongst informal-sector workers. After an evaluation of the first implementation phase, the second phase is planned to include survivor, maternity, health, death, and disability benefits, as well as health insurance for dependants. Finally, access to soft loans to support economic activities and payments for school fees are planned as part of the third phase.[25] If successful, the NISS would become one of the few schemes in Africa to link long-term and short-term benefits within a single scheme aimed at informal workers (see Lambin and Nyyssölä forthcoming).

While the described insurance packages denote important progress in responding to social protection needs amongst informal-sector workers, the current benefit packages do not fully account for the particular vulnerabilities experienced by women. For instance, none of the informal-sector schemes currently offers maternity protection, considered as key for improving maternal and child health and wellbeing, especially in SSA (ILO 2021a). From the perspective of institutionalization, it is also crucial to point to the lack of legal entrenchment of the current social insurance provisions for the informal sector, which is not covered by the 2004 ELRA or other relevant legislation. Thus, the described policy developments are being enabled by the current mandates given to the NSSF, but informal workers have no institutionalized rights to social protection through insurance schemes or social assistance, as will be elaborated further.

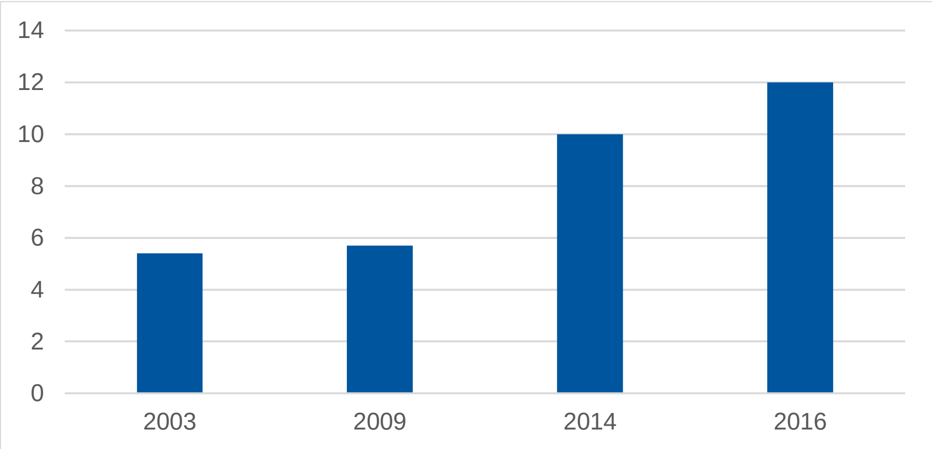
Moreover, the overall coverage of informal-sector workers by NSSF schemes has remained limited, and only around 12 per cent of the labour force was covered by formal social insurance schemes in 2016 (Figure 4). As for informal workers, membership in NSSF insurance schemes has

[24] Contributing members can access loans ranging from TZS 8m to 500m (USD 3,440–215,000). These loans are awarded to individuals or groups, notably for establishing or developing a business or seeking education. They are provided by the NSSF in collaboration with Azania Bank and other public institutions such as the National Economic Empowerment Council (NEEC), Vocational and Educational Training Agency (VETA), and Small Industries and Development Organization (SIDO) (personal communication from NSSF staff).

[25] Personal communication from NSSF staff; see also UNDP (2021).

been extremely low and reduced further between 2014/15 and 2017/18, covering only around 21,000 informal workers (Torm et al. 2021). The low level of informal worker enrolment has been put down to poor screening of payment ability, low levels of trust discouraging contribution payments amongst informal workers, and limited public awareness of the importance of the schemes, how they work, and what benefits they provide to members (Ackson and Masabo 2013; Torm et al. 2021; UNDP 2021).

Figure 4: Social insurance membership in Mainland Tanzania, as a percentage of the labour force (2003–16)



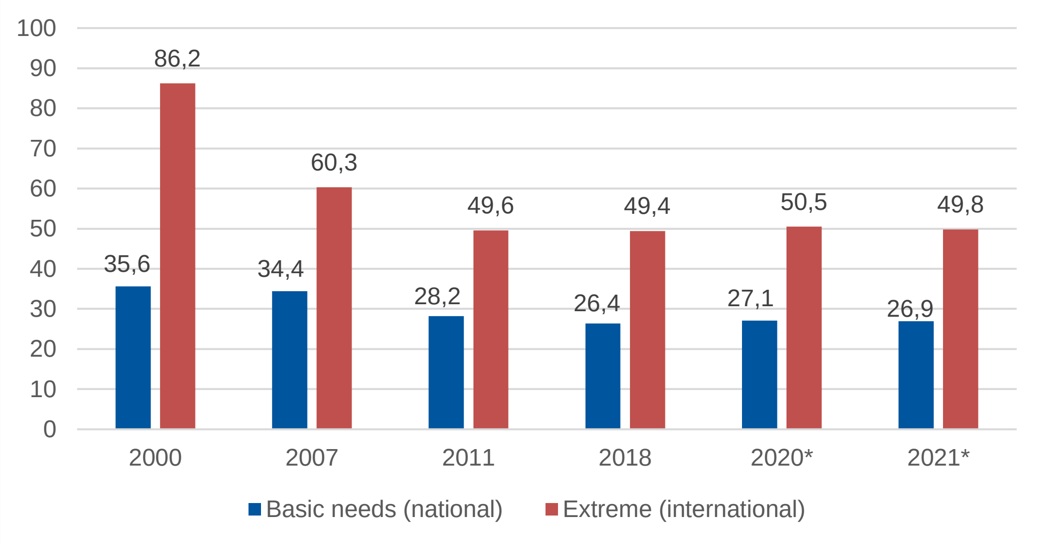
Note: sources and methodologies vary for each data point. Percentage for 2009 may be slightly underestimated due to authors' use of World Bank data on the Tanzanian labour force, which differ from estimates used for other years.

Source: authors' illustration based on Lokina et al. (2016), Masabo (2019), SSRA (2014), and World Bank (2022b).

