

TANZANIA 2010 AND BEYOND:

CURRENT SITUATION AND CHALLENGES FOR SOCIAL POLICY

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1. Socio-economic and demographic profile

- Population of Tanzania Mainland was 33.6 million, an annual growth rate of 2.9 percent (2002)
- 44% of the population was aged under 15 years and 4% over 64 years, reflecting the youthfulness of the population.
- The high youth dependency ratio- implications for social policy for children, notably education, health care, income support and employment creation.

- Life expectancy at birth- 51 years in 2002
- Life expectancy at 55 is 20 years for women and 17 for men,
- Life expectancy at 60 it is 16 for women and 14 for men.
- This indicates the importance of urgently introducing policies that will provide necessary income security for the elderly
- infant mortality rate and the mortality rate of the under 5s is still high

- Total unemployment (of the population aged 15 years and above) in 2006 was 12%.
- Unemployment rates for Dar es Salaam, other urban areas, and rural areas were 31.5%, 16.5% and 7.5% respectively.
- A larger proportion of urban women are unemployed compared to men.

- Unemployment problem is most severe among youth, with a rate of unemployment among 15-24 year olds of 14.9%
- Youth unemployment (age group 15-24) is high in Dar es Salaam,
 - 44% of the economically active men and
 - 50% of economically active women are unemployed.
- In urban areas outside Dar es Salaam youth unemployment is
 - 25% among women and
 - 20% among men

- In Mainland Tanzania, 22 percent of the population live below the food poverty line
- 41 percent consume less than the basic needs' level.
- Urban dwellers face a significantly lower risk of living in poverty than rural dwellers.
- 25 percent of the people in rural areas are food-poor

2.Current Social Policy issues

Lampert (1985) categorizes social policy needs into five groups:

- Permanent basic needs,
- Redistribution conditioned needs,
- Development conditioned needs,
- Catastrophic conditioned needs and
- Awakened needs.

This categorization will be used to analyze current social policy situation in Tanzania

2.1: Permanent basic needs

These can be grouped into:

- Health risks,
- Elderly people,
- Disabled people,
- Orphans and vulnerable children,

Health risks

- There are many diseases facing the people such as Malaria, Bilharzias, Pneumonia, Smallpox, Tuberculosis, Polio, Measles, Whooping cough, malnutrition, HIV and AIDS
 - Cause frequent illnesses
 - Responsible for many deaths
 - These are preventable diseases

- Malaria is the highest cause of death for both children under 5years and adults
- HIV and AIDS is the second cause of death

Elderly people

Table 1: The Number and percentage of old people in Tanzania

Years	Number over 55 years	% Total Population	Number of people with over 60 years	% Total Population
1957	4.96.410	5,6	174.187	1,9
1967	837.000	6,8	319.000	2,6
1978	1.445.302	8,3	861.000	4,1

- Some elderly people still get support from their children and relatives - not reliable.
- A few elderly people (retired) are receiving old age pension benefits- not adequate.
- Majority of the elderly people are not protected against loss of income in old age.
- Health conditions of most old people is not satisfactory- most suffer from diseases and do not receive proper medical attention

People with disabilities

Table 2: Types of Disabilities in Tanzania in 2008

Types of Disability	Number of Persons	Percentage
Physically impaired	967,932	28
Visually impaired	933,363	27
Hearing impaired	691,380	20
Mentally impaired	276,552	8
Multiple impaired	138,276	4
Other disabilities	449,397	13
Total	3,456,900	100

Source: ILO (2008) p.62

- Many people with disabilities live in a state of poverty
- Those who get support from their relatives- not adequate.
- Disabled people suffering from Leprosy or other stigmatized diseases such as Elephantiasis and albinism live in unfavourable situation- socially + economically

- Disabled people with albinism –face many problems:
 - the horror of a rapidly growing industry in the sale of albino body parts.
 - lack of low vision aids is another problem facing disabled people with albinism
 - skin cancer
 - widespread social discrimination fueled by powerful myths.

Orphans and Vulnerable Children

Table 3: Projected number of MVC in Tanzania Mainland 2007-2010

Location	2007	2008	2009	2010
Rural	749,203	766,485	796,314	825,454
Urban	197,411	202,560	210,730	218,643
Total	946,614	969,045	1,007,044	1,044,096

Source: ILO (2008) pp.67

- The National Census of 2002 revealed that the proportion of vulnerable children in the total population is between 10 and 12 percent.
- Of these, 42 percent are orphaned because of AIDS.
- Of the total orphaned children,
 - 53 percent are cared for by their grand parents, mostly grandmothers.
 - 12 percent are cared for by their older siblings.

