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Social protection and coloniality: Learning from the past and present. Tanzania case study

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IDOS DISCUSSION PAPER 20/2025

Social Protection and Coloniality: Learning from the Past and Present

Tanzania Case Study

Roosa Lambin

Winnie C. Muangi

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Social protection and coloniality: learning from the past and present

Tanzania case study

Roosa Lambin

Winnie C. Muangi

Bonn 2025

Dr Roosa Lambin is a social policy scholar with particular expertise in philanthropic development actors, global health and social protection in the sub-Saharan African region. She currently acts as a Visiting Research Fellow at the Open University and a Research Associate at the University of Oxford, UK.

Email: roosa.lambin@open.ac.uk

Winnie C. Muangi is an economist specialising in social protection, livelihood enhancement and behavioural sciences. She currently serves as an Assistant Lecturer in the School of Economics at the University of Dar es Salaam, where she also acts as Deputy Coordinator of the Centre for Behavioural Studies, and is completing her PhD in Economics at the University of Reading, UK. With extensive experience in designing and evaluating cash-transfer and livelihood programmes, Winnie's research bridges rigorous empirical analysis and practical policy implementation across East Africa.

Email: wmuangi@gmail.com; muangi.winnie@udsm.ac.tz

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Abbreviations

CCM	Chama Cha Mapinduzi party
CCT	conditional cash transfer
CHF	Community Health Fund
FYDP	Five Year Development Plan
GDP	gross domestic product
GIZ	German Technical Cooperation / Deutsche Gesellschaft für Internationale Zusammenarbeit
HIV/AIDS	human immunodeficiency virus / acquired immunodeficiency syndrome
ILO	International Labour Organization
IMF	International Monetary Fund
NGO	non-governmental organisation
NHIF	National Health Insurance Fund
NISS	National Informal Sector Scheme
NPF	National Provident Fund
NSPF	National Social Protection Framework
NSSF	National Social Security Fund
NVivo	qualitative data analysis software
ODA	official development assistance
OECD	Organisation for Economic Co-operation and Development
PMO	Prime Minister's Office
PRSP	Poverty Reduction Strategy Paper
PSSSF	Public Service Social Security Fund
PSSN	Productive Social Safety Net
SAP	Structural Adjustment Programme
TA	Tanzania representative/interviewee
TASAF	Tanzania Social Action Fund
TIKA	Tiba kwa kadi
TZS	Tanzanian shilling
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VICOBA	village community bank
WCF	Workers' Compensation Fund
WHO	World Health Organization

Executive summary

Tanzania has made significant strides in expanding its social protection system over the past decade. Yet, traces of colonial governance models, donor dependency and systemic exclusions remain embedded in policy processes and institutions. This study examines the evolution and current processes of social protection policymaking in Mainland Tanzania to better understand the role and impact of external influences and how these intersect with domestic factors in shaping social protection. The study deploys qualitative methodologies – including semi-structured interviews and documentary analysis – to capture stakeholders' perspectives on the ground and collate existing historical evidence.

The historical evolution of social protection in Tanzania can be divided into five key phases. During the **German colonial period (1885-1918)**, social protection was almost non-existent, as the administration prioritised infrastructure for resource extraction. The **British colonial rule (1919-1961)** introduced early formal social protection mechanisms, such as the Government Employee Provident Fund in 1942, which provided minimal benefits to a small group of African workers employed in the colonial administration. The **post-independence era (1961-1985)** was when President Julius Nyerere's applied his socialist Ujamaa policies – which pursued a broad social policy vision with free health care, free primary education and collective farming (villagisation) to improve social welfare – though economic challenges limited their effectiveness. Economic liberalisation during the **structural adjustment period (1986-2000)** led to the introduction of fees in health and education, the retrenchment of public-sector jobs, and reduced government spending on social protection, increasing poverty and inequality. During the **modern reform era in the 2000s**, Tanzania has focused on expanding social protection, including through conditional cash transfers, social insurance schemes to informal sector workers and legislative reforms to promote universal health coverage.

The study findings indicate that colonialism has left its imprints across three distinct areas. Firstly, the German and British colonial administrations established extractive economic models focused on cash crop production and mining, which created long-lasting **economic dependencies**. These models prioritised the needs of the colonial powers, leading to underdevelopment in rural areas and a low positioning in global value chains that persists today, restricting the domestic fiscal space for social protection investments. Secondly, the British colonial powers introduced the first public governance and administrative structures, as well as formal **social protection institutions**. These colonial-era institutions shaped Tanzania's modern social protection architecture, which continues to exclude informal workers and rural communities from statutory social protection entitlements, reinforcing systemic inequalities. Thirdly, the colonial administration centralised governance and replaced traditional community welfare mechanisms with formal but limited **social protection models**. This legacy has resulted in a bifurcated social protection framework, in which formal sector employees benefit from structured programmes, whereas informal workers rely on informal social safety nets and targeted social assistance.

Analysis of postcolonial dynamics highlights the significance of donor influence on social protection arrangements, especially since the 1980s. **Global policy agendas and paradigms** are key in explaining shifts in social protection policymaking. Structural Adjustment Programmes introduced in the 1980s under the neoliberal Washington Consensus dismantled Tanzania's earlier socialist development approach and drastically reshaped the country's economic framework, prioritising austerity over social welfare. Since then, Tanzania's social protection investments and social protection policies are frequently drafted in alignment with global agendas rather than being rooted in local realities, limiting their effectiveness and uptake. Given that Tanzania remains heavily dependent on international development aid, **development cooperation** constitutes another important axis of external influence, perceived as a form of neocolonialism by some. The extent of donor influence varies across social protection domains, such as social insurance, cash transfers and insurance schemes for informal workers, while the

World Bank constitutes a uniquely powerful actor due to its leading financier position. Donors deploy a range of **policy transfer tactics** to direct social protection policymaking processes on the ground, including funding modalities, technical assistance, training programmes and study visits. Collaboration with international partners has also facilitated positive innovations, such as the ongoing adoption of adaptive social protection measures in response to climate change.

The collected evidence on domestic factors shows that these are key in explaining the evolution of social protection arrangements in Tanzania as well as issues of effectiveness in the current social protection model. The case of Tanzania illustrates the pertinence of **domestic ideologies** in guiding social protection investments. The emphasis placed by early independence leader Nyerere on African Socialism and self-reliance led to the adoption of an ambitious social welfare agenda, and domestic actors continue to draw inspiration from Ujamaa values, even though subsequent leaders have shifted towards more market-oriented policies. **Domestic elites** continue to exercise their power also to shift social protection mechanisms in their preferred direction, even in the context of largely donor-funded cash transfers, whereas **civil society actors** play a role in challenging both the government and development partners. At the same time, **limited implementation capacity, weak governance structures and corruption** impede the effective delivery of social protection programmes. Rural areas, in particular, suffer from inadequate oversight, reducing the reach and impact of social protection interventions.

The findings of this study point to several ways forward:

- *Strengthening domestic financing*. Stakeholders emphasised that insufficient domestic resources are not incidental but rather systematic, reflecting deeper structural constraints that explain the significant external influence on social protection processes. This persistent resource scarcity compels the government to rely on international development aid, further entrenching donor-driven policy priorities at the expense of nationally designed and locally adapted strategies. Enhancing domestic resource mobilisation through improved taxation policies and economic diversification is crucial for reducing dependency on donor funding. Tanzania must strategically position itself within global value chains to maximise revenue from its natural resources and agriculture, thereby creating fiscal space for sustainable social protection investments. To truly support Tanzania in building a sustainable and inclusive social protection system, development partners must reconsider the dominant role of Western actors in high-value sectors such as extractive industries. Development cooperation should prioritise fair economic engagement, long-term capacity-building, policy autonomy and respect for locally driven strategies that align with Tanzania's aspirations for self-reliance and economic sovereignty.

- *Government leadership*. The government must assume greater ownership of social protection policy formulation and implementation, ensuring alignment with national priorities. Addressing the misuse of funds and resource waste, improving coordination across ministries and partners, and ensuring a more effective use of resources will be key to fostering a robust and self-reliant social protection system.

- *Recognising informal approaches and "re-imagining" social protection*. Informal social protection mechanisms are extensive, deeply institutionalised in the Tanzanian social and economic fabric and the primary source of social protection for the majority of the population. Domestic and external policymakers should explore ways to integrate these approaches into attempts to expand the social protection system, leveraging their strengths while addressing their limitations. Stakeholders also emphasised shifting the collective social organisation into communities rather than households in order to be more authentic and reflect local values and norms of solidarity. There is a need to re-imagine social protection through this lens, ensuring that traditional and informal welfare mechanisms are recognised and strengthened rather than displaced by externally imposed frameworks. Engagement with civil society actors will be essential to ensuring locally relevant solutions.

- *Promoting South-South cooperation*. Strengthening regional collaboration and knowledge-sharing with other African nations can help Tanzania develop homegrown social protection strategies that reflect its socio-economic realities. Learning from successful models in similar contexts can inform policy reforms that reduce dependency on external actors. However, such collaboration should be locally driven, ensuring that Tanzanian policymakers and institutions take the lead in defining priorities and approaches to avoid replicating externally imposed frameworks elsewhere, and instead foster solutions that are culturally and economically aligned with Tanzania's unique context.

1 Introduction

Social protection arrangements in Africa can be understood as a culmination of "several strands of complex and diverse pre-colonial, colonial and post-colonial histories" (Devereux, 2013, p. 13). The case of Mainland Tanzania provides a particularly interesting context for exploring these "strands" and their complex interactions, for three reasons, namely its (i) multifaceted colonial past, (ii) distinctive development ideology and social policy model pursued in the first decades of independence and (iii) contemporary position as a "donor darling". This case study examines how Tanzania's colonial past and later external influences have shaped its social protection arrangements, institutions and dynamics of policymaking. More specifically, social protection is defined here as formal, government-organised social protection, including non-contributory and contributory interventions such as social assistance, social care, social insurance (including health insurance), and labour market policies and interventions (Carter, Roelen, Enfield, & Avis, 2019).

The region of modern-day Tanzania has a long history of external political and economic influence. To this history belongs two phases of formal, internationally endorsed colonisation – the first by Germany, as mandated in the 1884 Berlin Conference, and the second by Great Britain, as stipulated in the Treaty of Versailles in 1920. After becoming a United Nations (UN) trust territory under British control in 1947, Tanzanians became increasingly active in advocating for the welfare and independence of Tanzanians within the UN system, and the British colonial rule ended in 1961. The newly independent Tanzania was led by Julius Nyerere, who pioneered a new ideological and developmental approach for the continent: African Socialism. The socialist project pursuing full independence and self-sufficiency was disrupted by the economic crisis and the following conditional lending arrangements by the International Monetary Fund (IMF) and the World Bank in 1982 (Künzler, 2020). As the role of the government in social policy delivery diminished, the country saw a mushrooming of development projects funded by external actors, including bilateral donors, international organisations and non-governmental organisations (NGOs). To illustrate the related challenges: In 2006, more than 700 development projects were implemented in the country by 57 different actors (see Mawdsley, Savage, & Kim, 2014).

