Africa's Social Policy Trajectories since the Colonial Period

Mainland Tanzania's progressive policies for gender transformative outcomes

Rosemarie Mwaipopo

GETSPA
Gender Equitable and Transformative Social Policy for Post-COVID-19 Africa

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TABLE OF CONTENTS

LIST OF TABLES

ABBREVIATIONS AND ACRONYMS

CCM	-	Chama cha Mapinduzi
COVID-19	-	Coronavirus Disease 2019
GETSPA	-	Gender Equitable and Transformative Social Policy Approaches
GoT	-	Government of Tanzania
MDGs		Millennium Development Goals
MoHCDGEC-		Ministry of Health, Community Development, Gender, Elderly and Children
MoH	-	Ministry of Health
MoEVT -		Ministry of Education and Vocational Training
PHC	-	Primary Health Care
SAP	-	Structural Adjustment Programmes
SDGs	-	Sustainable Development Goals
TANU	-	Tanganyika African National Union
TDV	-	Tanzania Development Vision
Tz	-	Tanzania
UPE	-	Universal Primary Education
URT	-	United Republic of Tanzania
WASH	-	Water, Sanitation and Health

ABSTRACT

This Report examined the culture of social policy-making in the history of Tanzania (mainland) to establish how policies have integrated gender-equitable and transformative elements. The Report was developed as part of the Gender Equitable and Transformative Social Policy Approaches in Africa (GETSPA) research project (2020-2022). The study adopted the understanding that transformative social policy facilitates changes in social relations by providing opportunities and mechanisms that transform discriminatory social norms and practices. Employing a qualitative-historical approach, the study examined the evolution of social policy formulation in Tanzania through five eras, namely *the Late Colonial Era (1940s-to late1950s); Early Post-Independence Era (Early 1960s-1970s), Era of Crisis and Adjustment (1980s-Early 2000s)*; *Beyond Adjustment (late 2000s-2018); and the Era of COVID-19 (2019-to Present)*, identifying key milestones, major drivers influencing policy direction and their implications to gender equality and overall social well-being. Sectors of focus were Education; Health; Work and employment; and, Water, hygiene and sanitation (WASH).

The study has established that Tanzania has experienced fundamental shifts in social policy formulation, reflecting the social, political and economic transformations that the country has undergone. Prevailing political orientation in each era, changing local socio-economic realities, and global processes such as the CEDAW, are other factors. Among its achievements were mainstreaming gender equality in key legal and policy instruments and processes; gender-sensitive representation, and an active Civil Society. However, some gender-based inequalities still persist, such as violence against women and gender-based violence (GBV), early pregnancy, and abuse of minors. Political hesitation in changing certain policies and limitations on agency to challenge discriminatory power relations, are other factors. The COVID-19 pandemic that partly slowed down economic growth also further exposed some gender-related inequalities. It is thus recommended that more efforts should be put in empowering policy makers and communities alike to interrogate their conceptualisation about gender equality so that they embrace mechanisms that permit its meaningful realisation.

1.0 INTRODUCTION

This study discusses the nature of social policy in Tanzania and examines its potential for the transformation of social relations through a gender equality lens. The study was developed as part of the Gender Equitable and Transformative Social Policy Approaches in Africa (GETSPA) research project. The overall goal of the GETSPA is to influence the transformation of the discourses, approaches to, and cultures of social policy making and implementation. The aims of the project are to:

- Map out the current social policy landscape and its elements, opportunities, and challenges.
- Understand the interface between social and economic policies in African countries.
- Identify positive approaches to social policy in Africa and the global South, explaining why and how they work, and their potential for replicability.
- Design a framework for a reorientation of social policy.
- Grow a new generation of dedicated researchers of social policy.
- Capacitate constituencies to struggle for transformative social policy.
  Engage with policymakers and advocate for social change through transformative social policy.
- Build a repository of documentation and an observatory to monitor developments in approaches to social policy

This report presents an examination of the evolution of the social policy landscape in Tanzania (mainland) and the extent to which it has facilitated transformations in the political, economic and social lives of its people, with a specific concern on gender equality. The analysis focused in the four sectors selected by the East Africa Region cluster. These are Education; Health; Work and employment; and Water, hygiene and sanitation (WASH) sectors. The selection of these policy areas was based on their relevance to different but integrated assumptions on the roles of social policies. These roles include production, social reproduction and reproduction of the care economy, redistribution, protection, and social integration (Adesina, 2011; Razavi and Staab, 2008; Wuyts & Gray, 2017). These sectors also offer opportunities for social transformation with significant implications to gender equality.

This examination shows that policies in all these sectors have evolved from being exclusive in terms of gender rights, to become increasingly inclusive. Most policies have integrated social justice and gender equality provisions which focus on the social and cultural contexts that impinge upon the lives and opportunities of the most vulnerable population categories of society, including women, and less-resourced people. The policies are also examined by how they are pivotal in enhancing human capital by gender, cushioning risk through insurance, and access to sustainable sources of sustenance and incomes, resource ownership, and employment. Also examined is how these policies challenge the roots of gender inequality

and gender-based discrimination.The study notes that gaps still exist in achieving meaningful gender equitable transformation in the sectors of examination and circumstances contributing to this situation have also been interrogated.

1.1 Research Objectives

The overall objective of this study was to examine the culture of social policy-making in the history of Tanzania (mainland) and to establish the extent to which it has integrated gender-equitable and transformative elements in the process.

The specific objectives of this study were as follows:

a) Conceptualising the framing of social policy in Tanzania (mainland) and factors that explain social policy choices and their evolution since independence to the era of COVID 19.
b) Assessing the current state of social policy and its dominant underpinnings, features and instruments from a gender transformative aspect.
c) Examining how social policies currently conceive of the role of the state, market and societal institutions and how they interact and interface with economic policies in Tanzania (mainland).
d) Establishing the implications of social policy for particular social groups and inequalities by gender, and economic and social development in Tanzania (mainland).
e) Examining the implications of COVID-19 on the current state of social policy, and the likelihood of these influences having a long-term impact on the transformation of social policy reflecting social and gender equality.
f) Drawing recommendations for gender-equitable and transformative changes in the current state of social policies and their implications in the country.

1.2 Research questions

The following research questions were developed to guide the study:

a) What is the current state of social policy in Tanzania (mainland)? What are its dominant underpinnings, features and instruments? How do they address the key functions of social policy?
b) What factors have influenced the conceptualisation and framing of social policy in Tanzania (mainland)? What issues have been prioritised, and why? How has this changed over time?
c) What explains the social policy choices that have been made in this country and how have these policy trajectories evolved since independence?
d) How do social policies currently conceive the role of the state, market and societal institutions? How do social policies interact and interface with economic policies in

Tanzania (mainland)? How has this relationship impacted on economic and social development in Tanzania?

e) Which social policies have been most pivotal in the transformation of social relations and gender equality in Tanzania (mainland) and how?
f) What are the implications of social policy for particular social groups such as rural/urban communities, age, and inequalities by gender,
g) How has COVID-19 influenced the current state of social policy? Which of these influences are likely to have long-term impacts? Which influences are promising towards the transformation of social policy towards gender equality outcomes?
h) What recommendations for change can be advanced to improve the current state of social policies in Tanzania (mainland)?

2.0 THE PROBLEM OF SOCIAL POLICY IN TANZANIA

The United Republic of Tanzania (URT) has experienced fundamental shifts in social policy formulation, which reflects the social, political and economic transformations that the country has undergone since the country's colonial experience to the current period, sixty years after its independence. Multiple forces and processes have influenced the formulation and subsequent transformations of social policies in the country. Generally, the prevailing political orientation in each phase, changing local socio-economic realities, and global processes have affected the nature of social policy and the ensuing mechanisms for social provisioning. These processes have altogether allowed for promising aspects in terms of social and human development, but also transformations in social relations in general. These transformations are evident in the ways social policy and development frameworks have integrated gender-responsive and vulnerability elements (TDV, 2005).

It is important to mention at this stage that two different policy-making bodies have guided the political context of social policy-making in the United Republic of Tanzania, comprising Tanzania (mainland) and the semi-autonomous state of Zanzibar. These bodies are the Parliament of the United Republic of Tanzania, which legislates on Union and mainland matters; and the Zanzibari House of Representatives, which legislates purely on matters affecting Zanzibar (comprising the islands of Unguja and Pemba).

Tanzania mainland (by then Tanganyika) gained its independence on the 9 December, 1961, and became a republic in 1962. On 26 April, 1964, the mainland and Zanzibar united to form the United Republic of Tanzania (URT). Matters of union governance are mainly in areas of defence and security, foreign affairs, immigration, and economic and financial matters (URT, 1977). Social policy formulation is thus not a union matter, and each jurisdiction has the mandate to pursue these policies from its context. Higher education, however, is a union matter and, therefore, both mainland and the islands jointly subscribe to its provisioning. This country study focuses on the historical experience of Tanzania (mainland).

According to the 2022 National Population and Housing Census, the population of the United Republic of Tanzania was 61,741,120, of which 59,851,347 are in the mainland, and 1,889,773 people in Zanzibar (URT, 2022). About 51 percent are females (URT, 2022). In July 2020, the country achieved the status of a lower middle-income country, indicating its progress towards the achievements of the goals of the Tanzania Development Vision 2025 (TDV, 2025).[1] Between 2007 and 2018, the national poverty rate declined from 34.4% to 26.4% and extreme poverty fell from 12 to 8% (URT, 2019) The standard of living also improved as people experienced better access to services such as education, healthcare, and the market, which was partly attributed to expansion in social service infrastructure. However, although the severity of poverty has declined, the absolute number of people living in poverty has increased (URT, 2019). This is because the rate of poverty reduction is lagging behind the rapid rate of population growth. The mainland Tanzania Poverty Assessment (URT, 2019) established that 14 million people lived below the poverty line in 2018. The poverty line was based on the estimated TZS 49,320 per adult equivalent per month or $1.90 per person per day. The assessment also established that the vulnerability of people to fall back into poverty was high (WBG, 2019). The population is also composed of a significant percentage of the youth. According to the National 2012 population census, it was estimated that 44 percent of the population are children below the age of 15 years and 19 percent comprises youth between the ages of 15 and 24 (URT, 2012).

Persistent poverty is also a result of poor performance in agriculture, which employs at least, one person in about 73 percent of the households of Mainland Tanzania (URT, 2014). However, its contribution to GDP declined from 29 percent in 2015 to 26.6 percent in 2019 (URT, 2021). This sector, which employs a large percentage of the women, is also largely small-scale, uses low technologies, and is predominantly rain-dependent. This makes it vulnerable to shocks or stresses, eventually affecting people's well-being (URT, 2016). The informal sector prepresents about 83 percent of total employment, including unregistered enterprises. About 5 percent only are in the formal sector (ILO, 2018c).

Notably, however, the country has registered significant successes in achieving gender equality and to a certain extent gender equity throughout its historical transformations.[2] Integration of gender equality considerations in social policies in Tanzania is currently a policy requirement in public sector organizational frameworks and practices, and development plans (URT, 2005). The Constitution of the United Republic of Tanzania (1977), and its subsequent amendments set the foundation for gender equality and equity in all spheres of life in the country (URT, 2005). Civil society engagement has also pushed the gender

[1] See, Tanzania Economic Update, February 2021. 'Raising the Bar: Achieving Tanzania's Development Vision'. February 2021. Issue 15. World Bank Group.

[2] Gender equality in this study refers to women and men having equal rights and opportunities in all aspects of life; and, gender equity refers to fairness or gender justice in this case, as provided by social policy. Gender equitable transformative policy goes beyond equality to facility the realisation of justice.

equality agenda forward with significant achievements and has worked with the government to review several policies on gender equality principles (URT, 2016b). In addition, social policy formulation has also been influenced by the country's commitments to global processes such as the UN Decade for Women (1975-1985), the UN Convention on the Elimination of Violence Against Women (CEDAW, 1986), the Beijing Platform of Action (1995), the Millennium Development Goals (MDGs), Sustainable Development Goals (SDGs), and key gender commitments of the SADC region, the African Union (AU), and the East African Community. All these together have indeed transformed the nature of social policies and contributed to transformations of the legal and institutional frameworks, allowing for gender equality and gender equity to be realised to a certain level.

In addition, commendable progress towards attaining gender balance has been realised, including areas of access to primary and Ordinary Level secondary education. In 2016, government-owned primary schools had a total enrolment of 4,225,976 girls. This represented 50.6 percent of the total 8,341,611 children enrolled in schools at this level. In addition, 693,756 girls were enrolled in Government secondary schools in 2016, representing 50.37 percent of total enrolment of 1,377,049 at this level, indicating that gender parity in these levels was achieved due to specific policy measures (Awinia, 2019). The Gender Development Index (GDI) of 2019 shows that females in Tanzania have a higher life expectancy at birth than males, being 67.2 years for females, and 63.6 years for males, but females have a lower mean year of schooling (5.8) compared to 6.4 for males. These few indicators are comparatively higher than the average estimates for the sub-Saharan region as shown in Table 2.1 (UNDP, 2020).

Table 2.1: Gender Development Index (GDI) of Tanzania in comparison to selected groups (2019)

	F-M ratio	**HDI values**		**Life expectancy at birth**		**Expected years of schooling**		**Mean years of schooling**		**GNI per capita**	
	GDI value	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Tanzania (United republic of)	0.948	0.514	0.542	67.2	63.6	8.2	8.0	5.8	6.4	2,222	2,978
Sub-Saharan Africa (SSA)	0.894	0.516	0.577	63.3	59.8	9.5	10.6	4.9	6.7	2,937	4,434
Low HDI	0.861	0.474	0.551	63.0	59.9	8.7	10.1	3.9	6.0	2,043	3,446

Source: UNDP, Briefing note for countries on the 2020 Human Development Report. Tanzania (United Republic of) Table D, pg. 5. http://hdr.undp.org/sites/default/files/Country-Profiles/TZA.pdf

Other gender indicators also illustrate some progress. The Gender Inequality Indicator (GII) value of Tanzania (United Republic of) is 0.556, ranking it 140 out of 162 countries in the

2019 index. However, the country has a higher percentage of female seats in parliament than the average of sub-Sahara African countries (SSA), and that of Low HDI countries. These percentages are, 36.9% for Tanzania; 24.0 % for SSA and 22.2% for Low HDI countries (UNDP, 2020).

Table 2.2: Gender Inequality Index (GII) for Tanzania (United Republic of) in comparison to selected groups

	GII value	**GII Rank**	**Maternal Mortality rate**	**Adolescent birth rate**	**Female seats in Parliament %**	**Population with at least some secondary education %**		**Labour force participation rate %**	
						Female	**Male**	**Female**	**Male**
Tanzania (URT)	0.556	140	524.0	118.4	36.9	12.0	16.9	79.6	87.3
Sub-Saharan Africa	0.570	-	535.2	104.9	24.0	28.8	39.8	63.3	72.7
Low HDI	0.592	-	571.8	102.8	22.2	17.2	30.1	57.7	72.3

Source: UNDP, Briefing note for countries on the 2020 Human Development Report. Tanzania (United Republic of) Table E, pg. 6. http://hdr.undp.org/sites/default/files/Country-Profiles/TZA.pdf

Furthermore, continuous economic transformations in the country have benefited women. More of them have entered new employment opportunities in higher productivity sectors such as manufacturing, trade, hotels, and food services unlike in the past. Their representation in professional work is, however, still comparatively lower than that of males (URT, 2014). Increasigly, more women are able to access higher levels of education and training. The 2014 ILFS illustrates that the percentage of females in education professions are at par with males, each being 2.1% of the total labour force participation. Achievements in maternal mortality rates (MMR) and gender-equitable access to secondary education give indications of promising estimations in the short run, especially to be contributed by the younger generation whose opportunities have expanded considerably (MoHCDGEC, 2016).