Naturally, low and inconsistent wages in the informal sector constitute an important factor behind low enrolment. Many workers (such as street vendors, subsistence farmers, and petty traders) lack sufficient funds to cover social insurance costs—especially for the long periods necessary for receiving benefits (see Chen 2012). As shown in Figure 5, around 50 per cent of the Tanzanian population remains in extreme poverty. Workers may therefore prefer to receive their full wages rather than paying contributions from their already limited salaries (Ackson and Masabo 2013). It is also noteworthy that informal workers typically carry a 'double burden' in terms of insurance contributions, covering expenses for employees and employers (UNDP 2021). For women, there are particular limitations in access to contributory schemes, given that only 56 per cent of women in Tanzania receive cash earnings for the work they do (versus 89 per cent of men) (URT 2016).

At the same time, there is evidence that Tanzanian women in the informal sector have been particularly active in the informal social insurance system. For instance, findings by Riisgaard (2020) indicate that female petty traders are 76 per cent more likely than their male counterparts to seek membership in informal workers' associations in order to access loans and savings groups as well as insurance against poor health and death in the near family (see also Torm 2020). Masanyiwa et al. (2020), in turn, observe high female membership in village community banking schemes (VICOBA) in the capital region. Other studies have highlighted the growing popularity of informal social insurance arrangements in general, including Rotating Savings and Credit Associations (ROSCAs) and Saving Associations and Credit Co-operative Societies (SACCOS) (e.g., Andrew et al. 2018; Shau 2022). While this illustrates the experienced needs and demands for social insurance arrangements amongst informal workers, the type and level of support provided by informal social protection arrangements varies, and issues of access persist. For instance, while many workers' associations are for women only, others are collectives of small entrepreneurs (e.g., VIBINDO) rather than wage workers, and several of them impose financial access barriers such as entry fees and regular savings (Riisgaard 2020). This underscores the importance of robust public social protection measures covering women in the informal sector.

Figure 5: Poverty headcount ratio at national and international poverty lines, as percentage of population (2000–21)



Note: * = estimate.

Source: authors' illustration based on World Bank and Household Budget Survey data.[26]

5 Social assistance for women: exploring the case of the Productive Social Safety Net

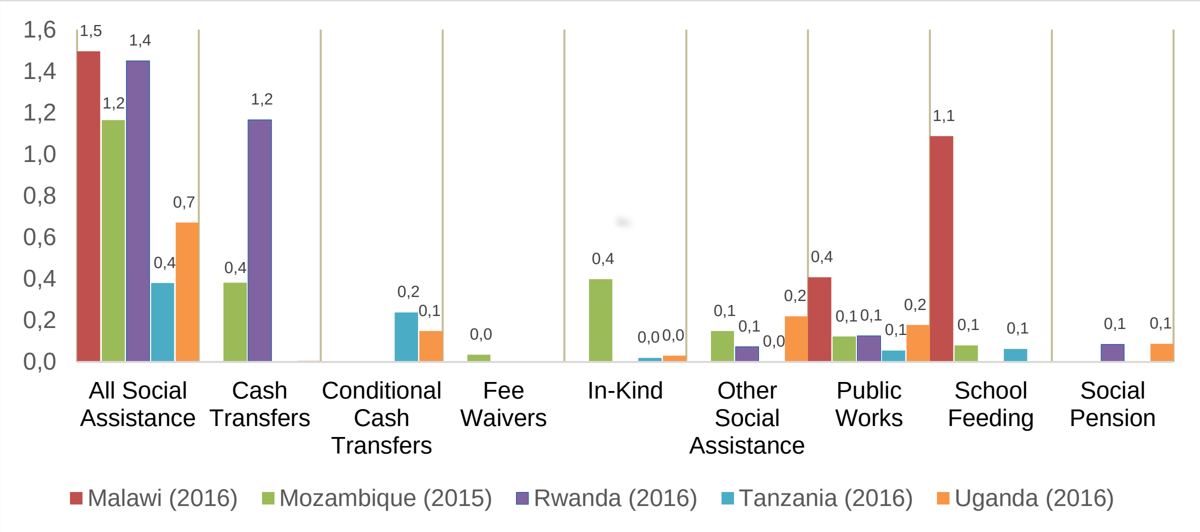
Tanzania's government expenditure on social assistance has increased over the past decades and particularly since 2012 (from TZS 130 billion in 2012 to TZS 471 billion in 2016).[27] However, as illustrated in Figure 6, this remains low in comparison with other countries in the East African region sharing the same income status in 2016.[28]

[26] See https://data.worldbank.org/indicator/SI.POV.DDAY?locations=TZ (accessed 4 July 2022), as well as URT (2014a); World Bank 2019b, 2021a, 2021b, 2022a), and 'Poverty & Equity brief Tanzania', April 2021.

[27] See https://openknowledge.worldbank.org/bitstream/handle/10986/30513/PER-P161653-ADD-VC-PER-PUBLIC-TZ-SP-PER-Final.pdf?sequence=1&isAllowed=y (accessed 4 July 2022).

[28] Malawi, Mozambique, Rwanda, Tanzania, and Uganda were classified by the World Bank as low-income countries in 2015/16, which is the latest year for which data on social assistance spending could be displayed. In 2020, Tanzania formally graduated from low-income to lower-middle-income status. See https://datahelpdesk.worldbank.org/knowledgebase/articles/906519 (accessed 4 July 2022).

Figure 6: Public spending on social assistance programmes in selected East African countries (% of GDP) (2015–17)



Source: authors' illustration based on World Bank's ASPIRE database.[29]

The PSSN constitutes Tanzania's primary social assistance programme and the only scheme in the country currently providing direct income support for impoverished households;[30] there are otherwise virtually no investments in statutory grants, such as family allowances. The PSSN was launched in 2012, with important political and financial support from the World Bank. However, the roots of the programme can be traced, to some extent, to the Tanzania Social Action Fund (TASAF), which was established in 2000 to support communities in enhancing service delivery and respond to community needs. Today, the PSSN is operated by TASAF and has become a significant component in Tanzania's social protection landscape. The next section takes a closer look at the PSSN, its policy design and observed effects from the perspective of working-age women.