Today, Tanzania is a longstanding "donor darling" attracting an important share of overall official development assistance (ODA) flows to the continent. In the area of social protection, Tanzania has become home to one of the most rapidly growing cash transfer schemes in the world (Beegle, Coudouel, & Monsalve, 2018): the Productive Social Safety Net (PSSN) programme. At the same time, the government has sought to coordinate and bolster the effectiveness of development cooperation since the early 2000s. In 2005, Tanzania became the poster child for the 2005 Paris Declaration on Aid Effectiveness of the Organisation for Economic Co-operation and Development (OECD). The Declaration provided a set of new international standards for aid cooperation, anchored on the underlying principle of country ownership. Given that development cooperation is a matter of political sovereignty as much as of aid effectiveness (Whitfield & Fraser, 2009), it is important to better understand the external influences (both past and present), and their implications on domestically led social protection.

It is against this background that this study seeks to answer the following research questions:

1. What is the **colonial legacy** in social protection, that is, what are the institutional, legal and policy arrangements that were put in place during colonial times, that were maintained post-independence and that are still in place – in part or in full – at present?

2. What are the **postcolonial influences** in social protection, that is, what are the continued patterns of power imbalances that shape social protection arrangements in Mainland Tanzania, even decades after independence?

3. What are the **factors at the domestic level** that play into country-level social protection arrangements?

4. What are **ways forward** to support Tanzania in shaping social protection arrangements in line with their own priorities?

As a way of outline, Section 2 describes the methods of data collection and analysis adopted in this study, while discussing the overall data and the context of data collection. Next, Section 3 presents a historical overview of social protection evolution in Mainland Tanzania, from the colonial era up until the present day. The section also describes the institutional landscape of social protection policies and the related actors. Section 4 delves into an in-depth analysis of the overall data, exploring colonial path dependencies, postcolonial dynamics and domestic factors. Section 5 offers views on ways forward in the area of social protection, and Section 6 summarises the study results.

This Discussion Paper is part of the project “Overcoming colonial continuities in the area of social protection: Learning from the past”, financed by the German Ministry for Economic Cooperation and Development (BMZ) and realised between May 2024 and January 2025 by researchers based at the Open University (UK), in collaboration with country consultant Winnie Muangi.

2 Methods

This is a qualitative study[1] that draws on a documentary analysis and interviews with international and domestic stakeholders in the country. The documentary analysis involves analysis of peer-reviewed academic publications, working and policy papers by research and development organisations, government policy documents and legislation, as well as a broad array of grey literature, including government website information and official statistics. The interview data is described in detail below.

2.1 Interview data and analysis

The primary data of this study consists of interviews with a broad range of stakeholders on the ground in Tanzania. These include representatives from different government bodies (e.g. relevant ministries, social insurance institutions, etc.), development partners (multi- and bilateral donors and international organisations) and civil society, including journalists. Interviewees were recruited on the basis of their knowledge and experience of social protection needs and approaches in Tanzania, as well as their familiarity with processes of policymaking and policy design regarding social protection. In addition, the recruitment process sought to purposefully select stakeholders with experience across different areas of social protection (i.e. social assistance, social insurance), and representation from different types of domestic and development partner organisations. Interviewees were identified through online searches and existing networks of team members. Overall, 15 people with a good range of institutional backgrounds and expertise were interviewed, as illustrated in Table 1.

1 This research is undertaken with a favourable opinion of the Open University Human Research Ethics Committee (HREC), reference number 2024-0494-2, and the Tanzania Commission for Science and Technology, permit number CST00000690-2024-2024-00880.

Table 1: Summary of study participants

No.	Organisation type	Role	Level of governance	Identifier
1	International organisation	Social protection specialist	International	TA-1
2	Bilateral donor agency	Economist	International	TA-3
3	Bilateral donor agency	Senior advisor social protection	International	TA-4
4	Bilateral donor agency	Deputy director	International	TA-8
5	Government body	Director of social security	National	TA-6
6	Government body	Benefits administration manager	National	TA-11
7	Government body	Livelihood enhancement manager	National	TA-13
8	Government body	Research and development specialist	National	TA-15
9	Academic/Research institution in Tanzania	Senior lecturer and researcher	National	TA-14
10	Academic/Research institution in Tanzania	Senior policy expert	National	TA-2
11	Academic/Research institution in Tanzania	Professor/ senior policy expert	National	TA-5
12	Tanzanian civil society organisation	Heads of programmes	Community/National	TA-7
13	Community social protection organisation	Senior advisor	Community	TA-12
14	Tanzanian civil society organisation	Senior head of programmes	National	TA-9
15	Tanzanian civil society organisation	Head of knowledge, research and analysis	National	TA-10

Source: Authors

The interview data was analysed through thematic analysis combining inductive and deductive approaches, conducted with the aid of NVivo software. Initially, a coding framework drawing on the first 15 interviews under the overall project was developed collaboratively by the project team. This framework guided the coding and analysis of transcripts – a process during which new themes emerged. The more systematic interview data analysis was complemented by an analysis of relevant academic works and grey literature in order to triangulate data and advance the explanatory power of the analysis. The overall analysis was a shared effort between different team members and the country collaborator, strengthening the validity of the findings.

2.2 Context of data collection

The current political climate for Tanzania is characterised by a keen focus on economic reforms and governance accountability. Although the government has promoted openness to international partnerships, there remains a cautious approach to studies perceived as critical of historical or contemporary political dynamics. This influenced how some stakeholders responded to the study, with government-affiliated participants showing some hesitance towards openly critiquing ongoing donor relationships or external influences. Despite these challenges, several participants actively engaged in discussions about the role of external actors, providing nuanced perspectives on the interplay between local and international influences on social protection systems.

The inclusion of colonialism as a central theme in the study elicited varied reactions. Some participants regarded it as an essential framework to understand the historical evolution of social protection policies, particularly the enduring impact of institutional arrangements shaped during the colonial era. However, others downplayed its relevance, arguing that post-independence dynamics have been far more influential in shaping Tanzania's policy environment. This reflects a broader trend in Tanzania, where discussing colonial legacies can provoke scepticism among those prioritising forward-looking narratives.

Recruiting a diverse range of interviewees required significant effort due to the decentralised nature of Tanzania's social protection framework and the overlapping responsibilities of government ministries, international donors and local NGOs. The research team relied on a combination of personal networks, previous collaborators, formal requests to ministries and suggestions from interviewees to reach potential participants. However, logistical barriers and hesitance to engage in discussions perceived as critiquing established systems limited participation. Some government officials, for example, often passively declined to engage, further constraining the diversity of perspectives.

The historical dominance of donor influence in Tanzania's social protection systems meant that many participants were affiliated with international organisations or donor-funded programmes. Although these voices provided valuable insights into external drivers of policy, this focus and what interviewees interpreted as "official speech" sometimes overshadowed purely transparent domestic viewpoints. Moreover, although the collected data offers rich insights into the intersection of international and domestic priorities, it also reflects the limitations inherent in the recruitment process, such as inaccessibility or hesitance of more informal sector actors. These challenges constitute some of the limitations of the study.

3 Overview of social protection trajectories in Mainland Tanzania

European powers that have colonised regions of modern-day Tanzania include both Germany and the United Kingdom. Given that the British colonial administration ruled the country over its last 42 years prior to independence, its influence on the public policy set-up was more palpable when entering the era of independence. At the same time, the existing literature about the British influence on social protection arrangements in colonial regions suggests (i) that, given the indirect rule, the Brits did not impose legislation or provisions that were adopted in the home territory, leading to a later introduction of social protection measures than in French colonies (Devereux & Lund, 2010; Kangas, 2012; Luiz, 2013), and (ii) that the policy impact of the British depended on the economic model (e.g. cash crop versus labour economy; Mkandawire, 2020) they adopted in each colony.

This section offers a largely descriptive overview of how colonial administrations approached social protection within the country as well as how social protection arrangements – and social policies more broadly – evolved from the early independence era up until today. In addition, the final sub-section explores the current institutional landscape governing social protection in the country. The discussion in the section draws primarily on an extensive documentary analysis, incorporating few selected quotes from interviews.

The following table sets the scene of relevant economic and social developments throughout the different eras, and the timeline in Table 3 zooms in on the evolution of social protection interventions introduced in Mainland Tanzania in the course of history.

Table 2: Historical overview of social protection in Tanzania Mainland

Time period	Objective	Key activities	Funding	Landmark
German colonial era (**1891** declared as a protectorate of German East Africa – **1919)**	Maintaining a (healthy and peaceful) local workforce to provide labour for German plantations	Efforts to increase population growth; pro-natalist policies, promotion of male labour migration	German government and colonial businesses	Introduction of colonial medicine to protect settlers and workforce management
British colonial era (**1920-1961)**	"Peasantisation" and social development	Establishment of social welfare centres, urban remedies for destitute and incapacitated, education on social welfare	British Colonial Office and metropolitan development funds	Peasantisation policies post-WWII; focus on agrarian and health programmes, minimal urban proletarianisation efforts
Post-independence era				
Pre-Arusha Declaration (1961-1967)	Building national cohesion while fighting the three enemies of development - poverty, ignorance and disease	Poverty was fought through modernisation and the expansion of production of goods and services, especially agricultural and industrial sectors Ignorance was to be defeated by expanding access to education through interventions such as Universal Primary Education (UPE) Diseases were to be controlled by placing emphasis on expanding access to primary health care and campaigns on health issues	Social services provided privately State redistribution through conventional taxation	1962 – J. Nyerere introduced Ujamaa models – the basis of African Socialism (introduced equality in political-economic management) 1964 – Launching of the first Five-Year Development Plan (FYDP) – aimed at increasing literacy levels among adult populations as major human development goal 1965 – Presidential Commission launched to institutionalise socialist approach – led to single-party system
Socialist policy era (1967-1985)	Equity aspects of socialism and self-reliance	Industrial development to achieve quicker progress	Major means of production were nationalised following the Arusha Declaration – funded by the state	1967 - Arusha Declaration – Education for Self-reliance, Social and Rural Development, and Freedom and Development – Launching of campaigns targeting economic and social development – "Mtu ni Afya" (Man Is His Health) and "Kilimo cha Kufa na Kupona" (Agriculture as Matter of Life and Death) – Adoption of the National Emergency Programme (NEP) and the National Economic Survival Programme (NESP) in response to the first food and oil crisis of 1973/74 and the second oil crisis of 1979 – Crafting of the Twenty-Year Perspective Plan (1980-2000), emphasis on social provisioning in education (UPE), water, and basic medical services in urban and rural areas