However, some gender-based inequalities and disadvantages have also persisted. For example, despite concerted efforts to curb violence against women and gender-based violence (GBV), the rate of violence committed against females has been continuously higher than among males (LHRC, 2022; Chan *et al.*, 2016). Early pregnancy remains an issue of concern despite concerted policy reviews and institutional commitments (LHRC, 2022), and persisting is the gender gap in participation in Science, Technology, Engineering and Mathematics (STEM) in higher education training. For example, between 2015/16 and 2020/21 academic years, undergraduate female student enrolment in the Colleges of Engineering and Technology (CoET) and Natural and Allied Sciences (CoNAS) has been about 30 percent or less, compared to the 50 percent and more representing female students in the College of Social Sciences (CoSS) and School of Education (SoED) at the University of Dar es Salaam (UDSM, 2022). There are also some elements of conflicting commitments to women's rights

by policy, indicating the country's continued challenge to eradicate deeply entrenched social norms and practices, maintaining gender inequality and hence the transformative pursuits on gender equality. For example, in 2016, Parliament declined to amend the Law of Marriage Act of 1971 despite a High Court ruling in favour of a case tabled by female activists contesting the marriage of girls below the age of 18. In 2019, the Court of Appeal upheld this ruling, but it has not been honoured by the policy-makers to-date (Odhiambo, 2019). There is also increasing concern over the plight of the boy-child who has not enjoyed similar attention as the girl-child, indicating the inadequate appreciation by policy-makers of the gendered situation that both boys and girls encounter in their lives.

The impact of COVID-19 from late 2019 to 2021, that also slowed down economic growth, affected local employment, especially in those sectors dependent on international markets such as tourism and exports, which embraced females most. Limitations in social security systems also affected people with some gender-related consequences (WIEGO/CHODAWU, 2021). The livelihoods of households with limited response options were affected at a comparatively higher level than others (WBG, 2020).

Nevertheless, other development indicators illustrate that the country is making progress in human development. For example, the Human Development Index (HDI) value for Tanzania increased from 0.4816 (2010) to 0.514 (2015) and 0.529 (2019), which is slightly lower than the SSA average of 0.55 (2019), and of Kenya (0.601), of Uganda (0.544) and Rwanda (0.543) for the same year 2019 (UNDP, 2020). It is also possible that these HDI averages mask inequality in the distribution of human development across the population at country level, despite being impressive (UNDP, 2020). Hence, it may not be surprising that many people remain at a low socio-economic status amidst growing national wealth.
This study integrates a gender lens throughout the history of policy formulation and policy changes, pointing to influencers directing transformations in social policy in general, and moments where gender and women's concerns have been integrated into the policy formulation in Tanzania mainland's history.

3.0 THEORETICAL CONSIDERATIONS AND METHODS

Social policy, invariably associated with social development, has been conceived to have both instrumental and intrinsic aspects. Its instrumental aspects are associated with the overriding intention of social policy to deliver on the welfare concerns of people, which has been a highly debatable topic, given the range that such welfare parameters could be drawn that would reasonably respond to people's diverse needs. Social policy, in this sense, is described as the channel for social provisioning that addresses such needs, and the resources that are committed to deliver these needs (Aikaeli and Moshi, 2017). The intrinsic value of social policy reflects how social policy formulation is informed by a conviction of social justice, and through which aspects of rights or equality are embedded within the overall consideration of policy formulation (Plagerson *et al.*, 2017). The latter reflects where people

are socially located, and which mechanisms would be relevant to reach people who are differentially situated in the social milieu.

The historical experience of social policy formulation indicates that both aspects have been behind the intentions of social policy in any political regime, where matters of delivery based on equity, or resource capacity, have informed social policy decisions and directives (Son, 2011). Yet, social policy may become limited if it does not facilitate equity in opportunity — opportunity that allows less-resourced population groups to also access and benefit from the policy provisions (Son, 2011). Related to this, social policies can facilitate such opportunities if they can be used as mechanisms for redistribution of the benefits of growth, cushioning vulnerable groups from exclusion by empowering them in different social, political and economic aspects (Wyuts & Gray, 2017). How social justice is conceptualised and integrated in social policy, thus making it crucial.

However, social justice can be an evasive concept. Plagerson *et al*. (2017) describe social justice approach as one that views beneficiaries [of social policy processes] as '*citizens with a voice, and as active participants in development processes'* (2017:3). The extent to which such 'voice' and participation can inform any development process is tricky and equally depends on prevailing political systems. Reflecting on these qualities, Mkandawire (2011) describes social policy as a multi-dimensional process with multiple functions. These functions include collective interventions to directly affect social welfare, social institutions, and social relations. He argues that social policy is also concerned with the redistributive effects of economic policy, the protection of people from the vagaries of the market. Relevant social policy takes into consideration changing circumstances generated by age, hence the vulnerabilities associated with age-related aspects. In addition, social policy is intended to enhance the productive potential of society, while reconciling the burden of reproduction with that of other social tasks (Mkandawire, 2011). Pension schemes or work-related insurance packages for the informal sector is an example of how social policy seeks to support people from employment related disturbances. In another way, the recent experience of COVID-19 in Tanzania, for example, illustrates how important it is for social policies to ensure that it acts on the redistributive role, translating economic achievements into welfare opportunities for those less advantaged. In such cases, the role of social policy is to put in place provisions that ensure all people have access to quality care, irrespective of affordability. Social policy that commits to universal health insurance offers the desired opportunity of access to these less resourced population groups, especially in times of health crises, and ensures general improvement in welfare.

The African Union (AU) associates the objectives of social policy from a holistic perspective, indicating the importance of people's participation. Social policy is hereby described as:

> a mechanism that allows for collective state-led measures implemented by the state and its partners — the private sector, civil society, and international development partners — to protect

> vulnerable groups, by guaranteeing basic economic and social conditions, overcoming structural deficiencies in the distribution of wealth and productive assets, creating greater equality for all, and rectifying market failure (AU, 2008:10)

Concerns about people's vulnerabilities, equality and redistribution of wealth are thus important, considering the rapidly changing social and economic contexts in countries like Tanzania, where rapid population growth is putting pressure on the state to sustain the requisite social provisioning even if social policy is well intended. The population of Tanzania is currently estimated to be growing at the rate of 3.2 percent per year, a rate higher than the global average of 1.2 percent, and also above the average in Africa of 2.5 percent (URT, 2022). At the same time, urbanisation is accelerating at an annual rate of 5.2 percent, more than twice the world average of 2.1 percent and higher than the average for Africa, which is 3.5 percent (URT, 2016). Yet equality and redistributive aspects of social policy may not be enough if they do not facilitate change in the social contexts within which such equality and redistribution aspects are being generated. This implies the need to address and transform the ownership structures and property and social relations that equally influence and sustain and redistributive aspects in social development processes (Mkandawire, 2001).

Learning from Adesina (2011), we see transformative social policy as not relating only to economic growth, or to cushioning less advantaged groups from economic shocks, but also to the transformation of social relations as well. These are policies that facilitate changes in social relations by providing opportunities and mechanisms that transform discriminatory social norms, and engage both males and females in the process and benefits. This means that it is thus necessary for social policy to be meaningful to the multiple dimensions of social relations in society. Firstly, it is important to consider how it is attentive to social relations at the micro-level (individual, household and community levels) and macro-level relations (community-state). The micro-level considers how intrahousehold relationships influence individual dispositions and opportunities within immediate household or community relations (Mkandawire, 2001). Gender is one of the important analytical categories in intrahousehold relationships, which influences social relations based on age, education and socio-economic characteristics, and dis/ability. Secondly, macro-level relationships relate to how the state responds to social development processes. This would reflect on the way the state, for example, conceptualises and adopts not only a gender-sensitive approach in social policy formulation, but also captures the many ways in which gender inequalities are maintained.

Gender transformative approach (GTA) offers possibilities in reconceptualising the social policy process. GTA contends that for social policy to bring meaningful changes, it needs to address "*the underlying causes of gender inequality rather than just closing the various gender gaps between men and women*" (Wong, *et al.*, 2019). This approach thus encourages the view that it is more meaningful to address the social and cultural contexts that nurture power dynamics and structures that act to reinforce gendered inequalities, hand in hand with empowering individual women to overcome them (Wong, *et al.*, 2019).

The aim of a gender transformative approach (GTA) is thus to raise critical awareness on the social dimensions of sex and gender, as well as how they should be understood in any context (Lorist, 2018). GTA contends that limited incorporation or appreciation of the nature of gender relations is facilitated by social norms that operate at different levels of our cultural, social, and economic contexts (Lorist, 2018). Hence although society may have advanced significantly in addressing certain gender-based inequalities, other harmful norms have persisted, and in this case, have remain institutionalised even in social policy formulation and its intended outcomes. At the root of the GTA approach is awareness of norms, processes and practices that hinder the achievements of gender equality and equity. Social policy seeks to address the gendered nature of disadvantage, poverty and vulnerability. The GTA approach also demands one to be critical, not only being sensitive and responsive to the gender differences and inequalities in all aspects of women's and men's lives (Plagerson *et al.*, 2017; Mkandawire, 2001). This study examined the historical evolution of social policy in Tanzania (mainland) by adopting a gender-responsive approach.

3.1 Methodology

This study adopted a qualitative approach and was conducted between October 2020 and June 2022. Data was primarily obtained through an extensive documentary research and analysis. The documents reviewed included: National policy and strategy documents from the colonial period to the present; published material on social policy in Tanzania, some of which were accessed through the web; and reports and official records on social provisioning over time. A few key informant interviews and consultations were also conducted with individuals located in government planning and policy divisions, specifically at the Ministry of Health, Community Development, Gender, Elderly and Children Affairs (MoHCDGEC). Consultations were also conducted with researchers, civil society operators, and academics.

The study adopted a socio-historical analysis approach in examining the ways in which social policy formulation evolved in Tanzania, the key milestones characterising the nature of these policies; major drivers influencing policy direction and the implications of such policies to social and human well-being (Jupp, 2006). To enable consistent analysis of the trends and trajectories of the social policies in the above sectors, the analysis was broken into the following distinct periods:

1. *The Late Colonial Era (1940s to Late 1950s):* This section captured the policy dynamics of the period as Tanzania (by then Tanganyika) was preparing for independence.
2. *The Early Post-Independence Era (Early 1960s-1970s):* This section reviews social policies in the decades after independence and how the state tried to improve the welfare of citizens in these decades.
3. *The Era of Crisis and Adjustment (1980s to Early 2000s):* This section examines how Tanzania social policy responded to the Structural Adjustment Programmes (SAPs) in the 1980s up to the early 2000s.

4. *Beyond Adjustment (Late 2000s-2018)*: This was the period when the country reviewed most of the SAP provisions and focused more on growth to support social development.
5. *The Era of COVID-19 (2019-Present):* This section looks at Tanzania's response to the pandemic, the initial approach intending to challenge decolonisation in healthcare approaches, the later responses to the COVID-19 pandemic, and the implications these decisions had on gender equality and existing social policies.

4.0 TRAJECTORIES OF SOCIAL POLICIES IN TANZANIA

This section discusses the trajectories of social policy development throughout the five periods characterising Tanzania's political and economic transformations. It becomes evident that throughout this period, social policy formulation has been influenced by both global and local processes, and the changing dominant development ideologies adopted in the different phases of the country's socio-economic transformation. The nature of economic planning responded to these ideologies. The trajectories of social policy development are also associated with the country's political history, as can be seen by the politics of the times, which is reflected by the leadership style and development thrust of incumbents. Each of them has had great influence in policy direction, especially its implementation. The importance of social policies can be illustrated if one analyses the development drives advanced since the first president, Mwalimu Julius K. Nyerere (1961-1985); Ali Hassan Mwinyi (1985-1995); Benjamin W. Mkapa (1995-2005); Jakaya M. Kikwete (2005-2015); Joseph Pombe Magufuli (2015-2021) after whose passing, the current president Samia Suluhu Hassan took over leadership in April 2021 to-date.

In addition, although the prime movers of social policy in each period had some differences, there is considerable overlap in the content of these policies across times. In each period, some concern on women and gender issues can be identified. The extent to which such recognition has allowed for transformation in social relations varied over time, and yielded different outcomes.

4.1 The Late Colonial Era (1940s-Late 1950s)

The late colonial era in the then Tanganyika was a period when imperialism was still influencing the nature of social policy through its modalities of domination and exploitation. Yet, by the late 1940s, the colonial administration was struggling to maintain its existence, while at the same time trying to accommodate native pressures for the independence of Tanganyika. This period is linked to British colonial rule, which began controlling Tanganyika in 1918, after the defeat of the Germans who colonized the country between 1885-1918. The British colonial rule, which took over after Germany was defeated during the First World War, adopted the use of Kiswahili at provincial and district administrative levels in order to facilitate the colonial administration's control over the local population [although English was recognized as the official language]. The use of Kiswahili also became necessary, especially with the introduction of the Indirect Rule system put in place by the Native Authorities

Ordinance (Cap 72) of 1926. Under this ordinance, traditional chiefs were recognised and given some administrative powers over their jurisdiction to facilitate colonial rule but they did not have powers of policy-making. This ordinance was amended in 1950, and later, in 1953 when the Local Governance Ordinance was passed.[3] At the central government level, by then, a Legislative Council of Tanganyika with members appointed by the colonial Governor, passed all policies and laws. More effective participation in policy-making was realised in 1958 when the first multi-racial elections were held in the country, and, when native Tanganyikans could sit in the Legislative Council and make demands on social issues confronting local people (George, 1960). Just before independence in 1960, the second elections were held and the Legislature, dominated by the Tanganyika African National Union (TANU), had a name change to that of National Assembly.[4]

Maintaining the economy in the 1940s was also a struggle, especially in this period after the Second World War (1939-1945), which led to a drop in colonial revenues. The war affected the availability of native labour, thus affecting production of export products (Eckert, 2004). Peasant economies were also disrupted, thus threatening food supplies, not only for local populations, but also for the colonial administration, regarding the production of plantations. At the same time, by the late 1940s growing movements for independence coupled with labour unrests in key sectors of the colonial economy compelled the colonial administration to rethink the social implications. The most profound utcome in this era was the consolidation of the key nationalist movement led by the Tanganyika African National Union (TANU) formed in 1954. This pressure compelled the colonialists to yield to certain concessions with regard to the welfare of Tanganyikans (Chachage, 2003). In some ways, these processes together influenced social policy direction (Eckert, 2004; Bryceson, 1988; Mbilinyi, 1985).