5.1 PSSN: a gender-sensitive programme design?

The PSSN is aimed at increasing consumption, strengthening livelihoods, and improving human capital in the poorest households through different methods and criteria.[31] More specifically, the programme entitles households to a maximum of TZS 38,000 (USD 16) per month (de Hoop et al. 2020). Households with children receive conditional transfers at variable rates (Table 3), intended to provide a higher financial incentive for older children's school attendance (given higher opportunity costs). Additionally, the public works component offers work for one adult per household up to 15 days per month for four months (totalling 60 days per year), mainly during the

[29] See https://www.worldbank.org/en/data/datatopics/aspire/country/tanzania (accessed 5 July 2022).

[30] Other forms of social assistance implemented in the country include school feeding and transportation schemes as well as nutritional interventions (see e.g., Ajwad et al. 2018).

[31] The three-stage targeting system involves (i) geographical targeting (by which Project Area Authorities (PAA) and villages provide quotas of potential beneficiaries), (ii) community-based targeting (whereby elected community teams are charged with identifying vulnerable households), and (iii) a Proxy Means Test (PMT) (utilized to rectify and minimize inclusion errors) (Rosas et al. 2016). Household vulnerability is identified through (i) more unpredictable income than other community members, (ii) inability to afford three meals a day, and (iii) poor-quality housing. A standard criterion of household poverty is also deployed and updated regularly, and families below and just above the food poverty line (TZS 33,748 per adult equivalent per month for the 2018 and 2019 systems) are included (Leyaro et al. 2020).

annual lean season. In order to enhance livelihood diversification and strengthening, the programme also offers beneficiaries skills training and opportunities to join savings groups.

Several features of the PSSN are relevant from a gender perspective, and the programme guidelines have increasingly included gender mainstreaming (World Bank 2019a). To begin with, the system of targeting relies on a Community Driven Development (CDD) approach, which involves Community Management Committees (CMC) participating in monitoring, supporting beneficiaries to comply with co-responsibilities and transferring benefits (Mihyo et al. 2020; Ulriksen 2016). Crucially, women have held equal representation in the CMCs (half-male, half-female), offering new opportunities for women in the community who are not PSSN beneficiaries. Through holding positions such as a chairperson and secretary, women gain knowledge and skills in areas such as administration, banking, and evaluation. Those involved in supervising public works programmes also gain access to additional income (UNDP 2018).

Amongst potential beneficiaries, female-headed households, which are overrepresented among the poor, are more likely to satisfy the criteria for programme eligibility. They are also specifically targeted for the CCT component. Additionally, the programme has shifted to prioritizing transfers to women, following reported misuse of funds by male beneficiaries and women's limited access to cash in general (see TASAF 2019; The Tanzania Cash Plus Evaluation Team 2018). This means that the PSSN has increased women's access to cash, which may be considered as the first step towards economic empowerment. Nevertheless, given that cash transfers are made to households rather than individuals, there appears to be a bias against women, especially those in polygamous families (around 17.7 per cent of women in Mainland Tanzania[32]), in which several wives often live with their children as semi-separate 'households'. In these situations only one wife is typically included as a PSSN beneficiary, thereby disadvantaging other wives with social protection needs (Mihyo and Msami 2020).

Furthermore, since women's mobility is often more restricted than men's, it is important that benefits can be collected near women's homes, or through electronic transfers utilizing smartcards or mobile phone accounts.[33] These can have the additional benefits of reducing stigma, expropriation by other family members, and delivery costs (see Peterman et al. 2019). PSSN II has introduced an electronic transfer method, which has facilitated benefit collection, particularly in rural areas, where women often had to wait several hours to collect their cash.[34] This, as well as the development of a Gender Action Plan for the implementation of PSSN II,[35] shows that the programme is mindful of gender-sensitive delivery modalities previously ignored in other contexts (see e.g., Molyneux and Thomson 2011).

[32] 2015-16 TDHS-MIS; see https://www.dhsprogram.com/pubs/pdf/FR321/FR321.pdf (accessed 4 July 2022).

[33] However, e-solutions may be partially undermined by women's lower mobile phone ownership (see e.g., Were et al. 2021).

[34] See e.g., https://www.ippmedia.com/en/news/new-poor-households-be-enrolled-tasaf-programme (accessed 4 July 2022).

[35] See https://documents1.worldbank.org/curated/en/798681568599240846/pdf/Tanzania-Second-Productive-Social-Safety-Net-Project.pdf (accessed 4 July 2022).

Table 3: PSSN benefit scheme characteristics (at the end of 2019)

PSSN component	Sub-component	Eligibility and co-responsibility	Benefit (TZS)	Monthly cap (TZS)	Annual max (TZS)	Number of beneficiaries	Share of women
Unconditional cash transfer	N/A	Extreme poverty	10,000	10,000	120,000	1,100,000 households (5,400,000 individuals) across all 161 PAAs	83% (share of women among primary transfer recipients)
Conditional cash transfers	Household child benefit	HH with children under 18	4,000	4,000	48,000		
	Infant 0–5 health benefit	Children under 2: monthly check-ups; children aged 2–5: bi-annual check-ups	4,000	4,000	48,000		
	Child in primary education benefit	Annual enrolment and 80% attendance	2,000	8,000	96,000		
	Child in lower secondary education benefit	Annual enrolment and 80% attendance	4,000	12,000	144,000		
	Child in upper secondary education benefit	Annual enrolment and 80% attendance	6,000				
Public works	N/A	Extreme poverty and older than 18	2,500	37,500	150,000	253,117 households in 44 PAAs	84.60% (share of women among enrolled beneficiaries)
Livelihood enhancement	N/A	N/A	N/A	N/A	N/A	72,000 households in 8 PAAs	Not available
Savings groups	N/A	N/A	N/A	N/A	N/A	319,940 individual savers in 78 PAAs	85.30% (share of women among enrolled beneficiaries)

Source: authors' illustration based on World Bank (2020a).

The gender-responsive elements of the PSSN are perhaps most visible in its public works component. The programme has paid particular attention to women's inclusion, and a minimum of 40 per cent of the created employment is reserved for female beneficiaries. In practice, women's participation is facilitated by flexible working arrangements and availability of lighter tasks for lactating and pregnant as well as disabled and older women. Although not universally provided, in some areas of programme implementation childcare arrangements are also in place. This has resulted in high female participation in public works: by the end of 2019, female enrolment reached 84.6 per cent, and the actual participation rate amongst enrolled households was high at 89 per cent (World Bank 2020a). Moreover, the actual works are intended to ease women's regular workload and planned with beneficiary input. This has resulted, for instance, in sub-projects facilitating or reducing water fetching (ILO 2019).