Time period	Objective	Key activities	Funding	Landmark
Efficiency and growth era (1986-1995)	Revamp economic growth following oil crises in 1973 and 1979, and Tanzania-Uganda war in 1978/79	Anti-socialist reforms started when President Ali Hassan Mwinyi came to power in 1985, e.g. IMF's Economic Recovery Program (ERP) and World Bank's Structural Adjustment Programmes (SAPs) Nation reverted from a controlled economy to market-oriented system, but the reforms did not favour human development, particularly poor and vulnerable – there was increased inequality, poverty and youth unemployment	Loans from the IMF and World Bank to fund structural reforms	1981/82 – Establishment of National Economic Survival Programme (NESP) to ease the economic hardship 1981 – World Bank's Berg Report which recommended actions to reduce poverty, e.g. ceasing free provision of social services, freezing wages and employment in public sector, retrenchment of public workers to control wage bill, introduction of user fees, removal of subsidies for farmers 1986 – Adoption of ERPs & SAPs, which emphasised liberation, privatisation and stabilisation 1989 – Economic and Social Action Programme formulated to tackle poverty
Social policy integration (1996-2004)	Integrate social and political goals into economic policy formulation	Restructuring of development strategy to incorporate social and political aspects of the reform process Creating a roadmap of public policy formulation with a commitment to address social political issues Improving resource management as a result of PRSP implementation Establishing TASAF	IMF – also supported macroeconomic policy formulation as a way to realise better socio-economic outcomes World Bank – supported monitoring of fiscal discipline via Public Expenditure Review (PER)	1999 – Tanzania Development Vision (TDV) 2025 crafted to transform the country into middle-income economy with a high level of human development 2000 – Poverty Reduction Strategy Paper (PRSP) prepared in collaboration with stakeholders to convince bilateral and multilateral development partners on how the country could achieve economic growth while reducing poverty, in order to access the Highly Indebted Poor Countries (HIPC) 2000 – Government and World Bank created the Tanzania Social Action Fund (TASAF) as part of a broader strategy to reduce poverty by stimulating local economies 2003 – National Social Security Policy formulated
Inclusive growth and equity (2005-beyond)	Provision of social services by the government to ensure improvement in quality of life and social well-being – increased expenditures in pro-poor services Drafting of policy frameworks and initiatives for achieving TDV 2025 e.g. NSGRP II, Big Results Now (BRN), LTPP	Gross domestic product (GDP) growth rate between 6 and 7%, but inequality remained high and poverty declined relatively slowly In 2009, government spent 0.29% of GDP on social safety nets, which increased to 2.5% in 2015 Ministry of Finance centrally placed in defining the specific path that social protection efforts in Tanzania take	Government, International Labour Organization (ILO), World Bank, UN Children's Fund (UNICEF), UN Development Programme (UNDP)	2005 – First National Strategy for Growth and Reduction of Poverty (NSGRP) established as a guide to national development framework, focusing on poverty reduction – with three clusters: growth and reduction of income poverty; quality of life and social well-being; good governance and accountability 2007/8 – Setting of Social Protection Working Group to develop the National Social Protection Framework (NSPF) 2010 – Long-Term Perspective Plan (LTPP) prepared to implement Vision 2025 2010 – Establishment of the Social Security Regulatory Agency to harmonise and regulate social protection schemes 2010/11 – Second NSGRP drafted to implement Vision 2025 with more focus on achieving structural transformation via development in agriculture and industrialisation 2012 – Establishment of PSSN programme, which provided conditional cash transfers to vulnerable households 2014 – Formulation on the National Social Protection Framework

Source: Authors

Table 3: Timeline of key events

Eras and legislation	Social insurance schemes and funds	Social assistance schemes and services
Colonial era		
1891/1907-1961	**1923** – **Master and Servant Ordinance** (worker compensation for industrial accidents) **1942** – **Provident Fund** (government employees) **Ordinance** (protection against old age and disability for civil servants)	**circa 1945** – **Social welfare centres** providing education, health care and vocational training (British era)
Arusha Declaration / Ujamaa project		
1961-1980s **1964 – National Provident Fund (NPF) Act** **1967 – Arusha Declaration**	**1964** – **National Provident Fund** (insurance scheme covering retirement, disability and survivor benefits for formal sector workers) **1978 – Parastatal Pension Fund, PPF**	**1962** – **Ujamaa model**: investments in health services provision, investments in education, investments in housing
Structural adjustment		
1970s-1990s **1997 – National Social Security Act**	**1996** – **Government Employees Provident Fund, GEPF** **1997** – **National Social Security Fund, NSSF** (replaces NPF) **1999** – **Public Service Pension Fund, PSPF** **1999** – **National Health Insurance Fund, NHIF**	**1986** – User fees introduced for education **1993** – Introduction of user fees for health services; fee exemption and waiver policies to offer free health services to selected groups
Millennium- and Sustainable Development Goals		
2000s **2004 – Employment and Labour Relations Act** **2008 – Social Security (Regulatory Agency) Act** **2018 – Public Service Social Security Fund Act** **2023 – Universal Health Insurance Act**	**2001** – **Community Health Fund, CHF** (health insurance scheme for rural populations) **2006** – **Local Authorities Pension Fund, LPF** **2009** – **Tiba kwa Kadi, TIKA** (health insurance scheme for urban populations) **2014** – **Vikoa health insurance schemes** (for informal workers); **improved CHF scheme, CHFi** **circa 2014** – NSSF introduces tailored **social insurance schemes to famers, miners and fishermen** (Wakulima, Madini and Wavuvi Schemes) **2015** – **Workers Compensation Fund, WCF** (insurance against injury) **2018** – Merging of social insurance schemes under the NSSF and PSSSF **2021** – **National Informal Sector Scheme, NISS** (informal sector workers' insurance scheme)	**2012** – **Productive Social Safety Net programme,** PSSN (conditional cash transfers) **2014** – **Education made free** at pre-primary and primary levels

Source: Authors

3.1 Social protection during the German colonial era

Prior to European colonisation, the region of modern-day Tanzania constituted a prosperous and multi-cultural hub for vibrant international trade, notably with Arab and Persian powers. Ivory and gold were traded as far as China and India, and especially the coastal areas experienced important development, while slave trade was also rife with concentration on the Island of Zanzibar. Portuguese were the first Europeans to reach the East African Coast and set an important foothold in the region in the early 15th century, up until the Oman Arabs established their presence in the 18th century (Ingham, Chiteji, & Bryceson, 2025). Also, Germans had early involvement in colonialism in East Africa, with German commercial agents Hans Mayr and Balthasar Sprenger joining Francesco d'Almeida's 1505 attack and occupation of Kilwa (Bruchhausen, 2006).

In 1884, the Berlin Conference that divided Africa among colonial rulers "allocated" the territory of Mainland Tanzania to Germany, and in the same year the German East Africa Company entered the region. In 1891 the German imperial government declared the area a protectorate of German East Africa, but the region was not subjugated until 1907. The German rulers were faced with significant local resistance, witnessing more than 50 revolts (Coulson, 2013).

Although Germany spearheaded the introduction of public social protection mechanisms in Europe by launching the world's first social insurance scheme for old people in 1889 with the initiative of Chancellor Otto von Bismack (e.g. Grünewald, 2021), the enthusiasm did not reach the shores of its colonial territories. During the German colonial era, the primary objective was to exploit the economic potential of the territory of the colonies through agricultural production, namely by controlling the labour force to ensure the local population could sustain the workforce demands. There was little emphasis on welfare, rather, the focus was on maintaining the health and reproductive capacity of the labour force to ensure a steady supply of workers.

Some nominal forms of social protection were, however, introduced. One notable episode is the introduction of a "hut tax" in 1898. It has been reported that the governor von Götzen justified the tax through its humanitarian and welfare applications, noting that "the purpose of this tax (hut tax) is in its uses. Where an area is ravaged by famine, the Government will extend its relief and supply all kinds of crops […]" (Ekemode, 1973, p. 240). Whereas in reality the purpose of the tax was to encourage African wage labour on German plantations to guarantee access to the workforce for the former, this policy reform effectively monetised the local economy, as taxes were required to be paid in cash (Coulson, 2013).

Moreover, embryonic social service provision was developed, as Germans were quick to create education establishments, and "by 1914 there were sixty primary schools, and nine post-primary establishments" (Coulson, 2013, p. 70). In the health sector, the governor of German East Africa had sought to guarantee employee medical care as an employer duty by issuing a "decree concerning the rights of [I]ndigenous workers" in 1909, but this was seldom implemented (see Eckert, 2004). In addition, colonial medical services were initially designed to protect settlers and the workforce – traders, government officials, military personnel, missionaries, doctors, nurses and their families – from diseases and climate (Bendix, 2018). Later on, the general population was provided with access to Western medicine, hygiene and health care, which was administered by the Medical Department of the Imperial Government of German East Africa in Dar es Salaam. By 1905, the colonial government subsidised medical missionary associations, which played a key role in extending limited medical and social services to the rural communities, where plantations were located (Masebo, 2010).

Religious missions, particularly Protestant and Catholic, operated in a complementary and collaborative position with the German colonial administration. German missionaries arrived in East Africa before the formal establishment of colonial rule, and their influence expanded significantly once the region became part of German East Africa. They were primarily engaged

in introducing Western education and supporting the colonial administration to exert control over the locals while expanding its cultural influence (Bendix, 2018).

3.2 Social protection during the British colonial era

After the First World War, the United Kingdom was mandated to administer what now became to be known as the Tanganyika Territory under the Treaty of Versailles, enacted in January 1920. The British ruled indirectly through local chiefs and traditional structures. Although the 1942 Beveridge report brought the issue of social protection in the colonies into the public debate, provisions were not introduced to Africans (see Maclean, 2002, p. 71, in Luiz, 2013). Indeed, indirect British indirect rule through traditional chiefs and local elites rather than direct British administration preserved and often deepened ethnic and racial divisions, as colonial authorities privileged particularly European settlers and local intermediaries, while restricting benefits for the broader indigenous population (see Mamdani, 2018). Up until 1944, the British colonial policy also ordained the separation of hospitals treating European and African patients.

At the same time, differences in the timing and type of introduced social protection measures can be observed across British colonial territories. Tanganyika was far from being a region of central interest to the British empire, and Eckert (2004, p. 467) highlights that “the British were very reluctant about implementing international standards of social security in Tanganyika, mainly due to the insight that the cost of providing European-scale benefits could not be borne by the colonial regime in such a poor territory”. Given Tanzania’s low extractive capacity, the colonial administration also emphasised local-level governance, in contrast to neighbouring Kenya, which saw a more centralised approach (Künzler, 2020). This higher level of decentralisation – in the colonial context – limited the funding, distributive policies and administrative capacities necessary to deliver such policies at the margins of the colonial administration.

Additionally, Künzler (2020, p. 102) notes that “local colonial officers were key” in shaping approaches to social protection. This was notably visible in the handling of famine relief in Tanganyika and Kenya, as both countries followed the pattern set by the Colonial Office in London regarding (the lack of) family allowances and pension schemes beyond civil servants. During the 1942-1944 famine, the colonial officers in Kenya prioritised protecting white settler agriculture, ensuring European-owned farms had sufficient labour while restricting food distribution to Africans. In Tanganyika, the famine was largely ignored, and officials were reluctant to intervene, only stepping in when deaths became widespread (see e.g. Coulson, 2013; Iliffe, 2003).

The earliest British measure that shares some resemblance with formal social protection dates back to 1923, when the Master and Servants Ordinance was introduced to offer small compensation in the event of industrial accidents (Eckert, 2004). However, its primary purpose was to regulate labour relations in favour of colonial economic interests by protecting employers (often European settlers and businesses) while imposing strict conditions on African workers (e.g. by suppressing wages and criminalising labour violations) (e.g. Coulson, 2013).

More elaborate attempts to expand social protection happened in the 1940s, spurred by the growing urban population and returning Africans who had served in the war – with both groups expressing growing frustration regarding the colonial administration (Eckert, 2004). The shift was also influenced by the changing global discourse around social welfare, driven by post-war reconstruction efforts and the introduction of welfare states in Europe (Schmidt & Ichumbaki, 2020). Consequently, the British introduced mass education campaigns and social welfare centres in urban areas. These centres provided basic services such as education, health care and vocational training – albeit primarily aimed at managing the urban poor and preventing social unrest.