4.1.1 Healthcare

The assessment of colonial policies for healthcare during late colonialism in Tanganyika shows that healthcare plans were more of a response to the overriding labour question deemed necessary to secure exploitation of the colony, and maintain the powers of the colonial administration. Being one of the earliest colonial interventions, health policy concentrated more on the curative approach, which was seen as necessary to control endemic tropical diseases that affected the health of colonialists and settlers (Beck, 1977). Colonial health infrastructure was also unevenly distributed in the country, and was concentrated in urban and administrative centres (Turshen, 1977), with a definite segregated delivery system, which relegated local people to lower grades of care — a system which prevailed up to independence in 1961. In terms of overall delivery, healthcare was provided in collaboration with the colonial administration and other actors, largely FBOs, which minimised much of the social inequalities. In 1958, for example, FBOs owned 42 percent of all hospital beds

[3] https://www.tamisemi.go.tz/storage/app/media/uploaded-files/History of Local Government in Tanzania (tamisemi.go.tz), downloaded on 17 May, 2022
[4] https://www.parliament.go.tz/pages/history accessed on 8th March 2022

compared to the 58 percent owned by the government. FBOs were in the rural areas, and engaged more in public preventive healthcare services. FBOs are reported to have provided 81 percent of the Primary Health Care services by 1958, and the colonial government provided only 19 percent of such facilities (Mhina, 2010). Government provision of maternal and child health care (MCH) attracted very low priority and did not even feature in the colonial health budget (Turshen, 1977). On the other hand, Christian FBOs provided more healthcare facilities. Through such interventions, local people's access to healthcare was widened, even if insufficient. The same collaborative efforts continued even after independence.

4.1.2 Education

Policies on education during late colonial Tanganyika were also advanced to basically respond to the labour question and colonial administration (Ricketts, 2013; Vavrus, 2002; Neal 1981). Local people were educated or trained selectively and primarily to suit the needs of colonial administrative and productive sectors. Limited advanced education was given to children of elite members of society (i.e. children of 'native' rulers, and chiefs). Most of these native children were socialised to pursue 'white-collar' jobs, which came to be seen as more prestigious than practical technical education that addressed local needs (Cameron, 1967).

In 1948, the colonial government enacted the Non-Native Education Ordinance (1948) which institutionalised the racially-based education system. This ordinance, which was amended in 1949, separated an African ('native') education system from privileged systems of education put under three statutory authorities, which were offered to Europeans, Asians, and a small minority of other foreigners such as Arabs and others (Cameron, 1967). The private school system was also introduced, which few could afford. Different languages for instruction were also introduced for different schools. Kiswahili came to be used in government schools, which educated African children, while other better resourced schools (mainly accessed by Asians and Europeans) used English. In this case, language was not only used as a tool for segregation, but also as a mechanism to stymie the right to good education and provide better schools for native African children. This system was practised irrespective of the claim by colonialists that it was necessary to educate children in their home language (Petzell, 2012). Missionaries, whose presence in the colony was established since the 1800s, also advanced education and training facilities, partly as their mission to spread their religion among the 'natives.' In the process, FBOs also served to cushion the discrimination in the quality of education the colonialists provided.

Towards the 1950s, the colonial education sector succumbed slightly to the growing move for independence and adopted some measures to end the highly discriminatory nature of the education system. These included, expanding further education opportunities for African children. In 1956, the Tanganyika Education Trust Fund was established for the purposes of

establishing, building and maintaining higher education institutions, including providing scholarships and bursaries to Tanganyikans, regardless of socio-economic class or race (Ishengoma, 2004; URT 2002). In the mid-1950s, a proposal on integration in education was made through the 1955-57 Triennial Survey of the Colonial Department of Education. This proposal included developing one educational system, abolishing access to school that was based on race, rather than through competitive examinations; and abolishing the three non-native education authorities. The proposal also suggested the development of a common system of admission to schools giving priority of admission to the children of the community within where the school was established. In addition, it was proposed that tuition fees should not be charged in African primary schools but on other schools for a period of 5 years (George, 1960). The African dominated Legislative Council also pressed for education reforms. George (1960) reported how council members from the TANU party made demands on the government to introduce compulsory and universal education for the African child and to also increase education opportunities as well as technical schools for them. It was against these suggestions that some of the early independence education provisions were drawn.

Similar to the health sector, colonial education strategies had limited provisions for women's access to education, especially beyond basic education. This was because of the prevailing perception of women's place in society, which was to maintain the home. Hence, only a few African girls' schools were established, compared to boys' (Ricketts, 2013). This was irrespective of the fact that the British colonial authorities had already showed concern on the poor participation of girls in education institutions. In 1925, the Memorandum on Education Policy in British tropical Africa made by the British Advisory Committee on education in the colonies recommended that more attention should be given to *the education of girls*. This concern, however, did not change the situation significantly since only few women made it to secondary schools and universities (Ricketts, 2013). Missionaries supported women's education through girls' schools, but these were very few. Hence, because of their low qualifications, many women could not enter the civil service as men could. Only women from elite backgrounds could do so, thus widening the inequalities in employment and income opportunities (Ricketts, 2013). In 1927 a number of African girl schools were established which later came to be recategorised into secondary schools in 1957, forming the earliest good schools offering quality education to females in the country to date. In 1956, Ms. Joan Vickers, a Member of Parliament, passed a motion in the UK Parliament criticising the prejudice against girls' education in the colony, indicating such concern.[5] Some women, mostly urban, benefitted from some education and literacy training offered by social welfare centres

[5] Ms. Joan Vickers was by then the UK MP for Plymouth, Devonport. See, Hansard reports on 'Tanganyika (Girls' and Women's education)' HC Deb 25, November 1957. Vol. 578. cc945-56, 10.28. Motion by Miss Joan Vickers to British parliament. https://api.parliament.uk/ historic-Hansard/commons/1957/nov/25/TANGANYIKA (GIRLS' AND WOMEN'S EDUCATION) (Hansard, 25 November 1957) (parliament.uk)

established after the Second World War, which were started primarily to re-integrate returning soldiers into society (Eckert, 2004).

4.1.3 Water supply

The organisation of water supply during this era was also segregated. African settlements were poorly considered in the formal distribution system, a tendency that limited the capacities of women and men to overcome the social and structural constraints that they faced in social reproduction. Drawing from the first water law established in 1923, colonial policies prioritised water rights for European settlements and settler production centres. For example, in 1946, the Water Department spent TShs 2 million on rural water supply, focusing on the white settler farms located in the rich agricultural areas of Kilimanjaro-Meru, Lushoto-Tanga, Kilosa-Morogoro, and Mbeya-Njombe-Iringa, while African farmers on the southern slope of Kilimanjaro and Meru, were not considered in the water supply investment (Tschanneral, *nd*). A new Water Ordinance passed in 1948 was replaced in 1959, but this denied local people the benefit of more reliable systems of water supply (Lein and Tagseth, 2009). Poor santiation and water supply was also associated with poor health conditions and maternal and child mortality in congested urban areas such as Dar es Salaam during late colonialism (Mbilinyi, 1985).

4.1.4 Work and employment

The work and employment strategies pursued during late colonialism similarly reflected the primary colonial motives of exploitation and focused on maintaining employment in the key sectors of production. In the colonial plantations, taxation on natives continued to be an inducement for labour migration but the migration pattern by peasants was unreliable and not permanent. This is because some people opted to work on their own farms, and only periodically resorted to work on settler arms as casual labour for cash income (Turshen, 1977). This pattern, however, was strategic in recruiting labour at very low costs. Casual, short or long term, seasonal labour migration for work in plantations thus suited colonial policy of exploitation. Women comprised a large part of this casual migration to plantations and agro-processing factories (Mbilinyi, 1985).

For industrial workers engaged with labour contracts, such as dock-workers or railway employees, their small wages necessitated the presence of women in urban and production centres to subsidise the reproduction of labour. Colonial labour policies, however, did not consider labour in terms of household reproduction, but only at individual worker level. A number of Trade Unions were formed to make employers improve work related conditions, which became registered by the colonial state (Mbilinyi, 1985). Poor work and living conditions fueled anti-colonial militancy, leading to the formation of several workers' associations (Mbilinyi, 1985). In 1955, the Tanganyika Federation of Labour (TFL) was formed from a merger of smaller trade unions and pressured the colonial state for better conditions, becoming one of the pressure groups fighting for the independence of Tanganyika

(Rugeiyamu, *et al*, 2018; Mbilinyi, 1985). Incentive schemes or packages were introduced to reduce growing workers' agitations and in 1942, a National (Government Employees) Provident Fund was established. The Workmen's Compensation Ordinance was enacted in 1949, which established a scheme to cater for workers' injuries in the course of their employment (Ackson & Masabo, 2013). Yet, as was the case with other incentives, the colonial administration did not establish a provident fund for non-governmental sector workers (Eckert, 2004).

The colonial labour experience also exposed a significant gender divide, and the exploitation of children. A 1952 report on the Enumeration of African employees recorded those in service to be 88,091 males and 924 females in public service; 95,851 males and 2,017 females in private industry; and, 189,369 males and 17,570 females in agriculture, presumably in colonial and settler farms in the colonial Territory of Tanganyika (Turshen, 1977, pg. 29).[6] Women, who were mostly in the informal sector, sought other means of self-employment (food retailing), or in *pombe* (local brew) selling and trading (Geiger, 1987). Bryceson (1990) as cited by Pallaver (2014) also noted that child labour was evident, especially as domestic workers or plantation helpers (Pallaver, 2014). Through their networks, urban women organised themselves in *ngoma* (dance) self-help groups such as the *'lelemama'* societies (Geiger, 1987). Towards the end of this phase, the nationalist movement, which pressed for self-government comprised these women's *ngoma* groups, who also became members of the nationalist party, TANU (Geiger, 1987). Through its disregard of the situations that women faced, British colonialism, therefore, also fueled agitation against an equally formidable opponent, the women who turned to TANU for more promise towards equality between women and men (Mbilinyi 1984; Geiger, 1987).

In summary, colonial social policy did not give room for social transformation even though there may have been strategies questioning inequality and gender discrimination towards native Tanganyikans in the last years of the colonial era. The multiple processes and actors who influenced the nature of social policy in this era, including FBOs, and pressured by the movement for independence may also have softened inequalities in access to some services, but since they were working within the imperialist framework, institutionalised inequalities and discrimination prevailed, some of which were carried beyond independence in 1961.

4.2 The Early Post-Independence Era (Early 1960s-1970s)

In December 1961, Tanganyika gained its independence from British colonialism and tuned itself towards ending imperialism and promoting the Africanisation of the political, social and economic landscape. As was the case in other Eastern African countries, the country's immediate post-independence period focused on correcting the social and economic disadvantages created by colonial social policy practice. The immediate policies in Tanganyika

[6] Source: Total employment by employment classification, Table 6. Report on the Enumeration of African Employees; July 1952. Department of Statistics, Nairobi, in Turshen, 1977 pg. 29.

by then, focused on tackling poverty, disease, and ignorance, the three main enemies of development as popularised by the first president, Mwalimu J. K. Nyerere (TDV, 2025; Jennings, 2007; Nyerere, 1962). However, in the first few years, the country did not experience radical changes in terms of policy direction, and the independent government largely continued with the colonial model of social development. Yet, there were some changes experienced in gender-based inequalities because of the growing push to widen access to social services and other opportunities. More changes towards gender equality, both positive and negative, were realised after the formulation of the Arusha Declaration (1967) — a socialist ideology, whose policy direction was more sensitive to human rights. This era is examined in two separate phases, the immediate post-independence period, and the post-Arusha Declaration period, each of whose policies had different implications to social transformation and gender equality.

4.2.1 Early Independence 1961: Pre-Arusha Declaration

Social policies during early independence reflected continuity in much of the social infrastructure left by the colonial government, with a few changes. Suffering from a weak economic base at the time of independence in late 1961, the country did not have many options. There were high levels of poverty due to widespread unemployment and low local production capacities (Little, 1991). Nationalism and Africanisation were the ideologies that pushed the government to lead social development. The first Three-Year Development Plan (1961-1963) and the first Five-Year Development Plan (FYDP1, 1964-1969) were thus drawn to address immediate national development priorities from independence. A major aim was to correct inherited imbalances in social provisioning through widening access to basic services for local people (Aikaeli and Moshi, 2017), and to put in place nationals trained in the various sectors of social and economic development. Well-intended efforts were, however, challenged by the poor state of the economy, hence the impact on inequalities and poverty were limited.

By independence, the healthcare sector had only a few hospitals. Most of these were private or owned by religious organisations, and were predominantly urban-based; besides, there were only 17 qualified Tanzanian medical doctors (Turshen, 1977). The government thus aimed at expanding health services to reach a wider population, particularly in rural areas. To achieve this objective, the 1st Five-Year National Development Plan (1964- 1969) planned for the expansion of health services through a referral system, ensuring hospital facility in every region; constructing 300 rural health centres (RHC) with a baseline catchment of 1 RHC to 50,000 residents, expanding training and employment programmes to promote self-sufficiency in health sector personnel; and, to increase life expectancy for Tanzanians from 40 to 50 years (URT, 1964). Missionary organisations were also encouraged to expand health services, particularly in rural areas, especially those which could be reached with difficulty (Turshen 1977). But the provision of care and disease management continued

with a focus on curative rather than on preventive services, the latter, which was more relevant to local people.

Changes in the education sector were also made immediately at independence as the government sought to transform the segregative education system, characteristic of the colonial administration, which resulted in a comparatively lower representation of African children in the school population, as illustrated in Table 4.1.

Table 4.1: Tanganyika: School enrolment figures by social group (1961)

S/N	Social group	Total Population	Primary school enrolment	Secondary school enrolment
1	African	9,000,000	515,000 all levels	2,000
2	Asian	90,000	16,000	9,700
3	Other non-native	Nk	1,100	600
4	European	Nk	1,900	700

Source: Cameron, J. (1967). The Integration of Education in Tanganyika. Comparative Education Review pg. 46

Overall, primary school enrolment was only 25 percent in the early 1960s, compared with an average of 37 percent in comparable low-income countries, and it was estimated that adult literacy rate was at 10–15 percent only (Maliyamkono & Bagachwa, 1990). To address these issues, the Education Ordinance of 1948 was repealed and replaced by the Education Act of 1962, whose objectives aimed at eradicating social inequalities, including (i) abolishing racial discrimination in education; (ii) streamlining curricular to ensure uniformity; (iii) promoting Kiswahili as the national language, and (iv) Local Government Authorities given administrative authority over primary education (Cameron, 1967). Missionaries continued to play a key role in providing education in private schools while the school curriculum was regulated by the government (Cameron, 1967). Adult education programmes were directed at combating general illiteracy. About 7,257 literacy classes with a total enrolment of 541,348 adults were conducted by 1965, among whom 206,214 were men, and 335,336 were women. People also benefitted from follow-up classes, in English and Arithmetic, which had a total enrolment of 14,043 adults. Women's groups, learning cooking, sewing, childcare, and related arts, were also established (Mlekwa, 1994).

An important aspect of the 1962 Education Act was to address urban-rural differences in education. The construction of more hostels in major towns accommodated scholars from predominately African rural areas, as were urban scholars (Cameron, 1967). The government also introduced a quota system (proportional rationing per geographical location) to facilitate eligibility to secondary education, thus enhancing equitable access for all Tanzanians (Cameron, 1967). However, because the independent government hesitated to make radical changes to the colonial structure of education immediately after independence, some forms of discrimination persisted. For example, private schools were allowed to continue as long

as they admitted children of all races, and allowed two approved languages as medium of instruction (Cameron, 1967). Hence, privately run English medium schools continued to be unaffordable by some because of high tuition costs.