It is also noteworthy that the public works component includes maternity protection mechanisms for women who are not permitted to participate due to pregnancy or having children under 2 years old, whereby they are allowed to assign an alternative adult from the household to participate in the works on their behalf or, in case of there being no such person, access the wages as if they were themselves working (World Bank 2019a). This represents the only extant form of income protection in the event of pregnancy and childbirth for women in the informal sector in the country.

However, as illustrated in Table 3, the programme remains highly targeted and lacks nationwide implementation across all its components. While the unconditional and conditional cash transfers are implemented across all 161 Project Area Authorities (PAAs, referring to district, town, municipal, and city councils), other programme components are yet to be run nationwide. At the end of 2019, the public works component covered only 44 PAAs,[36] and the livelihood enhancement component 8 PAAs (World Bank 2020a). Consequently, at the end of 2019, all 1.1 million beneficiary households (covering about 5.4 million direct beneficiaries or about 9.3 per cent of total population) were receiving flat rate benefits and CCTs, while around 23 per cent of enrolled households were engaged in a public works programme (World Bank 2020a).

5.2 PSSN: what effects on women's livelihoods and wellbeing?

In 2020, the PSSN entered its second phase and currently supports about 1.29 million households in the country (World Bank 2022c). The evidence suggests that the PSSN has had an important positive impact on livelihoods. The World Bank's midline survey (conducted in 2017 after two years of implementation) shows that PSSN I beneficiaries were less likely to lose income and assets when experiencing shocks (such as floods or drought) than the control group, more likely to save money, and more likely to own means of transportation or livestock (World Bank 2019a). Also, the UNDP (2018) evaluation shows that, thanks to increased income and savings groups, beneficiary households have been able to accrue more assets, such as solar panels or small plots of land. Moreover, female beneficiaries have reportedly been more likely to be engaged in non-farm activities than the control group post treatment, while the participation in casual work of both men and women has decreased (de Hoop et al. 2020; Mihyo and Mmari 2020; World Bank 2019a). Some beneficiaries have also invested savings in new businesses or local shops to improve and diversify their livelihoods (UNDP 2018). These shifts can be explained by higher earnings, which reduce reliance on less preferred/lower-quality casual work on other people's farms and enable increased self-employment. Additionally, ethnographic research shows that the cash hand-outs

[36] The latest World Bank Implementation Status & Results Report (Released in February 2022) claims that 'the first round of public works began in 51 districts, with over […] 200,000 beneficiaries enrolled in the program and just over 169,000 beneficiaries having received their first wages during the January 2022 payment window'.

alone have shifted cultural norms towards greater acceptance of women owning livestock in several villages (Mihyo and Msami 2020). This type of income diversification denotes a positive development towards sustained livelihoods in the long term (see Dimova et al. 2021).

Furthermore, the PSSN programme has been complemented by savings groups and livelihood enhancement components, to enable beneficiaries to accrue funds for future business investments and connect them with relevant livelihood interventions (e.g., skills training in record-keeping, agri-business, and livestock rearing). These components offer coaching and funds to build beneficiaries' main activities, and may be considered particularly relevant for women, who experience a generally lower level of access to assets and business knowledge, being 'trapped' in unpaid work at family farms, low-return agricultural activities, and poorly paid wage work (UNDP 2018; World Bank 2019a). While there is little evidence as to the actual impacts of these recently added components, UNICEF (2018) reports that complementary training under the livelihood enhancement component has increased educational aspirations and material wellbeing, particularly for young women, signalling a positive effect on economic empowerment.

Other positive effects include higher health insurance enrolment thanks to the additional liquidity, and community promotion of the Community Health Fund (CHF) under the programme (World Bank 2019a). Qualitative research suggests that increased uptake of the CHF and community information sessions have also led to an increase in antenatal visits, children's health check-ups, family planning consultations, and other health service utilization amongst beneficiaries (UNDP 2018). Additionally, a report by the Tanzania Cash Plus Evaluation Team (2018) shows increased likelihood of formal help-seeking among female PSSN beneficiaries who experience emotional or physical abuse. Cash transfers are also likely to bolster positive health-seeking behaviours more broadly, for instance by reducing women's reliance on risky sexual behaviour for funds to cover basic needs (common particularly amongst young women; see Krisch et al. 2019), as evidenced elsewhere (Bastagli et al. 2016; Wamoyi et al. 2020), although this effect is yet to be examined in the context of the PSSN.

However, not all effects of the programme on female beneficiaries have been fully positive. First, women appear to be affected by a higher workload under the programme. A recent study by Prencipe et al. (2021) shows a negative mental health impact of the CCTs on women, expectedly due to responsibilities related to child benefit conditionalities and the related time poverty. Other studies have highlighted lengthy trips to health facilities, for instance, as particularly time-consuming for women (UNDP 2018). At the same time, evidence suggests that the PSSN programme design has reinforced the image of the programme as 'woman-oriented' and has as a result strengthened negative gender stereotypes while increasing women's time poverty (UNDP 2018). This is a significant drawback, given that women in Tanzania suffer from important time poverty—spending over 13 hours a day multitasking domestic chores, care work, and paid work (Chopra and Zambelli 2017), and 3.72 times more time on unpaid work than men.[37]

Furthermore, there is evidence that, while women have experienced increased decision-making power related to household expenditure, particularly when both cash transfer and public works components are combined, this has remained largely limited to PSSN transfers rather than income generated by the husband, for instance (Kinyondo and Magashi 2019; UNDP 2018). At the same time, 'second wives' (in polygamous marriages) are reported to have no power in household decision making, including the spending of cash transfers they receive through the programme (Mihyo and Msami 2020). Additionally, findings by Kinyondo and Magashi (2019) show no

[37] OECD Gender, Institutions and Development Database 2019; available at: https://stats.oecd.org/Index.aspx?QueryId=87277 (accessed 4 July 2022).