The first social protection mechanism for colonial employees was the Government Employee Provident Fund, introduced in 1942. This enabled an affordable form of social protection that did not require government investment, while being relatively simple in terms of administration (Kaseke, Piachaud, & Midgley, 2011). The establishment of the Provident Fund[2] in Tanganyika allowed for lower-ranked civil servants to receive small payments upon retirement or in case of disability – although this did not offer social insurance as such. The adopted approach mimicked models developed in the United Kingdom and its other colonies, where pensions were tied to years of service in the colonial civil service. Although the ordinance led to minimal social protection for a small group of African workers employed in government service, the majority of workers in agriculture, informal sectors and other non-governmental jobs were excluded from these provisions (Eckert, 2004). At the same time, employed African workers were often given temporary contracts, which did not guarantee the benefits of pension schemes or other forms of long-term financial security. British administrators justified the exclusion of Africans from formal social insurance arrangements by referencing the supposed existence of "traditional African solidarity", which they believed provided adequate social protection through kinship networks and communal support (Eckert, 2004). This assumption allowed the colonial government to avoid implementing broader social insurance programmes that would have required substantial financial commitments.

Nevertheless, the interview data collected for this study suggests that some of the early institutions introduced during the colonial era have had long-lasting and profound impact, as "the British […] deeply influenced our systems, especially in education and health care. Our education system closely follows the British model, and even in medical practices, we see British influence" (TA-12).

3.3 From Ujamaa to SAPs

The newly independent Tanzania was led by Mwalimu Julius K. Nyerere, who pioneered a new ideological and developmental approach for the continent: African Socialism. During Nyerere's rule (1961-1977), the socialist development strategy was adopted under the Ujamaa[3] project, inaugurated by the 1967 Arusha Declaration. As part of the Ujamaa project, Nyerere introduced a range of transformative social policies, including the villagisation programme, the "Education for Self-Reliance" policy and several public health campaigns, such as "Mtu ni Afya" (Man Is His Health) and "Kilimo cha Kufa na Kupona" (Agriculture as a Matter of Life and Death) – representing social protection "by other means" to cater for the large rural and informal sector populations. While social protection, as defined in this paper, was not a central element to the new developmental model, in 1964 the government established the National Provident Fund (NPF), a contributory social protection scheme aimed at providing lump-sum retirement, disability and survivor benefits for workers in the formal sector (Parliament of the United Republic of Tanzania, 1964).

At the heart of the Ujamaa project was a villagisation programme consisting of a large-scale effort to collectivise rural agriculture. The philosophy behind Ujamaa, meaning "familyhood" in

2 In other British colonies, such as Botswana, Jamaica and the Seychelles, flat rate pensions were preferred over provident funds, while Zambia and Yemen saw the introduction of wage-related schemes. However, provident funds were also introduced in Nigeria and India (Schmitt, 2015).

3 The word "*ujamaa*" refers to unity across ethnic and class divisions, which Nyerere understood to be at the very heart of African Socialism. The Ujamaa project aimed to build a self-reliant and equitable society, focusing on social justice, rural development and the eradication of inequality. As such, he emphasised freedom from Western domination, and thereby distinguished the ideology from Marxism to more closely focus on the emancipation of the proletariat from the economic, social and political oppression by the bourgeoisie (Aikaeli & Moshi, 2016; Cornelli, 2012, pp. 24-25).

Swahili, was based on principles of communal living and collective ownership. In the Ujamaa villages, land was owned collectively, and people worked together to produce food and goods both for their communities and – importantly – for export as cash crops. This system was expected to increase agricultural output and promote social cohesion by encouraging mutual support and shared responsibilities (Boesl, 2023). Given that many rural Tanzanians resisted relocating to the new villages, preferring to remain on their ancestral lands, the government often forced people to move into the collective villages.

The "Education for Self-Reliance" policy, in turn, aimed to create a generation of Tanzanians who were not only literate, but also capable of contributing to the nation's self-reliant development. It was designed to equip students with practical skills in agriculture, crafts and community service, alongside academic knowledge. Schools were expected to become self-sufficient by producing their own food and resources, teaching students to value labour and contribute to their communities (Aikaeli & Moshi, 2016). Public expenditure on education saw impressing increases, averaging 7.6 per cent per year (Mchomvu, 1998; Stabler, 1979).

Nyerere's public health campaigns emphasised the importance of health care and hygiene in rural areas, aiming to reduce preventable diseases and improve overall health outcomes. Investments were also made in building health care infrastructure and training health care workers. These policies were complemented by efforts to expand access to clean water and improve sanitation, especially in rural areas, where most of the population lived (Aikaeli & Moshi, 2016). Moreover, it has been reported that between 1963 and 1967 "the government expanded the housing sector by 38.4 per cent a year on average with the goal of providing dwellings for the growing urban population working in various sectors of the economy" (Tungaraza, 1990).

Tanzania benefitted from wide-scale investment in social policies during its first decades as an independent nation – guided by a holistic strategy and a clear ideological framing. Interviewed social protection experts interpreted this as a form of resistance to colonial influence, and a social protection model in its own right.

> So, in terms of social protection […], we had Arusha Declaration, you know, that was totally a social welfare system in terms of taking care of people. […] Everybody has the equal opportunity to school, to go to have jobs. (TA-1)

> […] you know, the adoption of, a socialist orientation. In terms of Tanzania […] that was also meant, to rectify or to address the shortcomings that the colonial administration actually had. (TA-2)

Nevertheless, external influences shaped the country's policy trajectories drastically during the Washington Consensus era. In the late 1970s and 1980s, the country fell into economic hardship due to the oil crisis, poor economic planning and resources spent in war in Uganda against the dictator Idi Amin. Another key factor was growing peasant resistance to cash crop production (as advised by the World Bank) at the expense of food production, which eventually slowed down agricultural exports (Shivji, 1992). Subsequently, the socialist policies introduced by Nyerere were reformed through the World Bank's conditional lending under SAPs, which were designed carefully following the dominant neoliberal ideology and economic thinking of the time, and the PRSPs that came after in the 1980 and 1990s. These changes led to anti-socialist reforms during the efficiency and growth era (1986-1995), emphasising market reforms, public policy austerity and liberalisation.

The adoption of SAPs marked a significant departure from Tanzania's earlier welfare-oriented approach established under the Arusha Declaration, which aimed to provide universal access to education, employment and basic needs through a centralised, nationalised social welfare system. However, the SAPs that were introduced reduced government spending on social sectors such as education and health care, leading to diminished access and widening inequalities. In the health sector, public funding was halved between 1978 (7.5 per cent) and

1989 (3.9 per cent), and it led to the introduction of user fees in public services in 1993 (Buckley & Baker, 2009). This shift disrupted previous efforts to ensure equitable access to resources and services in the country:

> Governments not spending so much on the social sectors … has had a huge impact in terms of schooling, university. […] Education was free. Now education is not so free. There was food in schools. Now there are very few children at schools [with] food. […] You start increasing the poverty circle of the haves and have-nots. (TA-1)

3.4 MDGs, SDGs and the current social protection landscape

The turn of the millennium marked the start of a new era with new social protection initiatives. Most importantly, the Tanzania Social Action Fund was established in 2000 to lead community welfare projects. In 2008, TASAF ran a conditional cash transfer (CCT) pilot programme in three districts (Kibaha, Bagamoyo and Chamwino), resulting in TASAF's expansion and transition in 2012 into the Productive Social Safety Net programme, which has grown to become a dominant feature in Tanzania's social protection landscape today.

Although universal social pensions have not been introduced in Mainland Tanzania – unlike in the semi-autonomous Zanzibar (see Seekings, 2016) – international actors (namely HelpAge and the Regional Psychosocial Support Initiative) launched the Kwa Wazee pension fund for the elderly, which was established in Muleba district in 2003 (Kwa Wazee, s.a.). Moreover, grassroots-driven social protection approaches such as village community banks (VICOBAs) emerged in Tanzania in the early 2000s as a response to gaps in formal social protection systems, particularly for rural and informal workers. These savings and credit associations provided critical financial inclusion and local resilience by enabling communities to pool resources and access microloans for entrepreneurial activities (Magali & Barhe, 2022; Wango, Mtwangi Limbumba, Msoka, & Kombe, 2022).

Global development agendas became increasingly important in shaping social protection and social services at the turn of the millennium. Globally, the Millennium Development Goals (MDGs) era (2000-2015) began following the adoption of the UN Millennium Declaration at the Millennium Summit in 2000. During this era, Tanzania experienced a marked increase in donor investments, particularly in the education and health sectors. In the area of health, efforts focused on reducing child mortality, combating HIV/AIDS and improving maternal health. For example, between 2007 and 2013, donor funding supplied 93.1 million doses of anti-malarial treatments in Tanzania (Mikkelsen-Lopez et al., 2014). Public–private partnerships, such as those driven by the US Agency for International Development and the Health in Africa project, also played a vital role in strengthening health care delivery and addressing systemic weaknesses in the health sector (White et al., 2013). However, this donor reliance exacerbated the challenge of building domestic capacity (e.g. technical expertise and resources) for health policymaking (Francetic, 2020).

As in many African countries, Tanzania has experienced a further expansion in social protection initiatives over the past 10-15 years, partially driven by the agendas for the Sustainable Development Goals (SDGs), Universal Health Coverage and Universal Social Protection Floors. Tanzania's most recent Five-Year Development Plan (FYDP III, 2021/22–2025/26) aims to increase social protection coverage by up to 30 per cent. Moreover, in 2021, the government committed to nearly doubling its health expenditure by 2026 under the Health Sector Strategic Plan V (United Republic of Tanzania [URT], 2021), from 2.6 to 5 per cent of GDP. These domestic policies embed commitments promoting the expansion of social protection (and social services more broadly) in the country. It is also noteworthy that, at the time of writing this paper, the government is finalising its new Social Protection Strategy.

Here is an overview of current social protection arrangements in Mainland Tanzania:

Social insurance

- Previously, social insurance arrangements for formal sector employees were organised through six separated funds (see Table 3). Since 2018, the Public Service Social Security Fund (PSSSF) has been the main insurer for civil servants, while the National Social Security Fund (NSSF) insures other formal sector employees (and voluntary informal worker enrolees) (URT, 2018). Both of these funds cover the enrolled member as well as their household (one spouse and up to four dependents) and provide diverse benefits, including old-age, survivor and work-disability benefits, the costs of medical treatment and sickness, and maternity and unemployment benefits.

- Since 2015, the Workers' Compensation Fund (WCF) has provided mandatory protection against work-related injury, disease, disability and death of formal sector employees.

- There have been multiple policy measures introduced in Tanzania over the past decade that seek to expand social insurance coverage, especially to informal sector groups. Since 2014, the NSSF has allowed informal workers to enrol in its formal sector scheme on a voluntary basis. In the same year, the NSSF launched insurance packages for "difficult to reach" populations through the Wakulima Scheme (Farmers' Scheme) and the Madini Scheme (Small Miners' Scheme), and later the Wavuvi Scheme (Fishermen's Scheme) (see Lambin & Nyyssölä, 2024). However, the overall coverage of these formal insurance arrangements remains low as a share of the overall population.

- In 2019, a National Informal Sector Scheme (NISS) was launched to expand social insurance coverage among all of those not covered by formal sector schemes. However, the benefit package is subject to ongoing debate, and the scheme is experiencing management challenges.