After independence, policies on water supply were not so explicit, even though the government sought to provide free water services to all. In reality there were no meaningful institutional arrangements to reflect the independent government's promise, and colonial water distribution systems were continued with their discriminative arrangement and largely concentrated in the urban areas and former colonial production centres (Mashauri and Katko, 1993). Most urban-based local people obtained water from natural sources without charges or purchased the service from kiosks in urban centres. Generally, in the first years of independence, the water sector was not conceived of as a basic social sector, but was rather seen in terms of its economic production value. In 1961, the water sector was placed under the Ministry of Agriculture, and in 1964 shifted to the Ministry of Lands.[7]

With regard to the *employment*, the early years of independence were not emancipatory but reflected the government's desire to control labour movements, as was the case during colonialism. The labour force was growing with increasing urbanisation and opening up of the administrative sector, and comprised the newly independence administrative workforce, those in industry and the transportation sector, which together became a significant sector in the economy (Tripp, 1997; Mbillinyi, 1985). Industrial workers continued to be organised under the Tanzania Federation of Labour (TFL), which comprised several Trade Unions, and pressured the TANU-led government for autonomy from political domination. Their agitation was reflected in the 152 labour strikes that happened in 1962 involving about 48,434 workers. The government saw it necessary to control this force and responded by disbanding the TFL through the NUTA Act in 1964, which established the National Union of Tanganyika Workers (NUTA) as the only trade union in the country, whose leader was appointed by the president (Tripp, 1997). In this way, labour management became a key administrative issue needing concrete procedures on labour relations and employment policies. In 1964, the National Employment Provident Fund Act was enacted to handle all social security issues for employees. The Act was later amended in 1968 to enrol a wider range of employees and to introduce a gratuity system over and above the severance allowance to employees. This fund allowed employed women to withdraw their contributions on the event of marriage or emigration, and for widows to benefit from their deceased husband's savings, which could be taken as a measure responding to the needs of females (URT&Z, 1964). Further measures to promote workers' rights were taken through the enactment of the Security of Employment Act of 1964 as the first labour legislation passed by parliament. This Act provided procedures for disciplinary measures, and restricted the powers of employers to dismiss employees

[7] *The Citizen Newspaper* (2021) TZ@60: Evolution of the water sector management in Tanzania. Tuesday, September 28, 2021.

at their will, which was seen as a colonial prerogative. This Act also legalised workers' formal representation bodies called workers' committees. But as observed, most of these measures were meant to pacify the workers, rather than giving them the space to advance workers' rights.

Altogether, social policy in the early years of independence of Tanzania was not quite transformative in many respects. This is because, despite the introduction of several policies directed at expanding equality in access to opportunities, the same limiting institutional structure designed by the colonial administration was continued. Within such a structure, limited achievements with regard to social equality were realised in many sectors, but not without notice. The experiences of these early years set the stage for redirection in overall development policies to focus on bringing meaningful changes in the social contexts experienced by local people (Jennings, 2007).

4.2.2 The Later Years – Post Arusha Declaration (1967-1970s)

Later years after independence are traced from the signing of the Arusha Declaration (*Azimio la Arusha*) in 1967, marking a major milestone in locally grown development ideologies, turning around social policy and development decisions to respond to commitments founded on the philosophy of Socialism [*Ujamaa*] and Self-Reliance [*Kujitegemea*] (Malima, 1979; Nyerere, 1967). The first President, Mwalimu J. K. Nyerere translated the 'Ujamaa' concept into a political-economic management model that included, *inter alia*, the institutionalisation of social, economic, and political equality, creating a central democracy and nationalising the key sectors of the economy, namely production, service provision, and distribution (Malima, 1979; TANU, 1967). It also marked the withdrawal of the state from the largely capitalist and market-oriented economy inherited from colonialism to a state-owned, centrally planned economy (Malima, 1979). The Arusha Declaration was also based on the philosophy of equality and human rights. It aimed at tackling social inequalities such as rural-urban inequalities in the quest for development, and elevating humanity. One principle of the Arusha Declaration expected '*to see that the Government gives equal opportunity to all men and women irrespective of race, religion or status*' (Nyerere, 1967). This era witnessed transformation in social relations, and advancements in human capital, which was strictly state directed.

The Second Five-Year Development Plan (1969-1974) embarked on the UPE programme and availing free health care services for all at all levels, and the abolition of nuisance taxes such as the hut tax (URT, 1969). In 1971, Tanzania was declared a one-party state, with TANU as the supreme organ of the state. Social policy direction thus had to be endorsed by the Party. In addition, this era saw the furthering of women's rights by formally establishing their rights in marriage in order to uplift women's social circumstances. In 1971, the Law of Marriage Act was enacted, the leading statute guiding marriage relationships in the country (URT, 1971). This law was transformative in certain elements such as establishing a married woman's rights to resources acquired within the marriage. Despite this concern, the Act also

carried forward some discriminative social norms and cultural practices, such as approving marriage of girls at the tender age of 14-15, a clause that has been controversial to the rights of young girls to date (URT, 1971).

On a more positive angle, the Arusha Declaration (1967) advocated for 'free healthcare for all' as a fundamental right for all citizens. Informed by the socialist ideology, it promoted the Primary Health Care (PHC) strategy a few years before the global Alma Atta declaration on PHC in 1978 (WHO, 1978). To achieve these desires, the government planned to expand healthcare facilities to serve rural and local level communities throughout the country. These 'ujamaa' measures had positive impact on the practical health outcomes of women and children. For example, infant mortality rate decreased from 146 per 1000 live births in 1960 to 120 per 1000 live births in 1980; and life expectancy increased from 41 years in 1960 to 52 years in 1980 (Al-Samarrai and Peasgood, 1998, as cited in Aikaeli and Moshi, 2017).

Measures to advance education after the Arusha Declaration (1967) were also taken as key steps to institutionalise the socialist policy. The government, stressed on equal educational opportunity for all citizens, irrespective of age and sex; and, the importance of promoting rural development through self-reliance. In 1977, the Universal Primary Education (UPE) programme was launched, following a TANU decision of 1974. School enrolment increased and in 1976 there were 665,621 pupils enrolled in Standard 1 compared to 187,537 pupils enrolled in this class in 1967 (Nyerere, 1977). In 1978 the Education and Training Act was enacted, making education compulsory for all children between the ages of 7 and 13. Opportunities for females were thus opened up widely. Other measures included the quota system in secondary education introduced in the 1970s whose aim was to reduce disparities in access to secondary education by proportional representation of students who sat for Primary education examination by district (Kisanga and Katunzi, 1997). This system had multiple impacts in the social life of Tanzania. Firstly, it allowed students from disadvantaged districts to enrol in Form 1 (Secondary education) more than they would have done through open competition. Secondly, it allotted one third available places in secondary school to girls. This system was revolutionary in the sense that it allowed many girls from disadvantaged districts to access lower secondary school. Between 1981 and 1992, the enrolment of girls rose from 31.6% to 44.7% at the lower (Ordinary level) secondary school, respectively (Kisanga and Katunzi, 1997).

Yet, although the quota system was a transformatory step, changing the entitlement to lower secondary school from simply merit to recognise social situations, also had certain limitations. Firstly, it was argued that it limited the selection of some good performers of Standard 7 who could not access government secondary school because of the quotas (Languille, 2015). In addition, the impact on gender representation in Higher Secondary School was not realised as expected because girls comparatively underperformed in Form 4 exams, thus limiting their further advancement to advanced secondary schools. Hence girls' enrolment

at this level was minimal, only rising from 22.3% in 1981 to 24.3% in 1992 (Languille, 2015).

In 1974, an Affirmative Action allowing girls to join university immediately after one year of national service was implemented (Mlekwa, 1994). In 1974, the Musoma Resolution was launched as the first affirmative action policy that increased female enrolment in higher education. Through this resolution, females were exempted from a TANU Party Resolution on ex-national service graduands that demanded a two-year compulsory work period to serve the nation for males only before joining university or other higher learning institutions (Lihamba, *et al*. 2006). Altogether, the post-Arusha Declaration era succeeded in raising the literacy rate from a low of 33 percent in 1970 to 90 percent in 1985, owing to the UPE and adult education programmes. Adult literacy programmes were a welcome opportunity to women and they were also recorded as attending adult literacy classes, sometimes at a higher rate than men (Mlekwa, 1994).

Decisions on the pursuit of 'education for all' had however concentrated at the primary education level, with less emphasis on expanding opportunities at higher levels such as secondary education. Hence, upward advancement of education grew in a pyramid-like structure with very few youngsters entering secondary level education due to the inadequate secondary schools that were available; thus competition became very high (Languille, 2015). By then, the first President, Mwalimu Nyerere claimed that secondary education was not the primary focus for every Tanzanian in a country trying to focus on broad-based development, as much as primary education was, emphasizing therefore that basic education obtained at the primary level was key to ending illiteracy and liberating the mind for positive socialist development (Languille, 2015).

Policies on the WASH sector during this period illustrated a committed interest to invest in equitable water supply. In 1971 the government launched the 20-year Rural Water Supply Programme (RWSP), a long-term water development programme (1971–1991). This was a nationwide programme intended to provide safe and potable *water* to all, and for the rural population to have these services within a distance of 400 meters from each household by 1991.[8] Under this programme, water was provided free of charge in rural areas, while moderate tariffs were charged for house connections in urban areas. Implementation modalities in the programme were however highly centralised, and donors supported the programme by funding more than 80% of investments in the water supply (Mashauri and Katko, 2015). Despite these big aspirations, water supply was insufficient and the government could not deliver on its commitments to supply free water to all despite passing a dedicated Act — the

[8] *The Citizen* Newspaper (2021) TZ@60: Evolution of the water sector management in Tanzania. Tuesday, September 28, 2021.

Water Utilization (Control and Regulation) Act No. 42 of 1974 to regulate water services (Mashauri and Katko, 2015).

Work and employment policies after the Arusha Declaration were initially also directed by the socialist measures taken immediately after 1967. The nationalisation of the major heights of the economy, which included industries, commercial services, transport, manufacturing, and agriculture plantations, led to a significant increase in the employed labour population in formal public sector in Tanzania. The government thus became the main employer at all levels, drawing citizens from an initially private sector into state-controlled employment or in government-owned institutions (Kaijage, 1977). Subsequently, several employment-related policies and Acts were drawn: they include the Employment Ordinance (Amendment) Act, 1969 and its amendment in 1979. Yet, ten years after the Arusha Declaration propagated self-responsibility in work, the government further clamped down on the autonomy of the labour movement by creating 'Jumuiya ya Wafanyakazi wa Tanzania' (JUWATA), formed after the merger of TANU and Afro-Shirazi Party (ASP) of Zanzibar to form 'Chama cha Mapinduzi' (CCM), the sole political party in the country. Like NUTA, JUWATA came to be the party's arm for workers and diminished the earlier experiences of democratic trade unions fighting for workers' rights (Tripp, 1997).

In summary therefore, even though the 'Azimio la Arusha' era was indeed a game changer with regard to ideological orientation, informing policy commitments on equality and human rights, it created at the same time, an authoritative state structure that limited the transformative potential in certain aspects of social development. One case relates to workers' freedom of association.

4.3 The Era of Crisis and Adjustment (1980s-Early 2000s)

The social policy landscape in Tanzania from the 1980s up to the early 2000s can rightfully be expressed as a complex moment in the history of the country that transformed its socialist conviction to a neo-liberal oriented policy context, that has characterised the country to date. This came as a result of the economic shocks that hit the country between the late 1970s and early 1980s, which included poor performance in export agriculture; the War with Iddi Amin (1978-1979); the oil crises of 1979 to early 1980s; two severe droughts (1973-74 & 1983-1984), inflation, and decline in Terms of Trade. Eventually, the country suffered a deficit in public finance, which significantly rose between 1978 and 1979 and 1984-1985 to reach 20 percent of GDP in the 1980s. Other problems included a scarcity of foreign exchange; and eventually, a debt crises in the early 1980s (Aikaeli and Moshi, 2017; Potts, 2008; Ibhawoh and Dibua, 2003).

The economic shocks compounded the poor performance of the local economy, and challenged state-led provisioning of services, such as the provision of free healthcare services or free education as propounded by the 'Azimio la Arusha' (1967) philosophy. The state could

not meet the demand, nor the desired quality of care; while private services from FBOs proved inadequate (Mujinja & Kida, 2014). Following these economic shocks, in the early years of this phase, the government was compelled to subscribe to strategies informed by the economic adjustment and market liberalisation philosophy (Aikaeli and Moshi, 2017). The government thus resorted to World Bank and International Monetary Fund (IMF) directed Economic Recovery Programmes (ERP) of 1981/82, and in 1986, adopted the Structural Adjustment Programmes or SAPs (D'Arcy, 2013; Kunzler, 2020). The SAPs introduced conditions that transformed the social provisioning landscape in the country. Most important were the (i) privatisation of public industries and national assets; (ii) a reduction in government spending on social programmes (such as food subsidies; health care, and education); (iii) introduction of cost-sharing in public social services (education and healthcare through payment of user-fees); and, (iv) reduction of the civil service through retrenchment (Aikaeli & Moshi, 2017; Vavrus, 2005). User-fees were subsequently introduced in the health, water supply and education sectors, a policy which abolished the free services enjoyed during the Arusha Declaration era.[9]

The SAP informed policies worsened healthcare services, which had deteriorated during the times of economic crises. Between 1978 and 1988, government reduction in expenditure in the social sector fell from 8 percentage of GDP to 4.5 percent, repectively resulting in poor facilities, and a shortage of drugs and skilled health personnel (Lugalla, 1997). Low-income households also became challenged doubly by the introduction of user fees while the intended re-investment in the health sector from cost-sharing was not commensurate to need. There was also a decline in the delivery of both curative and preventive services because of deterioration in medical infrastructure (Lugalla, 1995). The quality of reproductive healthcare and delivery services also declined, burdened by poor quality medical attention, and a shortage of blood and drugs. In some reported cases, there were occasions where women were compelled to deliver outside health facilities owing to lack of money (Lugalla, 1995).

The market liberalisation approaches influenced health policies from thereafter. For example, the first National Health Policy in 1990 integrated, in its provisions, cost-sharing, and, private for-profit health care services which were formally introduced in 1991. Such provisions were included in the Health Sector Strategy note of 1993, and the Health Sector reforms (HSR) of 1994. HSR intended to train and deploy medical personnel (doctors and nurses) across the country, and improve maternal health among other things, to create an efficient decentralised health system which was also cost-effective, gender-sensitive, and equitable (Mujinja & Kida, 2014). However, by the year 2000, the access to quality health care had not improved and there was still a significant urban-rural difference. Staffing of

[9] Population per doctor increased from 19,053 in 1981 to 24,880 in 1990, while the population per nurse rose from 3,310 people in 1970 to 5,470 people in 1990 (WB study, 1993).

medical personnel remained skewed with serious shortages in rural areas. The status of maternal health improved slightly, following increased Ante-natal Care (ANC) visits, although maternal mortality rates remained high. Infant mortality, however, declined from 137 to 68 per 1,000 live births between 1978 and 2012 (Mujinja & Kida, 2014).

Within the same principle of cost-sharing, but with a social security approach, health insurance was introduced. The Community Health Fund (CHF), a pre-payment scheme designed for rural community health financing, piloted in 1996 and in 2001, was rolled out countrywide (Embrey, *et al.*, 2021). One of its aims was to organise and mobilise community resources to contribute to the funding of healthcare services, but at the same time, empowering communities in making decisions on matters affecting their health (URT 2001). In 1999, National Health Insurance Fund (NHIF) was established by Act No. 8 of 1999. The NHIF became operationalised in 2001. It was initially exclusive, and gave compulsory eligibility to public sector employees and their dependents. From 2007, the NHIF mandate was extended to cover formal sector workers in the private sector, and later included all eligible but paying citizens of Tanzania (URT, 2007).