'statistically significant impact as far as women's decision making in food crop farming, cash crop farming, nonfarm activities, wage and salary employment, savings, and housing' is concerned (2019: 192; see also Myamba 2017). This is likely connected to the traditional division of labour in farming, whereby men are typically responsible for cash crops and livestock while food crops are considered women's domain (Msami and Mihyo 2020). Given that the PSSN did not alter such arrangements, it appears that decision making remains largely divided along traditional gender lines, with limited effects on women's empowerment in households with male and female adults.

6 Exploring options for gender-responsive social protection expansion: simulating the South African Child Support Grant for the Tanzanian context

Given that Tanzania's social protection policies currently lack statutory allowances, Tanzania's female population remains largely uncovered by any form of social protection, despite their growing needs in the context of macroeconomic shocks such as the COVID-19 pandemic and the recent acceleration in global inflation. In this section, we simulate for Tanzania a new benefit policy based on South Africa's Child Support Grant (CSG), to examine its potential benefits and opportunities as a rights-based policy instrument for gender-responsive social protection expansion.

In South Africa, the CSG provides a means-tested allowance paid out to the primary caregiver of children under the age of 18. Currently, up to 98 per cent of CSG recipients in South Africa are women. Due to its generous income threshold (approximately seven times the country's national poverty line for a single caregiver[38]), the CSG does not target only people at the deepest levels of poverty; in 2019, the CSG covered about 64 per cent of all children below 18 (UNICEF 2019).

In addition to increasing improvements in children's health, nutritional status, and educational attainment (Aguero et al. 2006; Samson et al. 2006; Samson et al. 2008; UNICEF 2019), there is evidence that the grant has played a significant role in increasing the income of the poorest populations (Plagerson et al. 2019). The cash transfers have also contributed towards women's increased labour market participation (Eyal and Woolard 2011; Leibbrandt et al. 2013) and engagement in productive activities through financing job searches and small enterprise creation (Devereux et al. 2011; Plagerson et al. 2019). Importantly, female recipients have also reported experiencing increased empowerment through greater decision-making power over financial resources (Patel et al. 2015; Wright et al. 2015). The grant has been shown to increase recipients' sense of dignity and offer greater independence from unstable and socially alienating informal social security arrangements involving dependence on other family members and relatives (Granlund and Hochfeld 2020). At the same time, there is evidence that concerns related to potentially counter-productive effects of child grants, such as increases in teenage pregnancy or disincentives to find employment, are largely unfounded (see Zembe-Mkabile et al. 2015). However, it must also be acknowledged that the scheme has been criticized for its inadequacy (despite the increases), which draws attention to the difficulty of providing sufficient levels of financial support under such programmes (Witten and Zembe-Mkabile 2021).

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[38] Authors' estimation using www.statssa.gov.za/publications/P03101/P031012019.pdf (accessed 4 July 2022) and data from UNICEF (2019).

In the next subsection we introduce four different policy options for a CSG for the Tanzanian context and present the simulated effects (using TAZMOD) of these options on Tanzanian women in terms of poverty and inequality as well as their cost implications for the government.

6.1 Policy options for a CSG in Tanzania

We perform a comparative analysis using microsimulation techniques of four options for a CSG in Tanzania based on the South African CSG (Table 4). We incorporate the 2019 Tanzanian policy environment (baseline) into the model and evaluate the potential impacts of the four policy designs on female- and male-headed households in Tanzania in terms of poverty and inequality levels. For ease of simulation our model allocates the benefits to each eligible child, but it should be noted that the real-life implementation process would allocate the benefits to the main caregiver. Given that care is still a culturally defined female role in Tanzania, the transfer would predominantly reach women, who are seen as the main caregivers of young children.[39]

Table 4: Simulated policy options for a CSG in Tanzania

Option	Amount per child, monthly	Income threshold for household selection	Age limit
1a	TZS 25,000 (USD 11)	Basic needs poverty line	6 years
1b	TZS 25,000 (USD 11)	Below median household consumption	6 years
2a	TZS 10,000 (USD 4)	No income threshold	6 years
2b	TZS 16,000 (USD 7)	No income threshold	6 years

Source: authors' construction.

All the simulated policies that we discuss target only young children, under the age of 7, as in the initial phases of the CSG in South Africa (UNICEF 2019). In the current Tanzanian context, social assistance provided through the PSSN includes only a modest TZS 4,000 (USD 1.70) grant for households with children under 18 as well as transfers with conditionalities on health and education (see Table 3). Children aged 1–6 are covered by neither the health nor the education grant. Our simulated benefits are unconditional allowances, allowing a larger group to access the benefit.

First, we suggest a means-tested policy path (Options 1a and 1b), with a fixed grant amount of TZS 25,000 (USD 11) per eligible child. Three criteria define the grant amount in these options. First, given that the South African benefit is equivalent to 75 per cent of the South African food poverty line, the transfer amount is set to approximately 75 per cent of the Tanzania food poverty line. Second, it is high enough to represent a significant increase in household consumption for recipients, representing almost 30 per cent of the average consumption level of PSSN beneficiary households (World Bank 2020a). There is evidence from Kenya, Lesotho, and Zambia that child grant programmes offering similar or lower benefit levels as a share of household consumption have achieved a variety of positive outcomes on household consumption, food security, school enrolment, and child health (Alviar et al. 2012; d'Errico et al. 2020; Huang et al. 2017; Pellerano et al. 2014; Sebastian et al. 2019). Third, the additional costs induced by the new policy remain below 1 per cent of GDP.[40]

Option 1a targets children living in basic needs poverty (TZS 49,320/USD 21 per adult equivalent per month) and Option 1b targets children in households with adult equivalent consumption levels

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[39] This is the case in South Africa, where 98 per cent of the 'primary caregivers' receiving the CSG are women.

[40] On average, countries spend 1.1 per cent of GDP on child benefits (see ILO & UNICEF 2019); the South African CSG represents one of the few programmes in the Global South costing more than this (Seekings 2016).

below the median (TZS 271,781/USD 118 per adult equivalent). The two options mimic the incremental implementation process observed in South Africa, where the CSG was originally targeted at children aged 6 or younger living in poverty (Option 1a) and later progressively extended to households with an income of up to 7.5 times the national food poverty line, including all children below 18 years of age (Option 1b, which is equivalent to eight times the national food poverty line in Tanzania, though it excludes children over 6). While Option 1a is more affordable, as it covers only 14 per cent of Tanzanian households, Option 1b is more generous in scope, covering 25 per cent of households.