Social assistance

- The PSSN programme constitutes Tanzania's primary social assistance programme and the only scheme in the country currently providing direct income support for impoverished households. Launched in 2012 with significant political and financial support from the World Bank, the programme targets low-income- and notable female-headed households. Currently the programme covers about 5.1 million Tanzanians living under extreme poverty (TASAF Management Unit, 2023). The PSSN programme includes a *public works* component, which offers work for one adult per household up to 15 days per month for four months; a *savings group* component and a *livelihood enhancement* component in some of the implementation districts.

- Tanzania has also introduced school meal programmes, through both public and private initiatives, providing meals to primary and secondary school children to reduce malnutrition and improve education outcomes. These programmes follow the 2021 National School Feeding Guideline by the government, implemented by key stakeholders such as World Food Programme, the Global Alliance for Improved Nutrition, the School Meals Coalition, The Pollination Project and Global Giving, among others. In 2024, the government signed a national commitment to scale-up the implementation of school feeding programmes (Government of Tanzania, 2024).

- No statutory grants such as family allowances exist in the country.

Non-contributory pensions

- Old-age, work-disability and survivors' pensions are predominantly provided by formal social insurance. There is no government-managed, non-contributory social pension scheme in Mainland Tanzania (unlike in the semi-autonomous island of Zanzibar).
- The Kwa Wazee scheme, run since 2003 by international NGOs in selected areas, supports older adults and caregivers affected by HIV/AIDS through social pensions and child supplements to boost household incomes. Over the years, the programme has enhanced nutrition, health and crisis resilience as well as fostered community support groups for self-help and security.

Health insurance

- Tanzania's health insurance system is relatively complex and complemented by free service provisions for those aged 60 and above, pregnant women, children under five and people with HIV, tuberculosis or leprosy. Health insurance arrangements are operationalised primarily under three separate funds/schemes: (i) the National Health Insurance Fund (NHIF), which is mandatory for civil servants and voluntary for other population groups; (ii) the Community Health Fund (CHF) and its sister scheme, *Tiba kwa kadi* (TIKA), which is a voluntary community-based health insurance for informal sector workers managed by district authorities; and (iii) the NSSF, which is contributory social insurance for the formal sector, including health insurance. Population coverage with health insurance has remained relatively low, estimated at 15.3 per cent of the total population, which includes 8 per cent in the NHIF, 6 per cent in the improved community health fund (iCHF) and 1.3 per cent in other private health insurance schemes.
- Reforms to the CHF/TIKA scheme aimed at informal sector workers through the launch of "Iliyoboreshwa CHF" – an iCHF, including the auxiliary iTIKA – began in 2011. Since 2018, the government has sought to replace the CHF nation-wide with this reformed scheme, which offers a more generous range of portable benefits, including inpatient services (including X-rays), ultrasound, surgery and medicines (see Lambin & Nyyssölä, 2022).
- In 2014, the NHIF introduced a Vikoa health insurance scheme encompassing several purpose-made micro-schemes for organised professional groups (e.g. street vendors, motorcycle taxi drivers and agricultural workers, among others).
- In 2019, the NHIF launched yet another set of voluntary insurance products, priced according to household composition and age of the main contributor (Najali Afya Premium, Wekeza Afya Premium and Timiza Afya) (see Lambin & Nyyssölä, 2022).
- Given that the population coverage of the mentioned health insurance arrangements remains insufficient (15.3 per cent of the overall population of 67.44 million), Tanzania is actively pursuing to increase the budget for – and improve the mechanisms of – health insurance delivery. In December 2023, Tanzania signed the Universal Health Insurance Act into law, mandating that all residents have at least a minimum level of health insurance coverage. Additionally, the Act stipulates the removal of a few exemptions to streamline the financial protection for health through health insurance mechanisms.

This overview highlights the complex and fragmented nature of social protection arrangements in Mainland Tanzania. It is characterised by institutionalised and mandatory insurance schemes for civil servants and formal sector employees, a diverse range of voluntary and often targeted contributory schemes for different groups in the informal sector, and limited social assistance – as illustrated in the table below.

Table 4: Current social protection programmes in Tanzania

Social insurance for formal sector employees	Targeted social assistance / social safety net (PSSN)[4]	Social (and health) insurance for informal sector workers
The Public Service Social Security Fund (PSSSF) is the main insurer for civil servants. **The National Social Security Fund** (NSSF) insures other formal sector employees (and voluntary informal worker enrolees) for old age, work-disability, death of the insured worker, sickness, maternity and unemployment. Note: Since 2014, the NSSF offers voluntary enrolment to informal workers at the contribution rate of TZS 20,000 (US$8.50) a month (June 2025 TZS-USD exchange).	**The Productive Social Safety Net** (PSSN) programme, introduced in 2012, provides social assistance to impoverished households through three components: conditional cash transfers (CCTs), livelihood enhancement and public works programmes. **The CCT component** entitles households to an average conditional transfer of TZS 37,308.08 (US$14.00) to a maximum of TZS 55,000 (US$20.20) per month.	**National Informal Sector Scheme** (launched in 2021) offers social insurance to informal sector workers, the self-employed and everyone outside of traditional formal employment with a (minimum) contribution rate of TZS 20,000 (US$8.50) per month. The benefit package is under ongoing revisions, and while the old-age pension segment is progressing well, other benefits such as soft bank loans and health insurance are currently under cessation.
Workers' Compensation Fund (WCF), established in 2015, provides work injury and professional disease insurance for formal sector employees in Tanzania.	**The public works component** offers work for one adult per household up to 60 days/year, mainly during the annual lean season, for a daily wage of TZS 3,000 (US$1.28). A minimum of 40% of employment is reserved for women. Flexible working arrangements and lighter tasks are made available for pregnant, lactating, disabled and older women. Projects are intended to ease women's regular workload (e.g. water fetching), and households can designate a subsidiary worker to replace women who are pregnant or with young children.	**Insurance packages for "difficult to reach" populations** include the Wakulima Scheme (Farmers' Scheme), the Madini Scheme (Small Miners' Scheme) and the Wavuvi Scheme (Fishermen's Scheme). These specialised schemes provide access to credit and financial borrowing, and low-interest loans for agriculture and fishing inputs. Contribution rates vary between TZS 20,000 and TZS 50,000 (US$8.50 to US$21.26) per month.
The National Health Insurance Fund (NHIF) provides a public health insurance scheme to all citizens able to contribute. The scheme is mandatory to public-sector employees and covers the principal member, spouse, their parents and up to four legal dependents (children).	**The livelihoods enhancement component** includes savings groups and livelihood activities to enable beneficiaries to accrue funds for future business investments and implement income-generating activities (e.g. skills training in savings group operations, record-keeping, agri-business and livestock rearing).	**Community Health Fund (CHF) and *Tiba kwa Kadi* (TIKA)** are voluntary health insurance schemes for the informal sector. Members pay a flat minimum annual premium of TZS 30,000 (US$12.80) and receive a benefits package, including referral to regional level in-patient services (the premium for Dar es Salaam members is higher: TZS 150,000 / US$63.79).

Source: Lambin, Nyyssölä and Muangi (2025)

4 Information from TASAF Mission Paper 2023.

3.5 Structures of social protection governance and development coordination

The governance and coordination of social protection measures in Mainland Tanzania are primarily led by the Prime Minister's Office (PMO), and the Unit of Labour, Youth, Employment and Persons with Disability. It is also important to note the particular role of TASAF – under the President's Office – in operationalising the PSSN programme (which sits, policy-wise, under the PMO; see Figure 1 below). Interviewees highlighted the strategic importance of this organisational "location" for social protection, given the visibility and significance the PMO gives to the sector:

> Now, the very fact that social protection lies within the Prime Minister's Office – it means that it is according to certain degree of, priority, in and among policy circles in Tanzania. (TA-2)

Another noteworthy government body is the Ministry of Community Development, Gender, Women, and Special Groups, which implements community development initiatives that promote self-reliance and economic empowerment, gender equality programmes that support women's rights and entrepreneurship, and targeted interventions for special groups, including the elderly, persons with disabilities and children. Through these efforts, the ministry strengthens Tanzania's social protection framework, ensuring inclusivity and support for marginalised communities. The ministry also operates centres for the elderly and children (foster services), providing care and support for these vulnerable groups. It oversees training institutes across the country that offer community development courses, equipping individuals with the skills needed to contribute effectively to social and economic development. Additionally, social workers from the ministry, posted in districts, play a key role in facilitating and supporting the implementation of the PSSN's activities at the community level, ensuring that vulnerable households receive the necessary support and services.

Other pertinent domestic actors include trade unions and other civil society organisations. For instance, the Policy Forum represents an important umbrella organisation for Tanzanian civil society organisations that strategically engages with the government to provide advice and advocate for social protection and other public policies (including gender issues). Interviewed stakeholders also shared that domestic NGOs actively contribute to addressing the gaps left by existing social protection arrangements (by organising small-scale social protection arrangements, for instance) and advocacy for community-driven approaches to ensure programmes reflect local priorities:

> NGOs and local organisations often provide critical insights into the challenges faced by rural and informal sector workers, helping shape specific programme components. (TA-9)

> We collaborate with ministries like health, education and agriculture, ensuring alignment with the National Social Protection Framework. (TA-6)

> We used to say we are the government's watchdog, focusing on advocacy issues and sessions. Our primary role is identifying gaps in government councils and wards, building their capacity, and engaging in advocacy. (TA-9)

Given the significant population size and prevalence of poverty in Tanzania, many international development NGOs are equally active in the country, operating a number of different social protection projects. Some of the most prominent actors and their respective areas of focus include: Red Cross (disaster relief; scholastic materials for children during crises; water, sanitation and hygiene), Oxfam (poverty alleviation, food security promotion and women's empowerment in rural areas), Save the Children (education and children's mental health), Catholic Relief Services (water, sanitation and hygiene; education), World Vision (child welfare,

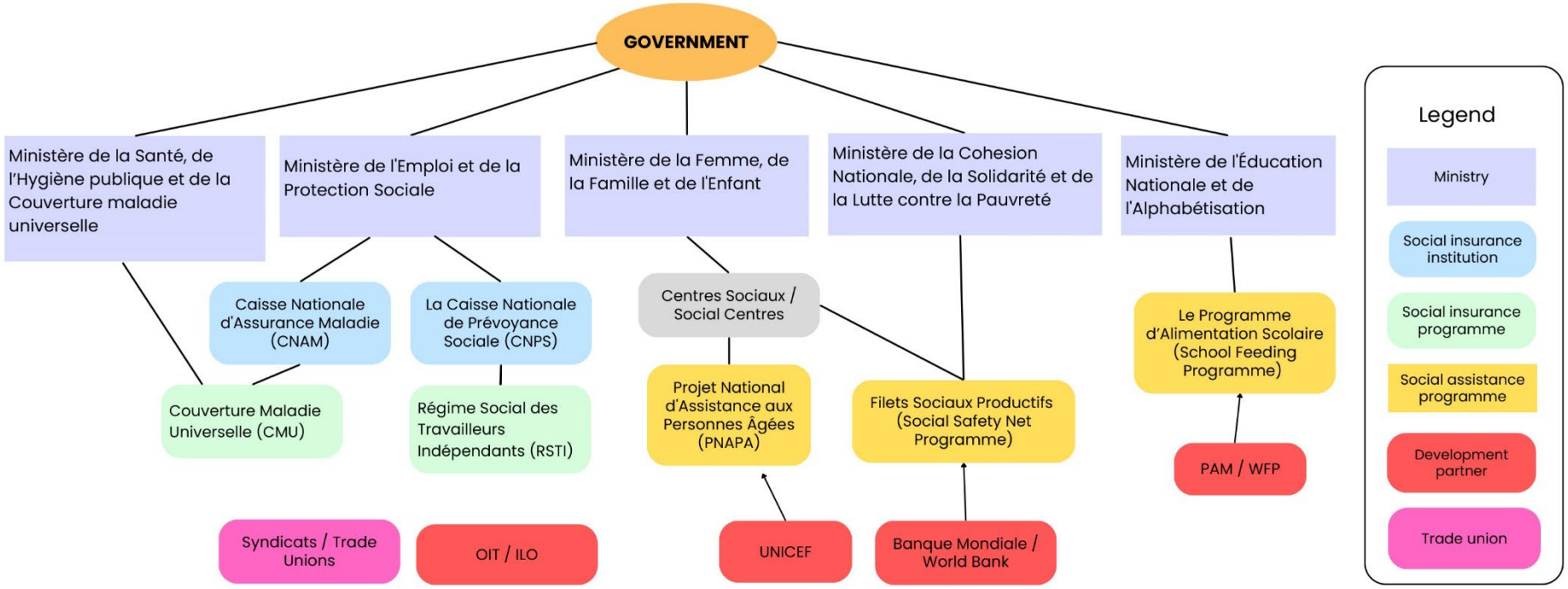
nutrition and education), ActionAid (education, women's rights advocacy, poverty relief) and Plan International (children's rights, education access and gender equality).