Introduction of user-fees in *education* also affected primary and secondary level enrolment, especially of children in poor households, and most severely, female students because of biased household-level decisions on preference to education between children of both sexes (Awinia, 2019). At the same time, alternative funding strategies such as voluntary contributions to cater for examination material, or school projects became common at the primary and secondary education levels, adding to the burden on low-income households (Vavrus, 2005). The cost-sharing policy in public tertiary education institutions was adopted in 1988 and became effective in the 1992/93 academic year. Its acceptance has not been smooth and, in its early years, this policy was linked to student riots in higher education institutions during these years (Puja, 2009; Ishengoma, 2004).

In 1995, the Education and Training Policy (ETP, 1995), was passed, carrying forward the cost-sharing provision. The policy, however, committed the government to construct a secondary school in each Ward in the country as a strategy to expand access beyond primary education (URT, 1995a). Other important policies included the Vocational Education Policy (1996), National Higher Education Policy (1999), and National ICT Policy for Basic Education (2007). Each of these focused in expanding opportunities for education and training; increased involvement of the private sector and broader financing of education and training; decentralised powers and responsibilities of school management to the school, community, district, and regional levels; strengthening relationships between the formal and non-formal school system; and, deeper emphasis on self-employment culture (NETP, 2014). Within these commitments, the government worked to expand access to education in practice and implemented several strategies to realise this. For example, the 2002 Primary Education Development Programme (PEDP) re-introduced the fee-free primary education, which had

been scrapped in 1963, two years after independence, a move which led to a significant rise in enrolment (Languille, 2015). The outcome was an expanding demand for secondary education, which had not enjoyed similar implementation commitment. In 2006, the government implemented the provision put forward by the ETP (1995) on expansion of secondary education and constructed lower secondary schools in most Wards throughout the mainland. These schools, famously called, *'Shule za Kata'* (lit: Ward level secondary schools) raised the gross enrolment ratio in this level. The number of secondary schools between 2004 and 2011 shot from about 1,290 to about 4,370 schools, with the gross enrolment level in lower secondary education level rising from 12.4 % in 2004 to 50.2 % in 2011 (Languille, 2015). Although there was a significant rise in the rate of failure in the Certificate of Secondary Education Examination between 2007 and 2012, rising from 9.7% to 56.2% in those years respectively. '*Shule za Kata'* changed the secondary education landscape in Tanzania from thereafter, making this level of education also accessible to many children in the rural areas and low-resourced families (Ishengoma, 2004).

Also significant was the fact that establishment of '*Shule za Kata'* was a step in the realisation of girls' education achievement, since, indirectly, they came to be the leeway where many girls were able to avoid early pregnancies, forced or early marriages because they became enrolled in secondary education (Languille, 2015). However, poor school infrastructure and long distances to some of these schools exposed many girls to gender-based abuses or sexual coercion that sometimes led to unwanted pregnancies, leading to their expulsion from school (Awinia, 2019). Such incidents have not gone unnoticed, and in 2012, the Ministry of Education and Vocational Training (MoEVT) tabled a proposal at the National Parliament to stop the expulsion of schoolgirls who became pregnant. This proposal was, however, dismissed by the Parliamentary group on Social Affairs on the grounds that this retention would encourage promiscuity (Languille, 2015).

On the other hand, management of water resources also experienced a significant transformation, moving from a highly centralised system to more inclusive practice. The first National Water Policy was drawn in 1991, which placed the Central Government as the sole investor, implementor, and manager of water projects in both the urban and rural areas (URT, 2002). In 2002, however, a revised National Water Policy (NAWAPO, 2002) instituted cost sharing in water resources. This revised policy changed the government's role from having overall responsibility to one of coordinating and regulating (URT, 2002:5), and it advocated for people's participation in the planning, construction, operations, maintenance, and management of community-based water supply. Unlike the earlier policy, NAWAPO (2002) established a quota system to ensure women's representation in the management at community level such as Village Water Committees. This was in response to women's need for effective supply of water for domestic purposes (URT, 2002). However, some studies established that women's participation in such management was sometimes seen as purely nominal, often assessed on their assumed limitations as managers. People perceived water supply

management as men's domain, that women's roles were supposed to be domestic, or limited to the home. The empowerment of women as espoused by NAWAPO (2002) was thus contested (Mandara *et al.*, 2017). As was the case in other sectors, the cost sharing aspect was emphasised. Private operators were encouraged to improve water delivery at a price, while under the policy, community financing of urban water supply and sewerage services was to ensure cost recovery to improve delivery (URT, 2002:42). By 2007, since only 57% of the population lived within 1 km of a water source, it meant that the 1991 target was yet to be met.

During this era, due to SAP, the employment sector experienced a drop through retrenchment. Between 1993 and 1997, the total number of males retrenched ranged between 62% to 79%, compared with that of females from 21% to 38% (Kaijage, 1997). Retrenchment challenged the confidence of many men who could not come to terms with losing their jobs since men were traditionally perceived as the main breadwinners. On the other hand, reduction in the public sector led to the proliferation of private and informal sector operations to which many people, including women, found refuge. A National Employment Policy was formulated in 1997, which acknowledged the growing presence of these alternative employment alternatives. These sectors were however not fully able to offer employment rights or social security, compared to those employed in the public or government sector (URT, 1997a) In the same year (1997), the National Social Security Fund (NSSF) was established (URT, 1997), whereby non-pensionable employees of the central government, the formal private sector, and the self-employed could subscribe monthly payments toward their pension. Formulation of the National Social Security Policy in 2003 recognised social security as a right to all citizens. This widened the scope and coverage of social security schemes and encouraged direct participation of informal and private sector operators in the provision of social security (URT 2003). Since many women operate in the informal sector, this policy guaranteed a safety net in times of need such as a medical crisis or retirement (Masabo, 2013).

In 2004, the Tanzania Employment and Labour Relations Act (ELRA, 2004) was passed. The provisions therein indicated a real change in employment conditions with specific gender concerns. The ELRA (2004) prohibited discrimination at the work place, *inter alia*, on grounds of gender, or pregnancy. The Act also provided for paid maternity leave, breast feeding and, for the first time in the country's history, also a three-day paternity leave (Ackson, 2015; URT, 2004). There were, however, mixed attitudes about paternity leave; not all eligible men who were government employees embraced it fully (Nzalli & Philipo, 2016).

This era of the SAPs coincided with when Tanzania ratified the United Nations Convention on Elimination of all Forms of Discrimination against Women (CEDAW) in 1986. In 1995 the country actively participated in the Beijing Declaration and Platform of Action and adopted women's empowerment and gender equality (URT, 1995). These global developments influenced the formulation of social policies in the later years and stimulated CSO

action in pursing gender equality within overall social processes. The outcomes were varied as seen in how the different sectors dealt with gender equality concerns over the years.

In addition, it was during this era that pressures for political democratisation led to the formal adoption of multi-party politics as enshrined in the national Constitution of 1992. This step marked a drastic change from the one-party rule since independence (Tripp, 2000) to the multi-party system, which ushered in democratic institutions and citizen's rights. In October 1995, the first multi-party elections were held in the country, with each party drawing up election manifestos that targeted poverty reduction and attacked negative tendencies of SAPs such as cost sharing.

Civil society activity also increased with mounting pressure from democratic associations, which influenced the direction of social policy as regards gender rights and social equality. Many NGOs and CSOs filled the gap left by withdrawal of the state from social service delivery following structural adjustment and liberalisation of the economy (Mercer, 1999). Between 1986 and 1990, the number of registered NGOs rose from 25 to 604 (URT, 1995). These organisations provided social services such as healthcare or education, while many others dealt with community capacity building and empowerment activities, such as awareness raising, gender and women issues as well as children and youth (Mercer, 1999). Prominent women-led organisations were also formed during this period, including the Tanzania Gender Networking Programme (TGNP) founded in 1993. The TGNP facilitated a transformative feminist movement in the country, promoting gender equality and equity, women's empowerment and social justice, women's rights and political representation (Makulilo & Bakari, 2021). In 1994, a women's platform, the Tanzania National Women's Council known by its Kiswahili Acronym, BAWATA (*Baraza la Wanawake wa Tanzania*). BAWATA gained prominence very quickly and dealt with a number of gender issues, including girls' rights to education, violence against women and children, land rights and inheritance. In 1996, the government suspended BAWATA's activities and ultimately banned the association in 1997, accusing it of nurturing political party motives (Mallya, 2005; Tripp, 2000). Thus what had begun as a transformative step to gender equality was ultimately aborted.

The changing democratic space also gave room for women organisations and groups to form the Gender Land Task Force (GLTF) in 1997, in reaction to the Land Policy drawn in 1995. The GLTF pressed for the inclusion of women's rights in the Basic Land Act (Mallya 2005). The historic National Land Act of 1999 and Village Land Act of 1999 were thus passed owing to these pressures (Mallya, 2005). Women's legal rights to land ownership, mortgage and disposal were incorporated in these Acts, transforming decade-long struggles against gender-related abuses arising from customary systems in land ownership (URT, 1999) Some women have benefitted from these reviewed Acts and increased awareness creation on its provision at local level (Tsikata, 2003).

Several key policies addressing gender rights were also formulated during this period. The first National Community Development Policy (1996), and the second Women and Gender Development Policy, (2000) were also formulated in this era. These two policies facilitated the empowerment of both women and men in building gender equitable relations, and promoting agency among women to act and change discriminatory traditions (URT, 2000; URT, 1996). Another milestone was the enactment of the Sexual Offences Special Provisions Act (SOSPA) in 1998. Yet sexual harassment incidents are still prevalent to a high degree. In 2021, it was reported that children's rights were significantly violated by high rates of sexual violence against children (LHRC, 2022). In 2005, the Tanzania (mainland) National Gender Development Strategy was drawn, which committed all MDAs to have a specific gender component in their organisational structures **(**URT, 2005a**).**

When the 2000 Millennium Development Goals (MDGs) were adopted, the country became inclined to re-orient its social policy to meet the targets set. Specifically, Goals 2 and 3 on education emphasised the achievement of UPE and gender equality in primary, secondary and tertiary education, while Goals 4 and 5 addressed the reduction of child and maternal mortality rates with direct implications on the status of gender relations (Kunzler, 2020). In pursuant of MDG goals, the country was also shaping economic policies to respond to social needs and social development. For example, the first Poverty Reduction Strategy Paper I (PRSPI, 2000-2003) was developed as the MDGs were being introduced, and although the focus was on economic growth, emphasis was placed on developing non-income attributes of development such as education, survival, nutrition, clean and safe drinking water, social wellbeing, and vulnerability (URT, 2000). In 2005, the National Strategy for Growth and Poverty Reduction (NSGPR – MKUKUTA I) of 2005-2010 was launched. MKUKUTA I aimed at combating poverty by addressing vulnerability and a wide range of cross-cutting issues that promote social development, including gender equality (URT, 2005). What was also impressive with MKUKUTA I was its commitment to addressing all forms of inequality that retard socio-economic development, such as discriminatory laws, customs, and practices that negatively affect vulnerable social groups, including women (URT, 2005). Among the achievements of MKUKUTA I was improved coverage of education and health services, although these successes were limited because of the shortage in service providers, such as inadequate number of teachers and healthcare facility workers (URT, 2006).

In summary, the adjustment era witnessed significant transformation in the economic, political and social landscape, initially, dominated by liberal policies that were relatively less sensitive to the social circumstances of vulnerable population groups. As observed, the initial focus on economic parameters blinded the social aspects of development and denied the role of social policy in allowing social transformation towards equity and social justice. Later came the emphasis on development with a human face, making the policy more responsive to human rights and gender equality engendered by civil society activities. This era also

sharply exposed the balance between economic policies and social development strategies that was to characterise the social policy landscape thereafter.

4.4 Beyond Adjustment (Late 2000s and 2020)

The era from mid- to late 2000s saw the government reviewing reforms informed by the SAP processes. While prime focus was on economic parameters the rallying call from this point onward was to promote access and equity to social services through economic growth with social and human development**.** In reality, a combination of market liberalisation and socialist ideals influenced the direction of social development. The continued influence of the Millennium Development Goals (MDGs (2000-2015) was evident. From 2015, Sustainable Development Goals (SDGs) were adopted.

In 2010, MKUKUTA II (2010/11–2014/15) was launched. It was built on the implementation achievements and challenges of its predecessor, MKUKUTA I. This strategy furthered the human-centred development path as seen in its three implementation clusters, namely (i) Growth for Reduction of Income Poverty; (ii) Improvement of Quality of Life and Social Wellbeing; and (iii) Governance and Accountability. Such emphasis was reflected in sector plans, which had to align with MDG targets (URT, 2010b). In June 2016, the Second Five-Year Development Plan (FYDP II), 2016/17–2020/21, was launched. The theme of the FYDP II, "Nurturing Industrialisation for Economic Transformation and Human Development," indicated the country's zeal to industrialise in a manner that would transform the economy and society through improving efficiency and effectiveness in implementating and rationalising national resources (URT, 2016).

Working within the framework of the SDGs and TDV (2025), the government implemented FYDP II strategies towards delivering quality services, which were then reflected in related social policy planning (URT, 2019). Alignment of economic vision to social development goals was factored into the overall planning system. When the fifth phase of government came into power in late 2015, the country witnessed a burst of effective implementation. Conspicuous in its drive of 'putting policy into action,' the state focused on human development through improved governance of resources, strengthening internal revenues through more efficient control of key sectors and improving social service delivery facilities, among many measures (URT, 2015). The incumbent President Magufuli's popular slogan, '*Hapa kazi tu'* (lit: 'It is only work here') was applied largely to the letter by addressing embezzlement, corruption, poor performance, and immediate removal from office ('*kutumbuliwa*') of officials seen to have violated delivery in any area. Emphasis was placed on economic nationalism and re-directing the economy inwards. Social development was, however, centralised, and the people were effectively mobilised to rally around state-directed initiatives.

Health sector policies by this time had achieved significant milestones in human wellbeing and gender parameters. In 2007, a revised Health Policy was tabled. Despite the obvious direction to beneficiary participation through cost sharing that characterised the policy,

certain considerations were adopted to ensure that the most vulnerable, including women, could access healthcare. For example, one of the strategies of the policy declared that *free services [will be provided] to pregnant women, users of family planning services, and children under the age of 5 years* (URT, 2007). This provision ensured that attendance to antenatal services was secured with an envisaged impact on reduced infant mortality rates. One Plan I was eventually drawn in 2008. This plan was the first comprehensive National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania, 2008-2015. The plan was formulated to provide guidance on the implementation of Maternal, Newborn and Child Health (MNCH) programmes across different levels of service delivery. In addition, it was designed to ensure coordination of interventions and quality service delivery across the continuum of care. Despite these concerted efforts, until 2015, the country was plagued with high rates of maternal mortality (MMR), a rise in health care costs and shortage of supplies and human resources for health (TDHS-2015/16, 2016). In 2015, a revised One Plan II (2016-2020) was formulated, and later, the One Plan III in 2021 (MoHCDGEC, 2016). These concerted efforts paid off. MMR declined from 870 per 100,000 live births in 1990 (UN Reports) to 556 per 100,000 live births in 2015, which was however still too high (MoHCDGEC, 2019).