Options 2a and 2b provide a universal alternative, reaching all households regardless of their income level. Option 2a allocates TZS 10,000 (USD 4) to each eligible child, while Option 2b allocates TZS 16,000 (USD 7). The simulated grant amounts under universal schemes are lower than those in the targeted policies (1a and 1b) to ensure greater affordability but are in line with current PSSN amounts. The basic monthly unconditional transfer per household in the PSSN is TZS 10,000 and the average total monthly transfer is around TZS 16,000.[41]

6.2 Simulation results and expected impact

In the following, we present the simulation results of the four policy options described above and discuss their observed and potential effects on income inequality and poverty, alongside other implications. It should, however, be noted that the findings presented are confounded by the methodological limitations related to micro-simulation modelling. The model assumes perfect implementation, does not account for changes in family structures or recipient behaviours, and can take account of only certain eligibility criteria such as consumption, age, and gender. The findings regarding the budgetary implications are also underestimated, as the model does not account for administrative or implementation costs. Moreover, the simulation does not consider the impact of the COVID-19 pandemic and could thus underestimate effects on women, who were the worst hit in economic terms by the health crisis. Nevertheless, the analysis provides strong indications of significant benefits for women resulting from the introduction of a child grant.

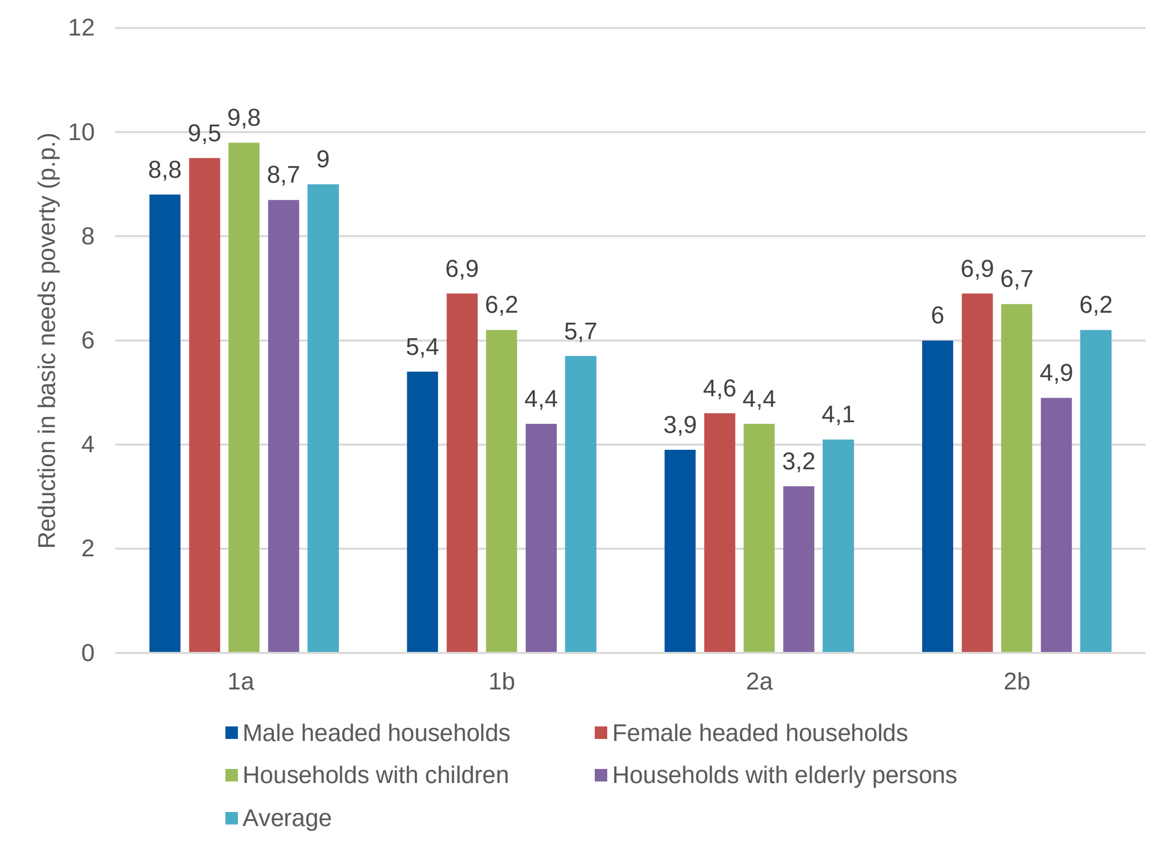
Results presented in Figure 7 show that the narrowly targeted policy (1a) aimed at the population below the basic needs poverty line has the largest impact on basic needs poverty across differently categorized households. In all the other schemes (1b, 2a, and 2b) female-headed households appear to benefit most from the grant.[42] Table 5 shows that the reduction in basic needs poverty is 0.7–1.5 percentage points higher among female-headed than male-headed households depending on the policy. The largest, and only statistically significant, difference in poverty reduction between male-headed and female-headed households can be found in Option 1b (1.5 p.p.), which uses the median household consumption level as a threshold. This finding is expected, since there are more female-headed households than male-headed households under the basic needs poverty line.[43] The differences between household types are, however, very small.

[41] The average amount received by households under the PSSN is TZS 16,612 (TASAF 2019).

[42] The national basic needs poverty line is equal to TZS 49,320 per adult equivalent per month; see the 2017/18 Household Budget Survey, available at: https://www.nbs.go.tz/nbs/takwimu/hbs/2017_18_HBS_Key_Indicators_Report_Engl.pdf (accessed 4 July 2022).

[43] Male-headed households poor enough to satisfy programme inclusion criteria are likely to receive more income transfers in absolute terms per household member than female-headed households, because the former have a higher ratio of under 7-year-old children.

Figure 7: Reduction in basic needs poverty with simulated policies



Note: household categories can be overlapping.[44] See Table 4 for policy descriptions.

Source: authors' simulations using TAZMOD v2.1.

[44] For example, 'households with children' are all households that have children, irrespective of the household characteristics (male-headed, female-headed, or with elderly persons).