Furthermore, collaboration with key development donors is organised under the Development Partners Group, with sector-specific working groups chaired by different development partners on a rolling basis. The Group includes 17 bilateral and 5 multilateral development agencies. In the area of social protection, some of the relevant working groups include "poverty monitoring" and "gender equality" (Development Partners Group Tanzania, s.a.). The interviews conducted for the purposes of this paper confirm that although these working groups are largely donor-run, government representatives seek to engage with these platforms to monitor and adjust programme implementations. In parallel, there are several bilateral engagements between different government bodies and social protection institution as well as development partners.

Moreover, the PSSN – the largest multistakeholder social protection programme in the country – has its own governance structure. Although led by TASAF, the programme is guided by a national steering committee appointed by the president. To this are added six monthly meetings with the (currently) 12 donor partners, and frequent engagement with other relevant ministries, including the Ministry of Finance, the Ministry of Water and the Ministry of Health.

The structuring of social protection governance is captured in Figure 1 below, excluding the diverse projects and initiatives led by international NGOs and the bilateral relationships between donor countries and domestic institutions. The figure is not exhaustive and should be interpreted as indicative of key structures.

Figure 1: Organigram of social protection in Mainland Tanzania[5]



Source: Authors

5 The PSSN programme is governed through a multileveled structure, including:
1. National level: National Steering Committee, relevant ministries (Water, Education, Health, Finance, Social Welfare & Gender, Agriculture), and the TASAF Management Unit.
2. Sector level: Sector-specific agencies and development partners, including the World Bank, UNICEF, ILO, etc.
3. Regional level and district level: Local Government Authorities, Project Authority Areas (PAAs).
4. Community level: Local leaders, Community Management Committees and beneficiaries.

4 Analysis of social protection

In this section, we analyse social protection trajectories and the concomitant policymaking processes through the lens of coloniality and postcolonial dynamics – intertwined with domestic factors. In particular, we establish whether, and in which ways, today's schemes are still influenced by decisions taken in the past. How has the funding practice from the Global North (often the former colonial powers) contributed to the consolidation of path dependencies? At the same time, in line with themes emerging from the overall data, the analysis explores broader features associated with colonial legacies and postcolonial influences, including economic dependencies.

Drawing on the conducted interviews, this section also elucidates the perspectives of different stakeholders on path dependencies and external policy influences, and what sorts of negotiations and potential pushback – driven by domestic actors – have been witnessed on the ground. Finally, we explore stakeholders' views on opportunities and avenues for the future in terms of moving towards the strengthened alignment of diverse policy efforts and actors in full respect of country priorities.

The terms "coloniality" and "postcolonial influence" were not systematically utilised in discussions with stakeholders – and were often rejected by the interlocutors. Instead, the evolution of social protection arrangements and diverse influences thereof were the central focus of the interviews. However, the mentioned concepts (explained in Box 1) bear important theoretical and practical value and guide the analysis in this section.

Box 1: Glossary of definitions as adopted in this paper

Coloniality: The long-term patterns of power and oppression that resulted from colonialism and continue to exist long after the dissolution of colonial administrations.[6]

Colonialism: Direct political and economic domination of a colony by an empire.[7]

Postcolonialism: The "creation of new transcultural forms (cultural, political and linguistic) within zones of contact produced by colonialism",[8] or the enduring economic, social, cultural and political consequences of colonialism and imperialism.

Decolonialism: "Ceasing to be subject to the rules and hierarchies imposed by a colonizing entity in the face of a country from which inferior behaviour is demanded."[9]

Colonial legacy: Colonial legacy refers to the institutional, legal and policy arrangements that were put in place during colonial times, that were maintained post-independence and that are still in place – in part or in full – at present.[10]

Postcolonial influence: Continued patterns of power imbalances that shape social protection arrangements in countries in Africa and across the Global South, even decades after independence.[11]

4.1 Colonial legacy

Below, we explore *what are the institutional, legal and policy arrangements that were put in place during colonial times, that were maintained post-independence and that are still in place – in part or in full – at present*. We pay particular attention to the impact on ongoing economic dependencies, with the related implications for social protection delivery as well as the legacies visible in the institutional architecture of social protection.

4.1.1 Economic dependency

Tanzania's agricultural sector was significantly shaped by the German colonial administration, with long-lasting impacts. The Germans developed notably the production of sisal, coffee and cotton, which became key cash crops for export – while disrupting traditional agriculture, causing an increase in disease levels (due to the tsetse fly) and impoverishment (Bourguignon, 2018). The German colonisers also explored the mining opportunities in the country, setting the scene for mineral extraction, while actual mining activities were disrupted by full-blown conflict between the Germans and the British (Bryceson, Jønsson, Kinabo, & Shand, 2012). During the British colonial era, the agricultural production in Tanganyika served primarily (if not exclusively) colonial needs, often relying on forced labour (Coulson, 2013).[12] Crucially, the British colonial

6 Based on Maldonado-Torres (2007).

7 Based on Kohn and Reddy (2024).

8 AI-generated definition based on International Encyclopedia of Human Geography (2020).

9 AI-generated definition based on Reference Module in Social Sciences (2024).

10 Based on MacLean (2002, 2017); Mlambo, Masuku and Mthembu (2024).

11 Based on Plange and Mumtaz (2023).

12 This included experiments such as the "Tanganyika Wheat Scheme" towards the end of World War II, aimed at producing key crops for export to UK that were ravaged by the war and created suffering due to acute food shortages. Another infamous example is the "Tanganyika Groundnut Scheme", initiated by British Prime Minister Clement Attlee in 1946 to produce oilseeds for the purposes of margarine production in the United Kingdom, while expanding profitable imperial activity – notably to alleviate debts to the United States (Coulson, 2013).

administration further strengthened the primacy of large plantations operated by foreigners, at the expense of local subsistence farmers. British settlers developed coffee and tea exports, while notably Indians managed the sisal export business (Bourguignon, 2018). The British also developed the mining industry in the country, but when the region became a UN trust territory, it enjoyed some protection of native interests, and European mining activities were discouraged (Bryceson et al., 2012).

When gaining independence, Tanzania inherited highly stratified economic and social structures that were characterised by foreign domination of key export crops and the mining industry, and large underdeveloped rural areas in the interior lands with subsistence farmers suffering from chronic poverty. Although Nyerere's Ujamaa project was first and foremost aimed at strengthening the livelihoods of rural populations and elevating the development of the agricultural sector to serve the needs of the newly independent nation (e.g. Cornelli, 2012), the country largely pursued economic policies prescribed by the World Bank with the continued prioritisation of a few export crops and import substitution industrialisation – characterised as a "neocolonial economy" by some (e.g. Shivji, 1992).

The colonial economic strategies continue to impact Tanzania's economic performance and the availability of public resources today. Tanzania's positioning within the global economy remains low, and although its main exports include high-value minerals such as gold and copper (alongside cash crops such as coffee and raw tobacco; see OEC, s.a.), the mining industry continues to be dominated by non-Tanzanian (including British[13]) companies. At the same time, extant evidence shows that Tanzania has been exposed to substantial and chronic export misinvoicing of minerals, especially gold, which constitutes an important channel of capital flight (Ndikumana & Boyce, 2025). External mineral extraction has frequently featured in domestic policy debates, and the previous president, John Magufuli (2015-2021), prioritised restricting foreign companies' dominance as a key political priority in order to accrue resources for domestic public policies. In 2024, the Tanzanian government mandated that all mining firms and traders exporting gold allocate at least 20 per cent of their production for sale to the central bank, in an attempt to bolster the Bank of Tanzania's foreign reserves and ensure that a greater portion of gold value remains within the national economy (Reuters, 2024).

Moreover, the government suffers from restricted budgets and continues to grapple with increasing debt payments. In 2023, Tanzania's GDP reached US$79.16 billion, while the public debt amounted to 45.7 per cent of GDP (end of fiscal year 2022/23; see International Monetary Fund, 2024). In fact, annual debt repayments have grown exponentially over the past decade, reaching US$1,632 billion in 2024 after being at US$192.8 million (current prices) in 2014 (ONE Campaign, s.a.). The dire economic situation has enabled profiteering by new external actors, and questions regarding whether China is "recolonising" Tanzania have surfaced in public debates and academic scholarship (e.g. Kinyondo, 2019). At the same time, the social welfare budget is largely sourced from external development aid, constituting 89 per cent of the social protection budget in the financial year 2021/22, with 79 per cent of this being directed to the PSSN programme (UNICEF, 2022).

Economic dependency emerged as a recurring theme across the interviews, with participants highlighting its implications for social protection systems in Tanzania and similar contexts. Firstly, reliance on donor funding in enabling large-scale initiatives such as the PSSN programme was seen as being susceptible to abrupt funding changes when agendas shift, endangering their sustainability. At the same time, it was emphasised that the current aid architecture involves loans that create further pressure on domestic budgets, with some describing this as "new colonialism" (see citations below). These views reflect those previously

13 E.g. Shanta Gold, Petra Diamonds and Glencore plc; see Curtis (2016).

shared by President Benjamin Mkapa (1995-2005), who cautioned against debts, as these would restrict the freedom of the country (Künzler, 2020, p. 96).

> The sustainability of programmes like these is questionable because they depend heavily on donor funding, and we need to build our own financial capacity. (TA-1)

> You have to understand that the role in finance has actually changed considerably. There's a lot more emphasis on different types of deals in finance, and it's more emphasis on, on lending rather than grants. And you can't really run, it can't really sustain a social protection programme based on, borrowing from abroad. (TA-2)

> If you say colonialism, it means the past period, but right now I am describing new colonialism, that these donors are ruling us in another way. And making us a dependent on donors, for example, like the World Bank, they lend to us money, which means they make us dependent. But we use the taxes of our colleagues to pay this debt. (TA-15)

Moreover, interviewees stressed that the restricted domestic resources hinder the scaling of universal social protection programmes, such as pensions and health care. In 2018, data showed that approximately 28 million Tanzanians were living below the international poverty line of US$1.90 per day in 2019 purchasing power parities (World Bank, 2020). However, the country's social assistance programmes reached only about 5 million people, highlighting a significant coverage gap in addressing the needs of the most vulnerable populations. Interviewees highlighted this gap, explaining that intermittent donor funding makes it difficult for the government to scale its programmes and introduce new schemes (such as social pension) to meet the needs of a growing and predominantly poor population. As noted earlier, the underdevelopment of the rural regions – both in terms of administrative capacity and heightened poverty – is connected to the colonial model of economic development.