2.2: Development conditioned needs

Economic development particularly the process of industrialization and urbanization which has been taking place since 1961 has affected the social policy sector in two ways:

- The low level of per capital incomes had given rise to the persistence of poverty,
- The processes of industrialization and urbanization have generated new problems in forms of
 - changing family structure,
 - weakening of the informal solidarity relationships,
 - formation of new social risks e.g. industrial accidents and unemployment
 - insufficient housing esp. in urban areas.

- In Mainland Tanzania, 22 percent of the population live below the food poverty line
- 41 percent consume less than the basic needs' level.
- 25 percent of the people in rural areas are food-poor

- Shrinking of the family structure- close family vs extended family
- The weakening of the informal social security mechanisms
- The support to relatives is therefore now confined more to the close relatives.
- Industrial accidents are on the increase

Unemployment is high, particularly among young people and women.

- The overall rate of unemployment was 11.7 percent in 2001;
- rising to 14.9 percent in 2006 among Tanzanians aged 15-24 years.
- Unemployment rate for women is 12.6 percent,
- Unemployment rate for youth aged 15-24 years is 14.9 percent.
- The majority of unemployed individuals in Tanzania are not covered by any formal protection mechanisms.

- Rural areas-More than 50% of the houses are below the standard of decent housing.
- Urban areas- the problem of shortage of houses is predominant.
- Over 70% of the urban population live in squatter settlements
- severe overcrowding, criminality and the spread of communicable diseases in squatter settlements

2.3 Distribution conditioned needs

- There is unequal distribution of resources and incomes in Tanzania
- Inequalities are found in
 - the distribution of cultivable land
 - social infrastructure e.g. education institutions, health facilities and transportation network
 - These differences lead to the concentration of economic activities in certain regions
- Considerable income differences exists both in urban and rural areas.

2.4 Catastrophic Conditioned Needs.

- Catastrophic conditioned needs emerge in every society independent of the level of economic development.
- causes of natural catastrophes in Tanzania are:
 - earthquakes,
 - droughts,
 - floods,
 - pests and
 - worm plagues.

- Floods in 1974 led to the washing away of about 1000 hectares of farms in Morogoro region
- Floods occurred in Ikwiriri and Mkongo in Rufiji District damaged houses and crops
- 1986-Outbreak of Armyworms in Singida and Dodoma regions -caused destruction of about 9000 and 7700 hectares of crops respectively
- 2010 floods occurred in Kilosa, Dodoma, Same and Mwanza

2.5 Awakened Needs.

- Arise from the demands of institutions within the social policy sector; the influence from foreign countries; international agencies and institutions .
- In Tanzania, these needs have been influenced by WHO, ILO, UNESCO, UNO, World Bank, IMF, mass media, expatriate workers in the country and Tanzanians who resided in foreign countries.
- E.g. ILO set various minimum standards of labour protection and the social security-then require member countries to comply with these standards.

3 Social Policy Responses

In order to address various health risks, the government has introduced four main ways to access to health services:

- Compulsory health insurance- NHIF; NSSF(SHIB)
- community Health Fund,
- micro health insurance and
- private health insurance

Also several Programmes have been established:

- The Malaria control programme
- The National Tuberculosis and Leprosy Control Programme;
- HIV/AIDS and STI Programme.

Also, six major mandatory schemes that provide social security were established. These include:

- National Social Security Fund (NSSF) for employees of the private sector and non-pensionable parastatal and government employees
- Public Service Pension Fund (PSPF) for central government employees eligible to receive pensions
- Parastatal Pension Fund (PPF) for employees of both private and parastatal organizations

- Local Authorities Pensions Fund (LAPF) for local government employees
- Government Employees' Provident Fund (GEPF)
- National Health Insurance Fund (NHIF)

Formulation of various policies and strategies:
HIV/AIDS Policy; Health Policy , MKUKUTA,
Social Protection Framework , etc—as shown in
Table 4