Table 5: Simulation results per adult equivalent

			Simulated policy paths			
		Option	**1a**	**1b**	**2a**	**2b**
		Poverty line (in consumption)	**Basic**	**Median**	**None: universal**	
	Baseline	**Grant amount in TZS**	**25,000**	**25,000**	**10,000**	**16,000**
Headcount basic needs poverty	26.4	Impact on basic needs poverty	-9	-5.7	-4.1	-6.2
Male-headed HH	26.1	Male-headed HH	-8.8	-5.4	-3.9	-6
Female-headed HH	27.4	Female-headed HH	-9.5	-6.9	-4.6	-6.9
All HH with children	28.0	All HH with children	-9.8	-6.2	-4.4	-6.7
HH with elderly persons	30.4	HH with elderly persons	-8.7	-4.4	-3.2	-4.9
Gender difference at baseline (M–F)	*-1.3*	*Gender difference in impacts (M–F)*	*-0.7*	*-1.5*	*-0.7*	*-0.9*
Basic needs poverty gap	6.2	Impact on basic needs poverty gap	-2.8	-2.1	-1.4	-2
Male-headed HH	6.2	Male-headed HH	-2.9	-2.2	-1.4	-2.1
Female-headed HH	6.2	Female-headed HH	-2.4	-2	-1.2	-1.8
All HH with children	6.6	All HH with children	-3.0	-2.3	-1.5	-2.2
HH with elderly persons	7.2	HH with elderly persons	-2.8	-1.7	-1.4	-2.0
Gender difference at baseline (M–F)	*-0.0*	*Gender difference in policy impacts (M–F)*	*-0.5*	*-0.2*	*-0.2*	*-0.3*
Inequality: Gini coefficient	38.0	Impact on inequality	-2.1	-2	-1	-2
Total cost of simulated tax–benefit system (% of GDP)	0.13	Additional cost (% of GDP)	0.67	0.99	0.96	1.53
		Coverage of new policy (% of households)	14	25.1	57.5	57.5

Note: results in columns 1a–2b are presented in percentage point changes.

Source: authors' simulations using TAZMOD v2.1.

While the simulation allowed us to analyse the poverty reduction impact of a CSG on female-headed households, it did not consider the potential gender impact of the benefits when they are received disproportionately by women, a phenomenon that has been observed in other programmes. Some indication of potential female empowerment can be drawn from the Tanzanian experience with the PSSN, which directs cash transfers primarily to women[45] and has achieved diverse positive results for female recipients (see Section 5.2). Given the amounts simulated, we may also expect effects similar to the South African CSG on female recipients, even if Option 2a is less likely to have a significant impact given that the grant amount (TZS 10,000) represents only 11.2 per cent of the monthly consumption of PSSN beneficiary households.

For a programme to be politically and financially sustainable, broader cost implications must be accounted for. International agencies, such as the ILO, UNICEF, and World Bank, have typically advocated limiting programme expenses to about 1 per cent of GDP in the African context (Seekings 2016). Our simulation shows that the costliest options would be the universal scaled-up version of the CSG (Option 2b), leading to an estimated TZS 2,158 billion increase in public expenditure (1.5 per cent of GDP, as estimated in the 2019 financial climate). The more generously targeted Option (1b) would also require public expenditure equivalent to 1 per cent of GDP. In contrast, Options 1a (targeted at those below the basic needs poverty line) and 2b (universal, at benefit rate of 10,000 TSH per child) would increase public expenditure by 0.67 per cent and 0.9

[45] By 2020, 83 per cent of the direct recipients of the cash benefits on behalf of the households were women (World Bank 2020b).

per cent of GDP, respectively. Using TAZMOD's tax–benefit modelling, we estimate that following these increases, total expenditure on social assistance in Tanzania (including the PSSN) could represent approximately 0.79 per cent (Option 1a), 1.11 per cent (Option 1b), 1.08 per cent (Option 2a), or 1.66 per cent (Option 2b) of GDP. As a point of reference, data from 2016 show that other East African countries (Malawi, Mozambique, Rwanda, and Uganda) spent between 0.7 and 1.5 per cent of GDP on social assistance.

In the light of the results, the main advantage of the proposed targeted policy Options 1a and 1b, which allow poverty reduction among the poorest population groups, including female-headed households, in a resource-scarce context, is their cost-effectiveness. Given Tanzania's large population and highly constrained budget, such an approach represents a viable starting point for programme expansion in the future. In comparison with the PSSN, these policies would provide higher benefits (TZS 25,000 monthly per child instead of TZS 16,612 per household on average for the PSSN (TASAF 2019)) to a higher number of households. However, there are limits to these targeted approaches. First, targeting processes usually suffer from inclusion and exclusion errors and bear a higher administrative cost. Second, granting the benefits only to the poorest households could result in lower acceptability of the policy, which could be seen as a 'poor people's programme' among the broader public.

While the cost of Option 2a as a share of GDP is reasonable in the short term and comparable to the one simulated for policy Option 1b, Option 2b is a high-cost option in the current context of Tanzania. The simulated 1.7 per cent of GDP remains high in international comparison and pursuing such a policy may require external funding and innovative financing approaches (see Lambin and Nyyssölä 2022).

Another alternative to the simulated policy options is the introduction of universal but tapered child grant, which would provide higher benefit amounts to low-income households. By gradually reducing benefits for households above a given income threshold, a tapered programme could incur lower costs while preserving the positive properties of a universal programme, as posited by Palacios and Robalino (2020). This could also prevent some of the issues faced in South Africa and elsewhere, where insufficient transfer amounts jeopardize the effectiveness of social assistance programmes (Witten and Zembe-Mkabile 2021). Further work should explore the feasibility and potential gender impacts of a universal tapered social assistance scheme in the Tanzanian context, taking into account potential challenges related to changes in households' financial situation and consequent shifting between income categories.

7 Discussion and conclusions

This paper set out first to examine policy evolution in the realm of social protection in the context of Tanzania, and its implications for the livelihoods and wellbeing of working-age women. To begin with, Tanzania has made significant progress in the new millennium in terms of legal frameworks regulating formal social security arrangements and policy measures providing social assistance to the informal sector. The 2004 ELRA guarantees social rights for those in formal employment (including domestic workers), while the PSSN represents a large, multi-component social assistance programme with several gender-responsive features. Additionally, there have been innovative efforts to broaden access to formal social insurance through the expansion of NSSF social insurance services for informal workers. This points to a recognition of the economic and social value of informal work and the social protection needs within the informal sector. Overall, and in line with several other countries in the region, Tanzania has pursued social protection expansion through tailor-made approaches amongst informal workers rather than seeking to increase coverage through formalization of the economy (Lambin and Nyyssölä forthcoming).