Finally, the data suggests that the unfavourable economic climate and the concomitant limitations of financial and human resources have led to the prioritisation of targeted social protection programmes over universal ones. Although targeted interventions provide relief to vulnerable groups such as female-headed households, they do not address broader structural challenges, such as the inclusion of informal workers or universal access to health care. This balancing act reflects the government's effort to do what is feasible while acknowledging the need for long-term reforms to achieve universal coverage.

> TASAF uses targeted cash transfers because universal programmes would require resources we do not have. (TA-6)

> The government evaluates the feasibility of programmes carefully […] research on cash transfers for young women showed strong results, it's an expensive model. It's understandable that the government didn't adopt it, as funding such a programme within their schemes is challenging. (TA-4)

Overall, the insights shared in this section draw attention to the far-reaching implications of the economic structures instituted by colonial powers on social protection delivery in Tanzania.

4.1.2 Institutional arrangements and social protection models

To begin with, it is pertinent to note that the organisation of communal relationships, the redistribution of wealth and welfare responsibilities were drastically different in Africa prior to the imposition of colonial boundaries of territory and the instituting of Western governance systems. As mentioned by interviewees, the centralised governance system introduced by colonial powers is, in its own right, a formal social protection institution inherited from the colonial era.

> The colonial state introduced centralised governance for social protection, and these centralised structures remain in place today, although they struggle to reach rural areas. (TA-9)

> During the colonial period, centralised social protection models replaced community welfare systems, disrupting traditional safety nets. These models were retained post-independence. (TA-6)

> So, all this, for me, the social security and the social assistance, […] these are the ones which were brought by the colonial past […]. Because before, the social assistance which we had, it was more of one neighbour helping to another, more of the communal style of living in our society. So nowadays, we know the government has to cover all of it. (TA-13)

Upon independence, the newly formed government of Tanzania inherited a social protection system that was fragmented and designed mainly for colonialists – hence posing significant challenges to the development of inclusive social welfare policies in the postcolonial era (Eckert, 2004). In particular, the colonial era Provident Fund for old age – originally designed for colonial administrators and formal employees – was retained and adapted after independence. These schemes, such as the Government Employees Provident Fund (1942) and the Central Government Pension Act (1952), became the foundation of Tanzania's modern pension systems. President Julius Nyerere sought to align the inherited colonial model with the new national goals of creating a more inclusive social protection system. The National Provident Fund, introduced in 1964, represented a government effort to ensure that the pension entitlements of former colonial employees, particularly African civil servants, were honoured. This was important for maintaining stability in the newly independent state, as many of these civil servants were needed to help administer the government. Over time, the NPF evolved from a savings scheme into an insurance scheme, the NSSF (founded in 1997), which remains one of the main social protection institutions in Tanzania today. The NSSF provides pensions, maternity benefits and other forms of social insurance to workers in the formal sector.

Although some interviewees downplayed the role of colonialism in current social protection challenges, others acknowledged that institutional configurations and two-tiered social protection systems inherited from colonial rule continue to shape policy.

> It [colonial government] did have some elements of formal social protection in the sense of for employment programmes, specifically pension. There was a small but nonetheless a colonisation indeed. To members of the civil service and as well as members of the armed services who served in the First and the Second World War. And these in many ways, it provided grounds for in providing and for building on towards, a much broader, public service pension scheme in Tanzania. (TA-2)

> There are policies […] which we adopted after getting our independence […] the so-called Government Employees Provident Fund enacted somewhere in 1942 and also we had the Central Government Pension Act, which was enacted in 1952, so those were the social protection acts enacted during the colonial era. (TA-11)

> The payment of the benefits, the regulations or formula are the same. Previously, during the colonial era, non-graduates were not supposed to be paid pension. They were working under contractual system, the so-called AKIBA but to date, we have not separated them. (TA-6)

Furthermore, colonial policies excluded informal workers and rural communities entirely from these protections, creating systemic inequalities that persist. Although the NSSF has sought to expand coverage among informal workers and those working in agriculture through new schemes and policy reforms enabling access on a voluntary basis (Lambin & Nyyssölä, 2024),

these groups remain underrepresented in the current social protection schemes. Together, this fragmentation and marginalisation have entrenched barriers to inclusivity, posing significant obstacles to building equitable and unified social protection frameworks:

> Colonial systems excluded informal workers, and despite post-independence reforms, this gap in coverage still exists today. (TA-14)

> It's a bit historical because we had contributory schemes – contributory insurance fund – which initially was geared towards formal workers, not informal. […] From 2018 the law was passed whereby NSSF was mandated to ensure it extends its coverage of social security to the informal economy. We are still struggling to get there because of the understanding that social security is for formal workers only not for the informal, so we are still struggling. (TA-11)

At the same time, the limited formal, public social protection provision acted as a driver behind new types of informal social protection arrangements. As the processes of urbanisation intensified during the colonial era, communities and informal workers' groups increasingly self-organised outside of the village setting, where welfare needs were traditionally attended to by village chiefs. Today, Tanzania hosts a range of informal workers' associations and with rotational savings schemes, allowing members to access support in case of illness, death or maternity, for instance (Riisgaard, Mitullah, & Torm, 2022). Additionally, village-level savings schemes and banking structures (e.g. VICOBAs) thrived particularly after the financial liberalisation in the 1990s and have become partially formalised in recent years through their incorporation into existing legislation (e.g. Magali & Barhe, 2022; Wango et al., 2022). This reliance on self-help and informal and semi-informal community-based arrangements reflects the primary axis of social protection for the overwhelming majority of Tanzanians during the colonial era.

> So perhaps the single biggest [colonial] legacy was the fact that there are very few Africans serving in the colonial civil service. And as a result, the vast majority of Africans were migrating to urban areas, they needed to be able to organise themselves into alternate social help groups that would contribute towards meeting the cost of medication, even meeting the cost of funerals. (TA-2)

4.2 Postcolonial influence

As described in Section 3, the landscape of external actors in contemporary Tanzania expands far beyond the former colonial powers. These different actors have emerged with their own agendas and means of influence. In this section, we discuss the postcolonial influences in social protection, that is, the continued patterns of power imbalances that shape social protection arrangements in Mainland Tanzania, even decades after independence.

4.2.1 Global paradigms, agendas and soft laws

Although colonial rule over Africa ended in 1975 with the independence of Portuguese colonies, external influences continued to shape public policies and institutions across the continent. As discussed earlier, one such example was the introduction of SAPs in the 1980s under the dominant policy paradigm, the Washington Consensus, which prioritised market liberalisation and the privatisation of public-sector services to spur development (see e.g. Stiglitz, 2003).

Ouma asserts that "social protection presents another of the global social policies that have influenced the social policy paradigm and architecture in several African countries" (Ouma, 2020, p. 822) – referring specifically to the global focus on social safety nets in the form of cash transfer programmes, promoted notably by the World Bank. The impact of the safety net agenda

pursuing targeted, needs-oriented social protection is palpable in the context of Tanzania. Over decades, the principles of the Arusha Declaration, which emphasised self-sufficiency and particularly the empowerment of the largely rural Tanzanian population, were replaced by a singular social safety net programme for rural populations, driven by the World Bank and predominantly funded by external development agencies (including former colonial powers such as the United Kingdom – which features among the key funders of the PSSN programme).[14] As a policy instrument, the safety net was largely designed as a needs-oriented poverty relief programme, providing targeted cash transfers to extremely poor households.

Interviewed domestic stakeholders recognised the role of global social policy agendas also in other areas, including decent jobs and universal health coverage. It was noted that these agendas – and the concomitant soft laws that Tanzania has ratified – had furthered the expansion of social protection arrangements in the country. In some instances, it was reported that international conventions are utilised as a means of pressure by development partners to advance progress towards the implementation of aims stipulated under the soft laws.

> For example, we have the ILO convention that prescribed main benefits. From 1952 now we are paying almost eight benefits which were not there during colonial era. (TA-6)

> But also, we haven't actually talked about the role of the international organisation to be quite forthcoming, in advancing the decent jobs agenda, as well as in advancing various international conventions on labour, social protection and labour protection. And Tanzania being signatory to, a raft to these international conventions. We have received […] also, you know, the subtle pressure to conform to international partners or the international convention to group signed up to actually want us to do so. (TA-2)

> There are conventions that the government also enters into an agreement with these various nations or organisations. […] What I'm trying to say about this is that universal health insurance is also to fulfil the requirements of the conventions we enter. (TA-13)

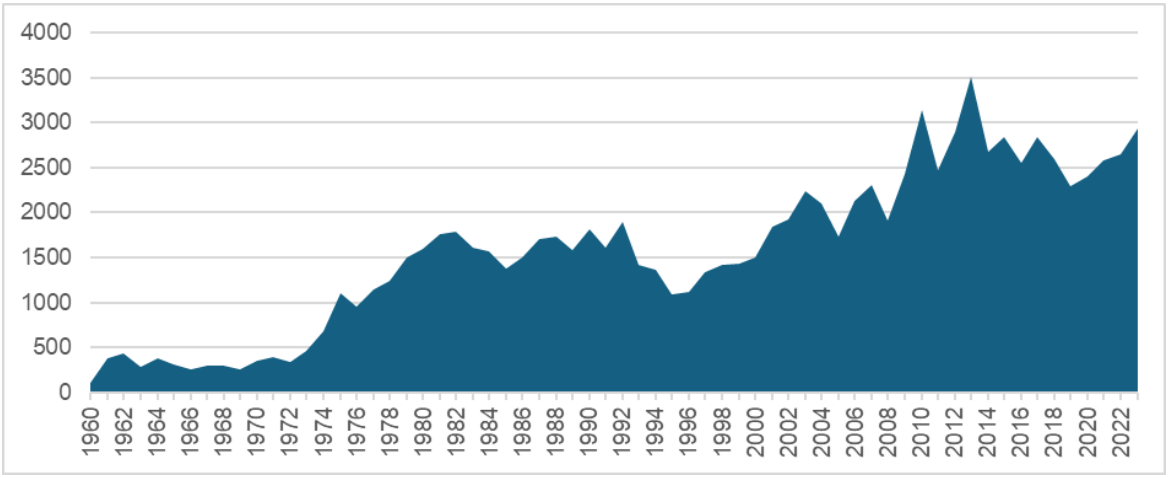
These insights highlight the relevance of policy deliberations and agenda-setting at the global level for countries in Africa such as Tanzania. Yet, as discussed by international social protection experts, such processes involve too few representatives from aid-receiving countries, severely restricting their input and involvement in developing leading global agendas for social protection.