S/N	Year	Name of policy	Government Ministry responsible
1	1990	Health Policy	Ministry of Health
2	1992	Population Policy	Ministry of Finance/ Ec.Planning
3	1993	Vocational Training Policy	Ministry of Education
4	1995	Land Policy	Ministry of Lands and Housing Settlement
5	1995	Education and Training Policy	Ministry of Education
6	1996	Youth Development Policy	Ministry of Labour
7	1996	Vocational Education and Training Policy	Ministry of Labour
8	1996	Child Development Policy	Ministry of Gender, Children etc
9	1996	Community Development Policy	Ministry of Gender, Children etc
10	1996	Science and Technology Policy	Ministry of Higher Education
11	1997	Employment Policy	Ministry of Labour
12	1997	Poverty Eradication Strategy	Ministry of Finance/ Ec.Planning
13	1998	Management and Public Employment Policy	Ministry of Public Management
14	1998	Public Employees Salary Policy	Ministry of Public Management
15	1999	Higher Education Policy	Ministry of Higher Education
16	2000	Policy Guidelines on Essential Health Interventions	Ministry of Health
17	2000	Squatter Settlement Development Policy	Ministry of Lands and Housing Settlement
18	2001	HIV and AIDS Policy	Ministry of Health
19	2001	Traditional Medicine Policy	Ministry of Health
20	2002	Guidelines on Nursing and Midwives	Ministry of Health
21	2002	Water Policy	Ministry of Water and Energy
22	2003	Ageing Policy	Ministry of Labour
23	2003	Social Security	Ministry of Labour

Problems

- Despite the fact that each policy has to be approved by the Inter-Ministerial Technical Committee (IMTC), there are some contradictions or conflicts between different policies.
- Secondly, the implementation of these policies is not coordinated centrally as each government department is responsible for its own policy. As a result, some government departments are not aware of the existence of some policies.
- This in turn leads to low or lack budgetary allocation by other departments since they feel it is not their mandate to do so.

- Thirdly, all sectoral policies are not guided by common principles of delivery of services. Indeed, all sectoral policies do not have a section stipulating the basic principles to be followed in the delivery of services to the potential beneficiaries.
- Fourth, most of these sectoral policies have remained on the shelves with little implementation if any at all.

- Fifth, social policy in Tanzania Mainland is characterized by poor governance, limited coverage in terms of membership, contingencies and access.
- Sixth, social policy delivery is fragmented and uncoordinated, inadequate benefits are offered to beneficiaries,
- no comprehensive, systematic and coherent national social policy which stipulates objectives and principles to guide the delivery of services;

Challenges for Social Policy

There are many challenges for social policy in Tanzania. Among these include:

- Poverty is still a threat to the majority of the people
- Unemployment is still rampant
- No linkage of social policy with economic development
- Donor dependency- Over the period 2002-2006, 45% of the national health system was financed by donor funding.

Social welfare services and programmes face the following challenges and constraints:

- Inadequate funding of programmes owing to low budgetary allocations;
- Inadequate systematic and coherent data collection, monitoring and analysis
- The social protection of vulnerable groups is inadequately addressed
- Inadequately coordinated provision of social welfare services by the different actors
- Inadequate human resources, especially shortage of social workers

- Lack of adequate involvement of the target population in the design, formulation, development, implementation and evaluation of sectoral policies including the National Strategy for Growth and Poverty Reduction (MKUKUTA).

Challenges for social protection

- Extension of coverage to those who are currently excluded with a view to promoting social inclusion.
- Linking social security and protection to poverty alleviation
- Addressing mass unemployment

Challenges for social protection

- Realization of the right to social security and protection as enriched in various international and regional conventions and agreements.
- Fragmentation of social security schemes, legal, coordination and regulatory frameworks
- Non-portability of benefits is an another challenge.
- Limited growth of the formal employment
- Weakening of the traditional and informal social protection systems
- Inadequacy of benefits offered by social security schemes
- Lack of coordination of existing social protection arrangements

- Weak institutional capacity
- Lack of data and targeting errors
- Limited recognition of gender equity
- Resources constraints
- Poor governance

Conclusion

- There is no simple solution to all these challenges for social policy.
- However, as a starting point, there is need to formulate a comprehensive, systematic and coherent national social policy.
- Such a policy will:
 - **Stipulate objectives and principles to guide the delivery of services;**
 - **Provide guidance during the formulation of sectoral policies- thereby removing conflicts between sectoral policies**
 - **Show the linkages between social policy and economic development**
- Secondly, social policy measures which have a direct positive influence on economic development should be considered first.
- As resources become available, other social policy measures could be gradually introduced.

THANK YOU FOR YOUR ATTENTION