The National Health Policy was further revised in 2017 and a new Health Sector Strategic Plan 2015-2020 (HSSP IV) was drawn. Through this plan, the government sought to improve access to essential health and social welfare services for all households while adhering to the required quality standards in service delivery (URT, 2017:3). Further focus on vulnerable groups, such as children and pregnant women saw the crafting of the Primary Health Care Service Development Programme (2007-2017); the National Adolescent Health and Development Strategy 2018-2022; and, the Strategic Action Plan for the Prevention and Control of Non-communicable Diseases (2016-2020). How transformative these policies may have been needs deeper examination, but there is evidence that indicates worthwhile social changes. For example, the rate of women's access to professional maternal health care improved through increased patronage of health facilities; besides, infant and maternal mortality decreased over these years (MoHCDGEC, 2020). Recent data on health outcomes at facility level show these improvements, as shown in Table 4.2.

Table 4.2: Achievements in Selected Healthcare Indicators, Tanzania (Mainland) 2015-2020

	Indicator	**2015/16**	**March 2020**
1	Infant mortality	41/1000 live births	7/1000 live births
2	Child mortality (under-5)	67/1000	11/1000
3	ANC attendance - 4 visits (ANC4+)	41% (of expectant women)	77% (of expectant women)
4	Delivery in health facility	64 % (of expectant women)	83 (of expectant women)
5	NHIF subscription	3,377,023	4,858,022 (9% of Tz Population)

6	Health facilities	7,113 (of which Dispensaries were 781)	8446 (by 2019) of which Dispensaries were 1,169)

Source: 2022/23. *Hotuba ya Waziri wa Afya* (Budget Speech), June 2020 * *Siku ya Madaktari Tanzania* 2020: *Tanzania kuwekeza zaidi katika sekta ya afya*, 21 February 2020.[10]

As argued earlier, impressive statistics alone do not necessarily indicate transformation, but they do give an indication of changing social circumstances. Certainly, there were achievements in child and maternal health that may have been contributed by the social security programmes advanced by the Productive Social Safety Net (PSSN) initiated in 2012. The PSSN introduced the Conditional Cash Transfer (CCT) programme, which is currently countrywide, one of whose condition for support compelled PSSN beneficiary households to attend clinics and schools compulsorily. This programme is changing mindsets and making women in particular more responsive to child healthcare (Ulriksen, 2016).

The education sector was also primed to expand access to all social groups, and address gender equality in different ways. In 2004, a Higher Education Students Loans system was instituted by the HESLB Act No. 9 of 2004 to widen access to higher education by needy and eligible students in the country (URT, 2004b). Even though the HESLB has never satisfied real demand, its establishment marked a major shift in students accessing higher education (Kossey & Ishengoma, 2017). In 2014, a revised National Education and Training Policy (ETP, 2014) was passed, which espoused the removal of fees at the lower secondary school level. In late 2015, Government Circular No. 3 of 2015 and Government Circular No. 5, issued on 5th May 2016, directed all government-owned (public) schools to stop charging fees and levying other financial (voluntary or compulsory) obligations at the basic school (i.e. pre-primary, primary and lower secondary school, as defined by the ETP 2014) (Awinia, 2019). This step extended the country's fee-free education from the primary level (initiated in 2002) to the lower secondary level. This allowed more females and males to enter higher education.

In 2016 to 2017 debates (led mostly by Civil Society and Development Partners) on the plight of school girls dropping out of school due to pregnancies favoured their retention in school (HakiElimu, 2019). The leadership, however, in 2017 issued a government ban on the retention of pregnant schoolgirls. Such a situation, not only invoked the limited interpretations on the rights of the girl child, but also the rigidity of patriarchal values that are entrenched in people's perceptions on the adolescent girls (HakiElimu, 2019). The ban in turn led the World Bank in November 2018 to withhold a USD 500 million loan intended for secondary education under the Secondary Education Quality Improvement Project (SEQUIP). The aims of the SEQUIP Programme was to expand girls' access to secondary school

[10] https://www.vaticannews.va/sw/world/news/2020-02/siku-madaktari-tanzania-2020-tanzania-kuwekeza-zaidi-sekta-afya.html

by building more classrooms, improving the quality of textbooks and teaching; tackling gender-based violence related to schooling and promoting a gender-sensitive school environment (World Bank, 2019). The WB later backtracked on its decision in early 2020 and issued an explanation that these girls would be given another opportunity under *alternative education pathways*, which raised a lot of concern about quality (Fute & Wan, 2020). The inner details on what informed this decision were not very clear but gender equality activists, who were for retention, took the credit. A directive in November 2021 by the Ministry of Education and Vocational Training (MoEVT) announced that girls who had dropped out of school due to pregnancy could return to school. The directive stated that these girls were to be allowed to re-enrol within two years of giving birth, or if later than two years, they could enrol under the Alternative Education Pathway earlier explained (Fute & Wan, 2021). The directive by the MoEVT also gave modalities for retention of pregnant girls in school, including the type of support they were entitled to on their return (Fute and Wan, 2021).

In 2008 a revised National Employment Policy (NEP) was drawn. Similar to other policies drawn in this era, the NEP was developed amidst growing labour and employment challenges. The expanding informal sector was dominating the labour market and it expressed people's orientation to self-designed solutions for employment and income security. The government in turn facilitated this sector by promoting user-friendly capital provision systems, capacity building and other support to citizens in various sectors, including small-scale local entrepreneurs to expand the employment opportunities (URT, 2008). The objectives of the earlier formulated National Economic Empowerment Policy of 2004 became useful in this regard (URT, 2004a).

Altogether, this era saw the advancement of several measures that facilitated changes in people's social circumstances across social groups. Education and healthcare policies, for example, empowered some individuals to act on their lives. However, it also encountered challenges regarding conservative conceptions on gender rights interfering with the attainment of gender equality. It was also during this era that Tanzania formulated the National Plan of Action to End Violence on Women and Children (NPA-VAWC, 2017/18-2022/23). Its formulation indicated the country's zeal to protect these vulnerable groups, but at the same time empower them with skills to confront violence. Civil society actors had been instrumental in influencing policy directives for the benefit of the people.

4.5 The Era of COVID-19 (2019 to Present)

The era of COVID-19 generated a number of policy challenges in Tanzania, and to a large extent, exposed the limitations of existing social policy in addressing gender-based inequalities, especially in the health, education and social protection initiatives in the country. After the first case of COVID-19 infection was reported on 16th March 2020, 14,198 cases of

COVID-19 infections were confirmed and 403 deaths (being 2.8% of those infected) had been reported by March 2022 (MoH, 2022).[11]

Government's immediate response to the pandemic largely followed global precautionary measures on prevention and control of the spread. People were made to wear face masks; resort to frequent hand washing with running water and maintaining social distance (WHO, 2020). The closure of all institutions of education from the primary level to the higher level began from March to June 2020. Travel prohibitions were instituted which limited, if not stopped, cross-border market transactions, tourism and other recreational activities. However, circulation of goods was affected. This had an impact on businesses. The informal sector, in some cases, mostly suffered negative social and psychological impacts (WIEGO, 2021). These cut across gender lines and exposed females especially to many vulnerabilities.

Within the healthcare sector, varied measures were adopted to contain the disease and to cushion its health-related impact. In addition to WHO-recommended measures hand cleansing, wearing face masks and keeping safe distance, the government promoted the use of locally-made remedies including traditional herbs. Drugs were made and approved by the National Institute for Medical Research (NIMR), and local sanitizers were abundantly produced, including the ones from the University of Dar es Salaam (UDSM). Such local remedies were more easily accessible and affordable (Mfinanga *et al.*, 2021).
COVID-19 infected people were mostly expected to meet the cost of treatment, especially in severe cases. Although considerable progress had been made to improve healthcare infrastructure between 2015 to 2020 (MoHCDGEC, 2020), many public health facilities lacked adequate equipment. The cost for private treatment of COVID-19 (regarding cost of drugs and oxygen) was high. Major shortfalls were experienced in the existing policy framework relating equal access to social protection, healthcare, and social security schemes. For example, the country does not have a compulsory health insurance scheme that would cover those in the low-income category, and the major health insurance schemes, such as the [improved] Community Health Fund (iCHF), the Social Health Insurance Benefit (SHIB), and the National Health Insurance Fund (NHIF) have low subscriptions. In 2019, population coverage by the largest pre-payment schemes, iCHF and NHIF, was only 32% (MoHCDGEC, 2020). A detailed examination illustrates that most community members subscribe to the iCHF although subscription levels were quite low, as shown in Table 4.3.

Generally, even with these subscriptions, health insurance schemes had not been able to cater for the COVID-19 crises on demand and survivors incurred great costs. More accessible were local remedies that were widely administered in the country. Eventually, vaccination against COVID-19, which initially had not been publicly promoted but was accessed privately, commenced in July 2021, when the formal administration of COVID-19 vaccines

[11] MoH (2022) Minister's Budget speech to the National Parliament for the year 2022/2023.

began. By March 2022, 10% of the population who were above 18 years had been vaccinated (MoH, 2022). The rural areas were not left out.

The education sector, on the other hand, was affected by the government's immediate closure of schools and colleges on March 17, 2020. These remained closed for three months until June 2020. It became immediately evident that the country did not have a policy for such emergencies. The already existing inequalities in the country's schooling system had become exacerbated. Teaching online was suggested but was only possible for the ICT-enabled schools (Manyengo, 2021). These schools comprised 431,193 primary level students and 270,302 secondary school students (UNDP Tanzania, 2020). However, such platforms were not available for the more than 10,174,234 primary and 1,914,735 secondary school students in the government-owned schools, which were mostly in the rural and remotely located areas (Manyengo, 2021; UNDP Tanzania, 2020). The divide between well-off schools and the less-endowed ones thus became evident.

Table 4.3: Pre-Payment of Health Insurance Schemes – Tanzania (2019)

Scheme	**Improved Community Health Fund (iCHF)**	**National Health Insurance Fund (NHIF)**	**Social Health Insurance Benefit**
Year started	1996 (CHF)	1999–2001	2005
Membership	Rural informal sector	Civil servants, self-employed, private sector	Private sector workers
Annual premium	Voluntary TSH 30,000	Mandatory 3% of salary for civil servants; voluntary *vifurushi* plans (TSH 30,000–900,000+)	Voluntary 20% of salary
Benefits package	Primary health care and limited hospital care; medicines at health facility	Inpatient/ outpatient at any certified facility; medicines at health facility or retail outlet	Similar to NHIF
COVID-19 treatment regiment	Limited	Fully covered in public general Wards, but not private wards in public hospitals	Similar to NHIF
Population coverage by 2019	23%	9%	<1%

Source: Adapted from Embrey *et al*., 2021. Table 1 pg. 3. (Except for the row on on COVID-19).

Another factor to consider was the psycho-social interface that arose from the sudden disengagement of children from their mates for three months. The long period of disengagement exposed students to more vulnerabilities. Keeping pupils and students at home disrupted the children's social interactions. Unplanned pregnancies occurred during the closure (Manyengo, 2021). Adolescent mothers would had limited opportunities to return to school, and their children were likely to have fewer economic opportunities and social provisioning (UNDP Tanzania, 2020b). No doubt, the lack of effective emergency response policies to such a pandemic as COVID-19 in the education sector, highly affected school population.

The onset of COVID-19 also revealed the need to have adequate social protection and universal social security systems in the work and employment sector. The country does not have universal employment insurance schemes to cater for sudden disruption in work conditions such as for the informal sector workers. Strategically, on the advent of COVID-19 restrictions, the government decided not to implement a lockdown because this would affect the ability of low-income households from maintaining their sustenance (Mfinanga, *et al.*, 2021). Business activities witnessed a scale down in their operations, especially in the private sector. Cancellation of large events and holidays also affected small entrepreneurs (Mfinanga, *et al*, 2021). Travel restrictions, which also led to the decline in international tourism, affected the tourism sector, and hit mostly the urban poor and rural households that depended on that sector for employment. At the same time, many low-income households bore the brunt of COVID-19 because they were unable to self-quarantine (UNDP, Tanzania, 2020b).

Government employees were fortunate; they enjoyed job security because their salaries were paid; but this was not the case with workers in the private formal sector. Teachers in private schools were affected by the school closure, while other private sector employees were affected by the slowdowns (ILO, 2022). In March 2020, the Association of Tanzanian Employers (ATE) gave a circular, requiring employers to consider work arrangements that did not impact badly on workers, and unless unavoidable, to consider orderly termination of contracts, according to the ELRA of 2004 (GPS, 2020). Such restrictions relating to employment exposed the limitations in existing social security policy to cushion people against loss of income during such pandemics. Domestic Workers, who did not enjoy effective legal protection regarding their employment rights during such pandemics, suffered reduction in wages and sometimes were arbitrarily dismissed because their employers also found themselves in hard times (Njoya, 2021; WIEGO, 2021). A recent LHRC report also claims that labour rights violations and disputes increased due to the impact of COVID-19 (LHRC, 2022)

The COVID-19 outbreak also exposed the inequalities in the water supply system. Even before the COVID-19 outbreak, WASH indicators were already low across Tanzania. Statistics show that 57 percent (51 percent urban; 43 percent rural) households had basic water

provision and 48 percent (63 percent urban, 40 percent rural) households had access to basic sanitation. On average, only 35 percent of healthcare facilities had a basic hygiene service (UNDP Tanzania, 2020c). Given that informal settlements (mostly in urban areas) often have overcrowded dwellings, this again challenged the social distance directive while the absence of proper WASH infrastructure, namely running water and soap, may have been a challenge for low-income households. From the outbreak of COVID-19, significant investment was made on handwashing facilities in public places and homes, hospitals, education institutions, and transport stations, etc. These facilities were, however, not always user-friendly to vulnerable populations such as those with disabilities (Mohamed, *et al.*, 2022).

The risk of co-infection was, therefore, high for certain population groups (UNDP Tanzania, 2020c), multiplied by limitations in policy implementation.

Generally, therefore, the COVID-19 pandemic exposed some of the gaps in the social policies with regard to social service provisioning. It was evident that discrimination and inequalities were still instituted in social policy, and such limitations even lowered the social circumstances of many people. Despite well-designed policies and advancement in social services over time, COVID-19 illustrated that aspects of equity and social justice have not been well integrated in current social policy, hence they need to be reviewed.

5.0 SUMMARY AND CONCLUSIONS

This assessment on the evolution of social policy formulation in Tanzania (Mainland) has illustrated that the country has made significant achievements in reducing social inequalities and attaining gender equality parameters over time. These achievements have not only been due to policies that are responsive to inequalities in access to services, but also as a result of policies that facilitate the empowerment of people to address structural and social constraints that limit equitable social relations and gender equity from multiple angles. Throughout this experience, social policy formulation has shown synergies across historical epochs and changing social and economic contexts. Major influencers in the trajectory of social policy formulation in Tanzania included ideological orientations; economic policies and planning; and global commitments. Social policy formulation in Tanzania (Mainland) has also been a platform of multiple actors, incorporating civil society organisations, and development partners working with the government. Civil Society has informed policy direction, sometimes being critical to discriminative tendencies or factors that constrain structural and social arrangements, which limit effective gender transformation. They have also been instrumental in building people's capacities to confront exclusion and discriminating gender norms.

However, as the assessment illustrates, many challenges still persist. Tanzania has not yet overcome the colonial legacy of segregated social service delivery, which questions the country's commitments to equality in access. Vulnerability has not been well-addressed by social policy such as access to health care. Institutionalised patriarchal norms in most aspects

of social life influenced persistent forms of gender-based discrimination and gender-based abuses. The persistent high rates of violence against children are also related to GBV and patriarchal attitudes.