Nevertheless, several inequalities persist in the level of and access to social protection between formal sector workers and informal workers. The two-tier system combining compulsory social insurance for the formal sector and a targeted social assistance scheme aimed at the extremely poor in Tanzania has meant that most women remain uncovered by any form of social protection—including those in poverty. Tanzania had around 14 million people living in poverty in 2018 (World Bank 2019b), while PSSN coverage was limited to around 5.2 million people (World Bank 2018), meaning that 63 per cent of Tanzania's poor remained unserved. At the same time, insurance coverage remains low among informal sector workers, being largely limited to formal sector employees. This is of concern for women in particular, given that the majority are engaged in informal-sector work (81.7 per cent, compared with 71.7 per cent of men in 2014; URT 2014b).

Moreover, low awareness and trust hinder uptake of the new social insurance schemes, and the competing informal arrangements (such as those provided by VICOBA, SACCOs, or workers' associations) remain more popular. Furthermore, while the Tanzanian constitution recognizes social security as a fundamental right (see URT 2005: paragraph 11(1)), there is a significant discrepancy between social insurance arrangements (with legal provisions) and social assistance provision (cash transfers without any legal basis and dependent on external funding). While social insurance provisions are deeply embedded in the legislative frameworks, and particularly the 2004 ELRA, there are no guaranteed rights to any form of social assistance based on citizenship. Additionally, due to weak institutionalization as well as often external (donor) sources of funding, social assistance schemes in SSA have typically ended up being temporary (Adesina 2011). This means that the vast majority of Tanzania's women working in the informal sector have no legal rights to access to any social protection, including those currently provided by the donor-funded PSSN programme.

These gaps in social protection, and income support, hinder women's income growth and ability to invest in productive assets—the primary benefit of the PSSN for the targeted population. They also threaten women's livelihoods in the event of pregnancy and motherhood, with inter-generational impacts. Moreover, the lack of institutionalized rights outside a formal employment contract hampers women's ability to claim for state-provided social protection and reinforces women's reliance on informal social security systems, which often involve unequal power relations and unreliable access.

Tanzania's Five Year Development Plan 2020/21–2025/26 explicitly discusses the importance of expanding social protection provisions. At the same time, the National Social Protection Policy of 2018 is currently being revised and awaiting resubmission for approval, pointing to an interest in expanding the social protection framework in the country. As a response to this momentum, the second aim of this paper was to examine the potential benefits of a Child Support Grant as a gender-responsive, rights-based instrument for social protection expansion in the Tanzanian context. Our microsimulation tested two potential policy paths for a new CSG, drawing on the example of South Africa's Child Support Grant. The first tested option was a means-tested policy providing a monthly grant of TZS 25,000 (USD 11) per child aged 6 or younger, for households living either in basic needs poverty (Option 1a) or below the median consumption level (Option 1b). We also explored a second, universal policy path. We simulated a TZS 10,000 benefit for each child aged 6 or younger, without any consumption threshold for beneficiary households (Option 2a), and a scaled-up version with an increased benefit amount of TZS 16,000 (Option 2b).

The simulation results suggest that all tested policy options would have a higher poverty reduction impact on female-headed households than male-headed households, but the difference is statistically significant only for Option 1b. All four policies, however, reduce basic needs poverty for female-headed households. Option 1a shows the highest potential for poverty reduction for female-headed households (-9.5 p.p.), while Option 2a (TSH 10,000, universal) is the least efficient in reducing poverty (-4.6 p.p.). While we cannot simulate the broader impact of the benefits being directly transferred to females in the households, evidence from other programmes indicates that the benefits, if predominantly transferred to women, can be expected to positively impact women's health, decision-making power, and ability to save and engage in productive activities (see e.g., Peterman et al. 2019). The simulated evidence supporting such impacts is scarcer when benefit levels are lower (as in Option 2a), echoing recent evidence on the Child Support Grant in South Africa (Witten and Zembe-Mkabile 2021).

Social policy scholarship has promoted universalist welfare provisions for their positive effects, including: increasing the political support of middle classes for social policies, avoiding inclusion and exclusion problems of targeting, avoiding administrative costs related to the targeting process, and building social contract between the state and its citizens (see Anttonen et al. 2012; Korpi 1983; Mkandawire 2005). Universal benefits also reduce social stigma, since beneficiaries cannot be labelled as 'the poor' or 'state welfare recipients'. However, cost is a major barrier to implementation of a generous universal scheme if tax collection is not equivalently increased. On the other hand, even a moderate fiscal stimulus such as a CSG could increase aggregate demand in the economy without creating inflationary pressures, which could in turn accelerate economic activity and create more taxable revenue. On the whole, we suggest that future research should explore innovative approaches to universalist social assistance provision, such as tapered programmes altering benefit amounts according to household income and need, as well as short- and longer-term options for financing.

Finally, the reviewed policy documents and previous research have highlighted the Tanzanian government's preference for social protection measures connected to productive activities and reciprocal duty (George et al. 2021; URT 2021a). It is therefore likely that a universalist and unconditional cash transfer programme would face stern political resistance, the barriers to introduction being as much ideational as financial—if not more so.

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Appendix

Table A1: Summary of the TAZMOD model Version 2.3

Model version	TAZMOD 2.3
Underpinning dataset	Household Budget Survey (HBS) 2017/18
Underpinning dataset provider	NBS (2019)
Underpinning dataset version	tz_2018_a4

Source: authors' construction.

Table A2: Policies simulated in TAZMOD

Cash benefits	PSSN: Basic and conditional Social Assistance PSSN: Conditional Eligibility for Public Works Programme
Social insurance contribution	Employee NHIF, PSSSF, and NSSF Employer NHIF, PSSSF, and NSSF
Direct taxes	Personal Income Tax Presumptive Income Tax
Indirect taxes	VAT Excise duty VAT on selected excise items

Source: authors' construction.