5.1 Achievements in Transformative Social Policy in Tanzania (Mainland)

Among the social policy initiatives that have promoted transformative aspects in social relations are those that enhanced human capital through deliberate measures to improve access to education and healthcare, specifically for females, by indirectly challenging culturally-determined barriers of access. Other examples are the policies that give power to women and society. Some examples include the following:

- The health policy of 2007 provided for free access to maternal and child healthcare. Coupled with major multi-stakeholder programmes of the One Plan, this policy reduced the socio-cultural and physical barriers in accessing healthcare. It empowered more women to access ANC and skilled assistance delivery, and reduced maternal mortality and infant mortality.
- The Universal Primary Education Policy of 1977 was an Affirmative Action policy that expanded compulsory access to basic education, and significantly achieved a lot in terms of gender parity in enrolment.
- The Education and Training Policy of 1995 took two strategic initiatives. One was the 2006 directive to construct lower secondary schools at Ward level throughout the country. This initiative reduced the gap between the urban and rural areas in accessing lower secondary education. The policy gave more opportunities for females to access secondary education and avoid early marriage. The high enrolment of girls five years later indicates the success of this initiative.
- The Musoma Resolution Policy of 1974 employed gender-sensitive positive discrimination to enable females access higher education, two years earlier than males. This resolution addressed gender-based limitations that females faced with continuing their education after high school regardless of the cultural pressure to marry or start an early family.
- The Education and Training Policy of 2014 advanced fee-free education for the lower secondary school. This decision enabled many households to decide on advancing education for both female and male children. Studies in the past showed that households placed more importance on secondary school education for males than for females.
- The National Water Policy of 2002, instituted the rights for women to participate in making decisions on the management of crucial resources for their livelihood.
- The National Plan of Action to End Violence of Women and Children (NPA-VAWC, 2017/18-2022/3) allowed the society to confront GBV from multiple angles, including institutionalised patriarchy.

These achievements are, however, long-term and have not been fully realised, hence limiting the transformation potentials. Some of the limitations that are still pending include:

5.2 Limitations in the transformative potential of social policies in Tanzania

Limitations to gender equitable transformative social policy in the country can be related to several factors, including poor implementation, lack of agency, and policy failing to enable society address certain causes of discriminatory power relations that perpetuate inequalities in social relations, and, policies that institutionalise patriarchy and inequalities. Some examples include the following:

- Although to some extent health policies have widened access to healthcare through health insurance schemes, these are still exclusive and discriminatory in terms of their provisions and affordability. Quality health care is accessed at a price. This has perpetuated social inequalities in society. The same is the case with work insurance schemes in Tanzania, most of which are still exclusive to certain sectors of society. Informal workers such as petty traders do not enjoy the benefits of work-related protection for income loss as was experienced during the COVID-19 crisis.
- Patriarchy remains institutionalised. The pending review of the Law of Marriage Act (1971) to respond to local and international commitments on the rights of the child is one example of institutionalised patriarchy. The Child Act (2009) stipulates that a child is a person below the age of 18 years. Any failure to honour legal requirements in this regard, denotes a shortcoming in policy.
- Policy provisions that permit multiple translations are also a limitation to social transformation because it does not compel society to action. One example is clause 3.3.2 of the ETP (2014), which states that, the government will remove blocks that hinder students to continue with their studies and to complete their education cycle at the relevant level.[12] Lack of clarity, allows for multiple interpretations that may either be discriminating or emancipatory. This is the case regarding school girl pregnancies.

6.0 RECOMMENDATIONS

There are several opportunities that would enable social policy to be effectively transformative in Tanzania (Mainland). Specifically, major policy shifts are required in order to change gender-based access and social equality in policy formulation. Some recommendations for effective transformative social policy include the following:

- Ensuring that social policies entail implementable aspects of equity and social justice in their formulation. The mere mention of women and gender is sometimes inadequate if not conceptualised within the context of social justice.

[12] Written in Kiswahili: *Serikali itaondoa vikwazo vinavyozuia fursa ya wanafunzi kuendelea na masomo na kukamilisha mzunguko wa elimu katika ngazi husika* (ETP 2014, pg. 42).

- Ensuring equitable distribution of resources to address inequalities in access. For example, access to quality 'healthcare for all' is possible by committing the right resources to support low-income households, as well as women and their specific needs.
- It is also necessary to create implementable initiatives that are backed by laws that are widely disseminated at community level. Denial of a girl's right to school is currently an offence, but its enforcement demands fierce policing. It is imperative to ensure that policies are backed by legal instruments.
- The work of civil society, which has been instrumental in promoting positive gender norms must be enhanced. CSOs, especially from the 1990s, have engaged and collaborated with the government in policy formulation, and have influenced significant transformative aspects in social relations such as in the formulation of the landmark National Land Policy (1999) and Village Land Policy (1999). CSOs can operate as pressure groups to suggest measures which may allow better access and equality.

REFERENCES

Ackson, T. (2015). Gender Equality and Labour Law: Protecting Working Mothers, Girls and Female Persons with Disabilities in Tanzania. Recht in Afrika – Law in Africa – Droit en Afrique 18(2015). https://www.nomos-elibrary.de/10.5771/2363-6270-2015-1-17.pdf?download_full_pdf=1

Ackson, T. & Masabo, J. (2013). Social Protection for the Informal Sector in Tanzania. Available at http://www.saspen.org/conferences/informal2013/Paper_Ackson-Masabo_FES-SASPEN-16SEP2013-INT-CONF-SP4IE.pdf

Adesina, J. (2011). Beyond the social protection paradigm: Social policy in Africa's Development. *Canadian Journal of Development Studies*, Vol 32, Issue 4, December, 2011: 454-475.

Adesina, J. O. (2011). Beyond the social protection paradigm: Social policy in Africa's development. *Canadian Journal of Development Studies*, Vol. 32, No. 4, December 2011, 454 –470, Routledge.

Aikaeli, J. & Moshi, H. (2017). Social Policy in a Historical Perspective: Shifting Approaches to Social Provisioning. THDR 2017: Background Paper No. 6 ESRF Discussion Paper 67. ISBN 978-9987-770-20-5 @ 2016 Economic and Social Research Foundation.

African Union. (2008). Social Policy Framework: First session of the AU Conference of ministers in charge of social development, Windhoek, Namibia 27 - 31 October 2008. African Union CAMSD/EXP/4(I). https://au.int/sites/default/files/documents/30218-doc-social_policy_framework_for_africa_-_final_-_18_nov_2008.pdf

Awinia, C. (2019). Free Basic Education and Gender Disparities in Tanzania: An Empirical Assessment of Challenges and Policy Options. *Huria Journal,* Vol 26(2), September, 2019.

Beck. A. (1977). Medicine and Society in Tanganyika, 1890-1930; A Historical Inquiry. *Transactions of the American Philosophical Society*, Vol. 67, No. 3 (1977), pp. 1-59 Published by American Philosophical Society. Accessed: 15-08-2021 13:57 UTC.

Bryceson, D. F. (1990). *Food Insecurity and the Social Division of Labour in Tanzania, 1919-85*. New York: St. Martin's Press.

Bryceson, D. F. (1988). Peasant cash cropping versus self-sufficiency in Tanzania: An historical perspective. IDS Bulletin, 1988, Vol. l9 No. 2, Institute of Development Studies, Sussex.

Cameron, J. (1967). The Integration of Education in Tanganyika. *Comparative Education Review*. Feb., 1967, Vol. 11, No. 1 (Feb., 1967), pp. 38-56. The University of Chicago Press, The Comparative and International Education Society Stable URL: http://www.jstor.com/stable/1186372

Chachage, C. S. L. (2003) "Globalization and Democratic Governance in Tanzania", Development Policy Management Forum, [www] **Error! Hyperlink reference not valid.** [PDF document, opens new window] (accessed 23 Feb 2010)

Chan, M., Kamugisha, G., Kesi, M, & Mavenjina, A. (2016). The status of women and gender equality in Tanzania: Strengthening women's voices in the context of agricultural investments: Lessons from Tanzania Report Author(s): International Institute for Environment and Development.

Citizen Newspaper (2021) TZ@60: Evolution of the water sector management in Tanzania. Tuesday, September 28, 2021.

Cole, S., Kaminski A. M., McDougall, C., Kefi, A. S. Marinda, P. A., Maliko, M., & Mtonga, J. (2020). Gender accommodative versus transformative approaches: A comparative assessment within a post-harvest fish loss reduction intervention. In *Gender, Technology and Development*. Volume 24, 2020, Issue 1: Gender and Fisheries.

Coulson, A. (1977). Agricultural policies in Mainland Tanzania, Review of African Political Economy, 4:10, 74-100, DOI: 10.1080/03056247708703340

Devereux, S. & Cook, S. (2000). Does Social Policy Meet Social Needs? *IDS Bulletin,* Vol. 31 No. 4 2000 pp 63-73. https://core.ac.uk/download/pdf/43539815.pdf

Eckert, A. (2004). Regulating the Social: Social Security, Social Welfare and the State in Late Colonial Tanzania. *The Journal of African History*, 2004, Vol. 45, No. 3 (2004), pp. 467-489. Cambridge University Press.

Embrey, M.; Mbwasi, R., Shekalaghe, E., Liana, J., Kimatta, S., Ignace, G., A. Dillip, A. & Hafner, T (2021) National Health Insurance Fund's relationship to retail drug outlets: a Tanzania case study. *Journal of Pharmaceutical Policy and Practice*, (2021) 14:21. https://joppp.biomedcentral.com/track/pdf/10.1186/s40545-021-00303-0.pdf

FAO. (2016). Strengthening coherence between agriculture and social protection to combat poverty and hunger in Africa. Framework for Analysis and Action.

Fute, A.Z. & Wan, X. (2021). Alternative education paths for pregnant girls and young mothers in Tanzania. Sexuality, Gender and Policy, 2021; 4, 8-23. wileyonlinelibrary.com/journal/sgp2

Galabawa, C. J. (1990). Implementing Educational Policies in Tanzania. World Bank Discussion papers. Africa Technical Department Series. IBRD/World Bank, Washington, July 1990.

Geiger, S. (1987). Women in Nationalist Struggle: Tanu Activists in Dar es Salaam. *The International Journal of African Historical Studies*, 1987, Vol. 20, No. 1 (1987), pp.1-26 Boston University African Studies Center.

George, B. (1960). Education for Tanganyikans: A Preliminary Survey. Bulletin 1960, No. 19. US Health Department of Health, Education and Welfare. ERIC Publishers.

George, C. (2021). The impact of COVID-19 on gender aspects of the informal sector in Tanzania REPOA Brief, 17/2021, REPOA May 2021.

GPS. (2020). Tanzania Employment During COVID-19. Global People Strategist. November 17, 2020. https://www.globalpeoplestrategist.com/tanzania-employment-during-covid/

HakiElimu. (2019). A Study on Girls' Basic Education in Tanzania. A Focus on Factors That Affect Girls' Retention and Transition Rates. HakiElimu @2019.

Hassim, S. & S. Razavi, S. (2006). Gender and Social Policy in a Global Context: Uncovering the Gendered Structure of 'the Social'. Chapter 1.

ILO. (2022). The Next Normal. The changing workplace conditions in Tanzania. ILO/Association of Tanzania Employers (ATE). International Labour Organization.

Ishengoma, J. M. (2004). Cost Sharing and Participation in Higher Education in Sub-Saharan Africa: The Case of Tanzania. Paper presented at the UNESCO Forum on Higher Education, Research and Knowledge Paris, December 1-3, 2004.

Izumi, K. (1999). Liberalisation, Gender, and the Land Question in Sub-Saharan Africa. *Gender and Development,* Vol. 7, No. 3, [Agriculture] (Nov., 1999), pp. 9-18 (10 pages).

Jacob, T. and Pedersen, R. H. (2018). *Social Protection in an Electorally Competitive Environment (1): The Politics of Productive Social Safety Nets (PSSN) in Tanzania*. ESID Working Paper No. 110. Manchester: University of Manchester.

Jennings, M. (2007). "A Very Real War": Popular Participation in Development in Tanzania During the 1950s & 1960s. *International Journal of African Historical Studies,* Vol. 40, No. 1.

Jupp, V. (ed.). (2006). *The Sage Dictionary of Social Research Methods*. SAGE Publications.

Kaijage, F. (1997). Gender Impacts of Structural Adjustment Programmes. Structural Adjustment Programmes on Employment in the Private Sector. National Workshop on Promoting Women's Employment in the Context of Structural Adjustment Programmes in Tanzania. Whitesands Hotel, 30, July-1 August, 1997. Ministry of Labour and Youth Development/International Labour Organization.

Kilango, N. C., Qin, Y. H., Watende, H., Nyoni, P. & Senguo, R. A. (2017). Interventions that Increase Enrolment of Women in Higher Education: The University of Dar es Salaam, Tanzania. *Journal of Education and Practice,* www.iiste.org ISSN 2222-1735 (Paper) ISSN 2222-288X (Online) Vol.8, No.13, 2017

Kossey, M. & Ishengoma, J. M. (2017). Issues and challenges of student financing systems in Africa. The Case of Tanzania. Research Gate, Dec. 2017.

Kunzler, D. (2020). The Influence of Colonialism and Donors on Social Policies in Kenya and Tanzania. C. Schmitt (ed.), *From Colonialism to International Aid*, Global Dynamics of Social Policy, https://doi.org/10.1007/978-3-030-38200-1_4

Lal, Priya. (2010). Militants, mothers, and the national family: "Ujamaa", gender, and rural development in postcolonial Tanzania. *The Journal of African History*, 2010, Vol. 51, No. 1 (2010), pp. 1-20. Cambridge University Press.

Languille, S. (2015). Ward Secondary Schools, Elite Narratives and Nyerere's Legacy. Remembering Nyerere in Tanzania: History, Memory, Legacy. Chapter 12. Fourere, M-A. *ed*. AFRICAE https://books.openedition.org/africae/828?lang=en

Lein, H. & Tagseth, M. (2009). Tanzanian water policy reforms—between principles and practical applications. Water Policy 11, (2009), 203-220. file:///C:/Users/Prof.%20Rose%20Mwaipopo/Downloads/Tanzanian_water_policy_reforms-between_principles_and_practical.pdf

LHRC. (2022). Summary of the Human Rights Report, 20201: Calls for Reform of Criminal Justice System to Safeguard Human Rights. Legal and Human Rights Centre, Tanzania, March 2022.

Lorist, J. (2018). Gender transformative approaches Knowledge file. Project number: AA3047SERutgers, 2018.

Lugalla, J. L. P. (1997). Economic Reforms and Health Conditions of the Urban Poor in Tanzania. *African Studies Quarterly,* Volume 1, Issue 2, 1997.

Lugalla, J. L. P. (1995). The Impact of Structural Adjustment Policies on Women's and Children's Health in Tanzania. *Review of African Political Economy*, Mar., 1995, Vol. 22, No. 63 (Mar., 1995), pp. 43-53.

Makulilo, A. & Bakari, M. (2021). Building a transformative feminist movement for women empowerment in Tanzania: the role of the Tanzania Gender Networking Programme (TGNP-Mtandao)**.** *Africa Review.* June 2021, 13(3):1-20. DOI:10.1080/09744053.2021.1936998

Malima, K. A. (1979). Planning for self-reliance Tanzania's third five-year development plan. *Africa Development/Afrique et Développement* , Janvier - Mars 1979 / January - March 1979, Vol. 4, No. 1 (Janvier - Mars 1979 / January - March 1979), pp. 37-56. CODESRIA

Mallya, E. (2005). Women NGOS and the Policy Process in Tanzania: The case of the Land Act of 1999. African Studies Monograph.

Mandara, C., Niehof A., & van der Horst, H. (2017). Women and Rural Water Management: Token Representatives or Paving the Way to Power? *Water Alternatives* 10(1): 116-133.

Manyengo, P. R. (2021). Digitalization in teaching and education in the context of COVID-19: United Republic of Tanzania Digitalization, the future of work and the teaching profession project. Background Report, ILO, 2021

Masabo, J. (2019). “Informality and Social Insurance in East Africa: An Assessment of the Law and Practice.” In Social Security outside the Realm of the Employment Contract. Informal Work and Employee-Like Workers, pp 177-200. Cheltenham: Edward Elgar.

Masanyiwa, Z., Mosha, E. & S. Mamboya, S. (2020). “Factors Influencing Participation of Informal Sector Workers in Formal Social Security Schemes in Dodoma City, Tanzania.” *Open Journal of Social Sciences*, 08(6): 229–42. https://doi.org/10.4236/jss.2020.86020

Mashauri, D. A, &. Katko, T. S. (2015). Water Supply Development and Tariffs in Tanzania. *Free Water Policy Towards Cost Recovery, Environmental Management*, Vol. 17, No. 1, pp. 31-39).

Matotay, E. (2014). Inequalities and Structural transformation in Tanzania. *Development* 57(3-4), 591-600. DOI:10.1057/dev.2015.46

Mbilinyi, M. (1985). 'City' and 'Countryside' in Colonial Tanganyika. *Economic and Political Weekly*, Oct. 26, 1985, Vol. 20, No. 43 (Oct. 26, 1985), pp. 88-96.

Mchomvu, A. S. T., Ngalula, T. F. K., Nchahaga, G. S., Tungaraza, F. S. K & Maghimbi, S. (1998). Social Policy and Research Practice in Tanzania. *Journal of Social Development in Africa,* 13, 2, 45-53. Michigan State University Libraries.

Mercer, C. (1999). Reconceptualizing State-Society Relations in Tanzania: Are NGOs 'Making a Difference'? *Area*, Sep., 1999, Vol. 31, No. 3 (Sep., 1999), pp. 247-258. The Royal Geographical Society (with the Institute of British Geographers) https://www.jstor.org/stable/pdf/20003990.pdf?refreqid=excelsior%3A2d67fb1cb7ad8f42dc0298d6fd791973&ab_segments=&origin

Mfinanga, S. G., Mnyambwa, N. P., Minja, D. T,. Ntinginya, N. E., Ngadaya, E., Makani, J. & Makubi, A. N. (2021). Tanzania’s Position on the COVID-19 pandemic. *The Lancet* Correspondence. April 14, 2021. DOI: https://doiu.org/10.1016/SO140-6736 (21)00678-4

Mhina, A. (2010). Faith Based Organizations and Development in Tanzania. *The African Review: A Journal of African Politics, Development and International Affairs,* Vol. 37, No. 1/2 (2010), pp. 64-86.

Mkandawire, T. (2001). Social Policy in a Development Context. Social Policy and Development, Programme Paper No. 7. June 2001. UNRISD.

Mlekwa, D. (1994) Literacy Education for Women: Tanzania’s Experience. UNESCO, Regional Office for Education in Africa, Dakar, 1994. https://unesdoc.unesco.org/ ark:/48223/pf0000149331_eng

Mohamed, H., Wamera, E. & Malima, W. (2022). Access to Water, Sanitation and Hygiene Services and other preventive measures against COVID-19 among people with disabilities, Dodoma, Tanzania. *Am J Trop Med Hyg.* 2022 Sep; 107(3): 527–533. Published online 2022 July 25. DOI: 10.4269/ajtmh.21-0756

MOH. (1994). ‘Mwongozo wa Utekelezaji wa Sera ya Wananchi Kuchangia Gharama za Hudama ya Afya Nchini.’ Ministry of Health Tanzania.

MoHCDGEC. (2016). The National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child & Adolescent Health in Tanzania (2016-2020), One Plan II. United Republic of Tanzania.

Mujinja, P. G. M., and Kida, T. M. (2014). Implications of Health Sector Reforms in Tanzania: Policies, Indicators and Accessibility to Health Services. THDR 2014: Background Paper No. 8. ESRF Discussion paper62. Economic and Social Research Foundation, UNDP, Tanzania. THDR-BP-8.pdf

NBS. (2018). Population Projections, 2018. Newsletter, Issue No. 33, February 2018. United Republic of Tanzania.

NBS. (2012). Tanzania National Population Census, 2012. United Republic of Tanzania.

Neal, S. (1981). A colonial dilemma: British policy and the colonial economy of Tanganyika 1918-1938. Thesis presented for the degree of Master of Arts 3 Department of History, Australian National University 3 February 1981. C:\ Downloads\ b16566531_Neal_Stephen.pdf

Njoya, E.T. (2021) Assessing the poverty impact of the COVID-19-induced tourism crisis in Tanzania: a social accounting matrix microsimulation analysis. *Journal of Sustainable Tourism,* 2021, Ahead-of-Print, 1-20. https://doi.org/10.1080/ 09669582.2021. 2024552.

Nyerere, J. K. (1977). Arusha Declaration: Ten Years After. January 1977. Dar es Salaam.

Nyerere, J. K. (1967). The Arusha Declaration, 5th February 1967. https:www/marxists.org/subject/Africa/nyerere/1967/ arusha-declaration.htm

Nyerere, J. K. (1962). Speeches and Statements: Dar es Salaam. https://www.Speeches and Statements — Mwalimu Julius K. Nyerere (juliusnyerere.org)

Nzalli, A. S., & Philipo, F. (2016). Knowledge and Attitude of Male Employees towards Paternity Leave in Iringa Municipality, Tanzania. *International Journal of Research & Methodology in Social Science*, Vol. 2, No. 4, p.31 (October – December 2016). ISSN 2415-0371 (Online)

Odhiambo, A. (2019). Victory against Child Marriage in Tanzania. Court of Appeal Upholds 2016 Ruling Barring Marriage Before 18, October 25, 2019 1:01AM ED
https://www.hrw.org/news/2019/10/25/victory-against-child-marriage-tanzania

Pallaver, K. (2014). Labor Relations and Population Developments in Tanzania: Sources, Shifts, and Continuities from 1800 to 2000. *History in Africa*, Volume 41 (2014), pp. 307– 335. African Studies Association, Cambridge University Press: 2014 doi:10.1017/hia.2014.13

Petzell, M. (2012). The linguistic situation in Tanzania. ResearchGate.
file:///C:/Users/user/Downloads/The_linguistic_situation_in_Tanzania%20(1).pdf

Plagerson, S., Hochfeld, T. & Stuart, L. (2017) Moving towards Redistributive and Transformative Social Security? Gendered Social and Economic Outcomes in South Africa Working Paper 2017-11, UNRISD/CSCA 0754861440

Ricketts, E. A. (2013). Women's Access to Secondary Education in Colonial and Postcolonial Tanzania and Rwanda. Master's Thesis. 1472.
https://ecommons.luc.edu/luc_theses/1472

Rugeiyamu, R., Kashonda, E. & Mohamed, B. (2018). The Major Milestones for Development of Trade Unions in Tanzania: Is the Environment for the Operation Conducive? *European Journal of Business and Management.* Vol.10, No.24, 2018. ISSN 2222-1905 (Paper) ISSN 2222-2839 (Online)

Samoff, J. (1987) School Expansion in Tanzania: Private Initiatives and Public Policy. *Comparative Education Review*, Vol. 31, No. 3 (Aug., 1987), pp. 333- 360. The University of Chicago Press/The Comparative and International Education Society.

Seekings, J. (2005). Prospects for Basic Income in Developing Countries: Comparative Analysis of Welfare Regimes in the South. CSSR Working Paper 104. Rondebosch: Centre for Social Science Research.

Son, H. H. (2011). *Equity and Well-being: Measurement and Policy Practice. African Development Bank.* Routledge.

TACAIDS (2018) Tanzania National Multisectoral Strategic Framework for HIV and AIDS 2018/19 to 2022/23. Tanzania Commission for AIDS, TACAIDS. Prime Minister's Office, United Republic of Tanzania. November 2018.

TANU. (1967). The Arusha Declaration and TANU's Policy on Socialism and Self-Reliance.

TDHS. (2016). Tanzania Demographic and Health and Malaria Survey, and Indicator Survey. Final Report. 2015-16. December 2016.

Tripp, A. M. (2000). Political Reform in Tanzania: The Struggle for Associational Autonomy. *Comparative Politics*, Jan., 2000, Vol. 32, No. 2 (Jan., 2000), pp. 191-214.

Tripp, A. M. (1997). *Changing the Rules: The Politics of Liberalization and the Urban Informal Economy in Tanzania*. University of California Press (March 17, 1997).

Tschanneral, G. (*nd*). Rural Water-Supply in Tanzania: Is "Politics" or "Technique" in Command? *African Review*, Vol. 6, No. 2, pp 165-194.

Tsikata, D. (2003). Securing Women's Interests within Land Tenure Reforms: Recent Debates in Tanzania, *Journal of Agrarian Change*, Vol 3, 1-2. January 2003pp 149-183.

Tsikata, D. (1995) Effects of structural adjustment on women and the poor. Third World Network (TWN). Sept/Oct, 1995. https://www.twn.my/title/adjus-cn.htm

Turshen, M. (1977) The impact of colonialism on health and health services in Tanzania. *International Journal of Health Services*, Vol. 7, No. 1, Special Issue: The economy, medicine, and health (1977), pp.7-35.

UDSM. (2022). Facts and Figures: 2015/16-2020/21. University of Dar es Salaam, June 2022.

Ulriksen, M. S. (2016a). Ideational and Institutional Drivers of Social Protection in Tanzania. UNU-WIDER Working Paper 2016/142. Helsinki: UNU-WIDER.

———. 2016b. The Development of Social Protection Policies in Tanzania, 2000-2015. CSSR Working Paper No. 377. Cape Town: University of Cape Town.

UNDP. (2021). Informality and Social Protection in African Countries: A Forward-looking Assessment of Contributory Schemes. UNDP/ILO.

UNDP. (2020). The Next Frontier: Human Development and the Anthropocene Briefing note for countries on the 2020 Human Development Report, Tanzania (United Republic of). http://hdr.undp.org/sites/default/files/Country-Profiles/TZA.pdf (accessed on 30th July, 2021).

UNICEF. (2017). Political Economy Analyses in Countries in Eastern and Southern Africa. Case Study: Tanzania Mainland. United Nations Children's Fund.

URT. (2021). National Five-Year Development Plan 2021/22–2025/26. Realizing Competitiveness and Industrialization for Human Development. Ministry of Finance and Planning, United Republic of Tanzania, June 2021.

URT. (2020). Hotuba ya Waziri wa Afya, Maendeleo ya Jamii, Jinsia, Wazee na Watoto, Mhe. Ummy Ally Mwalimu (MB), Kuhusu makadirio ya mapato na matumizi ya fedha kwa mwaka 2020/21. MHCDGEC, June 2020.

URT. (2019a). Tanzania (mainland) Poverty Assessment. World Bank Group, 2019.

URT. (2019). Voluntary National Review (VNR) 2019. Empowering People and Ensuring Inclusiveness and Equality (A Report on the Progress of the Sustainable Development Goals (SDGs) Implementation in the United Republic of Tanzania; submitted to the High-Level Political Forum (HLPF), United Nations.

URT. (2016). The Second National Five-Year Development Plan – 2016/17-2020/21. Ministry of Finance and Planning. United Republic of Tanzania. June 2016.

URT. (2016a). The National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child & Adolescent Health in Tanzania (2016-2020) One Plan II (2016-2020). Ministry of Health and Social Welfare.

URT. (2016b). National Plan of Action to End Violence on Women and Children, December 1995.

URT. (2008). National Employment Policy, Ministry of Labour, Employment and Youth Development, United Republic of Tanzania.

URT. (2006). Mkukuta National Strategy For Growth And Reduction Of Poverty Status Report 2006: Progress Towards the Goals for Growth, Social Well-being, and Governance in Tanzania. United Republic of Tanzania.

URT. (2005a). National Strategy for Growth and Reduction of Poverty (NSGRP). Vice President's Office, June 2005. United Republic of Tanzania.

URT. (2005). National Strategy for Gender Development. Ministry of Community Development, Gender and Children. United Republic of Tanzania.

URT. (2004). Employment and Labour Relations Act, No. 6 of 2004. Government of Tanzania, 2004.

URT. (2004a). National Economic Employment Policy. Prime Minister's Office. United Republic of Tanzania. February, 2004.

URT. (2003). National Social Security Policy. Ministry of Labour, Youth Development and Sports, United Republic of Tanzania.

URT. (2001). National Policy on HIV/AIDS, Prime Minister's Office. United Republic of Tanzania, November, 2001.

URT. (2000). National Women and Gender Development Policy. Ministry of Community Development, Women's Affairs and Children. United Republic of Tanzania.

URT. (1998). The Sexual Offences (Special Provisions) Act, URT (1995a) National Education and Training Policy. United Republic of Tanzania. Government Printer.

URT. (1995). Directory of non-governmental organizations in Tanzania by 31st December 1994 (Prime Minister's Office, Dar es Salaam). United Republic of Tanzania.

URT. (1992) National Women in Development Policy. United Republic of Tanzania.

URT. (1969). Tanzania: Second Five-year plan for economic and social development, 1.7.1969 - 30.6.1974. United Republic of Tanzania.

URT&Z. (1964). Tanganyika: Five-year plan for economic and sociadevelopment: 1st July, 1964- 30th June, 1969. The United Republic of Tanganyika and Zanzibar.

URT&Z. (1964). National Provident Fund Act No. 36 of 1964, United Republic of Tanganyika and Zanzibar.

Vavrus, F. (2005). Adjusting Inequality: Education and Structural Adjustment Policies in Tanzania. Harvard Educational Review: Summer 2005: 75, 2. Research Library, p.5 174-2001.

WB. (2022). Tanzania Gender Assessment, @ World Bank, March 2022.

WHO. (2020). Progress Report for the Implementation of the COVID 19 Response Plan. World Health Organization (WHO) Tanzania Country Office, January to June 2020.

WIEGO/CHODAWU. (2021). COVID-19 Crisis and the Informal Economy in Dar es Salaam, Tanzania: Lasting Impacts and an Agenda for Recovery. Women in Informal Employment, Globalizing and Organizing & Conservation, Hotels, Domestic and Allied Workers' Union, Tanzania.

WIEGO. (2021). COVID-19 Crisis and the Informal Economy: Informal Workers in Dar es Salaam, Tanzania. Women in Informal Employment, Globalizing and Organizing, WIEGO, Fact Sheet, January 2021. https://www.wiego.org/sites/default/files/publications/file/WIEGO_FactSheet_Dar%20es%20Salaam_final.pdf

Wong, F., Vos, A. Pyburn, R. & Newton, J. (2019). Implementing Gender Transformative Approaches in Agricultural Development A Discussion Paper for the European Commission, CGIAR Collaborative Platform for Gender Research (March 2019)

World Bank, the (2019). Tanzania Secondary Education Quality Improvement Project (SEQUIP) (P170480). Project Appraisal Document. December 31, 2019. https//:documentts1.worldbank.org/curated/en/299851580138262444/pdf/Tanzania-Secondary-Education-Quality-Improvement-Project-SEQUIP.pdf\\