4.2.2 Processes of development cooperation

Tanzania remains a major recipient of international development aid, and the country features among the 10 countries capturing 50 per cent of ODA to Africa (Mo Ibrahim Foundation, 2024). This is reflected in the power dynamics around social protection funding, design and implementation on the ground. In terms of actual aid flows, the World Bank and the United States constitute the major donors (see Figure 3), while the Nordic countries as well as the United Kingdom, Germany and Switzerland maintain a role in providing development finance, alongside multilateral organisations such as the Global Fund, GAVI and the European Union. Development finance and political influence from non-Development Assistance Committee actors is also relevant. One interviewee highlighted that "for instance, China or the US, they might have even […] influence based on their political power and weight" (TA-3).

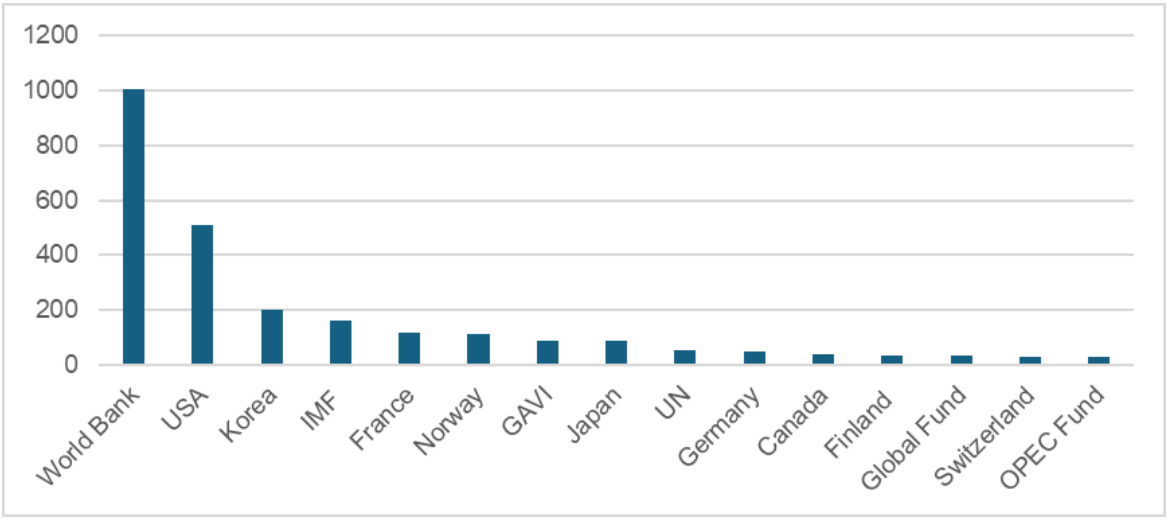
14 The role of growing corruption and profiteering within the political elite, alongside different failures of the Ujamaa project, must be equally accounted for among explanatory factors (Shivji, 1992).

Figure 2: Total ODA disbursements to Tanzania (1960-2023, US$ millions)



Source: Authors, based on data from the Organisation for Economic Co-operation and Development (OECD, s.a.-a)

Figure 3: Top 15 ODA donors for Tanzania in 2023 (commitments, US$ millions, constant prices)



Source: Authors, based on data from the OECD (s.a.-b)

Although the government's 2014 Development Cooperation Framework enshrines that Tanzania's aid activities and development cooperation are guided by the 2005 Paris Declaration – which emphasises the principle of country ownership – the collated data points to important power imbalances that accord external actors with significant sway in policy processes regarding social protection. Firstly, interviews with development partner representatives underscore the fact that external development actors operate in countries with their own priorities and accountability requirements, including towards government ministries' priorities and taxpayers in home countries. This creates processes wherein the aid-receiving government becomes one actor whose voice is heard, without necessarily commanding the overall direction of policies and priorities:

> In the country, the groups of development partners, and subgroups of UNDP and these, they discuss, questions like social protection. And of course, it's always important to hear what is the plan. Also, government, and in the specific country what they are heading to, what are their ideas and how we can support them in these targets. And, of course, there has to be a match between the ones, who could support and finance the

> policies. […] It is still not a complete level playing field. It's the one who comes with the money. Like Germany and the taxpayer's money. They have also to show back home. (TA-3)

Stakeholders articulated that partner influence sometimes leads to frameworks that prioritise global agendas and donor-designed frameworks over local needs and national goals, creating tensions in collaborations.

> Donors have their own priorities in helping us, they have their own agenda. While their funding helps, it sometimes conflicts with the government's vision to eliminate poverty. (TA-15)

> We often find ourselves implementing donor-designed frameworks that do not fully reflect the realities on the ground. (TA-9)

> Donors bring the financing, but ensuring alignment with national policies and goals remains a challenge. (TA-4)

Furthermore, the interview data points to an increasing use of third-party organisations, typically from the donor country or community, to operationalise social protection investments. Although Tanzania was stated to benefit from TASAF's relatively strong competencies as a domestic implementor, it was generally acknowledged that oftentimes resources are directed away from local actors, who will miss out on developing institutional capacity and expertise, and exercising leadership in the social protection field.

> Instead of the project being managed locally, it's often set up as an international tender, with consulting firms from the donor's country – such as Finland, Japan or others – competing to manage the project. Typically, an international consulting firm from the donor country will win the tender and oversee the project funds. […] So, while the project operates in Tanzania, the top management often consists of personnel from the donor's home country, with local experts supporting in technical roles. (TA-12)

> These days we don't work always with government or government agreements. It's, actually only in Tanzania we have a government agreement. […] Unfortunately we have had a few corruption cases that has made [the donor] change its approach and go through main international partners. So I would say that we channel the […] support through the World Bank or through various UN partners. (TA-4)

Finally, the findings show that Tanzania's social protection strategies are often developed collaboratively with key donors, notably in the context of the PSSN programme. External influence is, however, observed also in the context of other policy processes. The recent Universal Health Insurance Act (2023), for example, involved German Technical Cooperation (GIZ), including the recruitment of the German GFA Consulting Group (s.a.). Yet, evidence on the actual impact of development partners in shaping social protection strategies remains mixed. Some interviewees argue that "[t]he social protection policy is owned by the government, and donors only come to advise" (TA-15), while others lament that financial dependency on donors limits its ability to push back or renegotiate terms.

The dynamics described in this section illustrate how donor dependency continues to shape social protection priorities. Although external priorities were identified to have significant weight in policy discussions, many also highlighted government's leadership, notably in developing social protection legislation and strategies. One potential explanation for the different views presented above is that donor influence on social protection policies varies depending on the respective "domain", as explored further below.

4.2.3 Social protection “domains” and donor influence

The interview data collected from Tanzania draws attention to the complexity of social protection as a field of practice and its different “domains” or sectors. When asked to consider key actors shaping social protection arrangements in Tanzania, interviewees asserted that identifying general trends is challenging:

> Generally speaking, there are actors who have great influence, but it depends on how they have positioned themselves in a certain sematic area. (TA-9)

> I don’t think it’s possible to do that because the policy is already mapping the system, like I told you earlier, this is a huge undertaking. Because it follows a lifecycle approach, with both contributory and non-contributory parts. But then the contributory part is huge, covering areas such as pension schemes, workers compensation and the health insurance. (TA-1)

The findings of the study suggest that donor influence on social protection arrangements vary, particularly across the areas of cash transfers, “cash plus” interventions, social insurance (termed “social security” by interviewees) and universal health insurance. In broad-based terms, stakeholders recognised the specific role of the World Bank in the context of CCTs, while the ILO was identified as shaping matters related to social insurance. In addition, the role of UN institutions was highlighted by multiple interviewees, notably in relation to social protection interventions pursuing behavioural change, such as the livelihoods component of the PSSN programme. Universal health insurance discussions, in turn, were noted to involve different collaborations, specifically between bilateral donors and the NHIF.

> Like I’ve said, when you speak of social security, you speak of ILO. When you speak of social protection, you speak of World Bank. Of course, and other UN agencies, like UN and UNICEF, you know. Because they work more on the cash plus programmes, the behavioural change. So, they have shaped that too. […] UN agencies have brought cash plus, to show that cash is necessary, but not be sufficient. (TA-13)

More specifically, the ILO was mentioned in the context of the growing push for universal social protection frameworks, backed up by ILO conventions. Domestic (formal and semi-formal) social insurance institutions also reported on frequently engaging with the ILO in different contexts:

> Under the international partners, we engage with ILO especially on the area of policy issues. They have offices in Dar es Salaam […]. (TA-11)

> In terms of partnerships, we have collaborated with international organisations like the ILO and [World Wildlife Fund], as well as consulting firms and other international entities implementing projects in Tanzania. They needed our local expertise in specific thematic areas and acted as financiers for these initiatives. (TA-12)

However, the World Bank and the IMF were viewed by stakeholders as particularly powerful external actors on the ground (see citations below). This imbalance arises primarily because these financial institutions provide the financial resources necessary to implement large-scale social protection programmes – that is, the PSSN programme – giving them substantial leverage in shaping frameworks and priorities, even in the context of multiple stakeholders and interests. It is also noteworthy that the World Bank also constitutes the most important source of development revenue for Tanzania, all sectors combined (see Figure 3).

> Different agencies have different powers, depending on their role in that particular region. […] The World Bank, IMF have very, very strong tools to pressure a government to act in a certain way, sometimes cutting social programmes if the debt level is too high. (TA-4)

> Money is the key to everything, so those with financial influence hold power. Like I've said, our programme [PSSN], the task team leader is from the World Bank, and there are many partners involved. It's a lot of money. […] Because for some [partners] [the money] is not a loan, but a grant. So, we recognise their support and we try as much as we can to make sure that their interests are addressed within the programme. (TA-15)

Although the influence of development partners on social protection arrangements was largely accepted as their "right", given the financier role, the dynamics were described as sometimes leading to programme designs that do not reflect the system's broader challenges on the ground. Some interviewees specifically raised the issue of programme design under the PSSN, asserting that it does not adequately address structural challenges or align with the broader needs of local populations. The conditional aspect of cash transfers requires compliance with school attendance, which can be difficult for impoverished families to meet without addressing underlying barriers such as food insecurity or lack of access to schools (TA-1, TA-13). In a similar vein, the current discussions around universal health insurance were criticised by some as lacking awareness about the severely limited access to health services and medicine in rural areas. Others, however, stressed that the conditional aspect of the PSSN programme, for instance, is a design feature prioritised by domestic actors, who "know the local context" (TA-13).

Crucially, the empirical data also points to domestically led social protection expansion, particularly in the form of the new social insurance schemes that were introduced to informal sector workers with the NSSF (see quotation below). Although these schemes have faced challenges in reaching the aimed beneficiaries as well as financial sustainability, it is noteworthy that this particular social protection "domain" has remained largely outside of donors' attention, despite strong domestic steering and efforts in this area.

> The Madini Scheme was designed for artisan miners and gives members some benefits, like access to credits and loans, which can help them expand their livelihoods. And for the farmers, the Wakulima Scheme is for small-scale farmers, to insure them against calamities. Of course, all these schemes were initiated by the NSSF, and members and their families could receive free treatment when they got sick. (TA-14)

4.2.4 Exporting ideas and knowledge

The findings of this study show that external donors deploy diverse avenues of influence to shape thinking, policy and practice in the field of social protection in Tanzania. To begin with, the interview responses highlight donors' efforts to influence governments through initiatives such as international training programmes, which involve collaborations with research institutions and agencies. This approach emphasises capacity-building but also steers governments towards specific agendas. Interestingly, it was also noted that expertise brought in by big actors – and especially the World Bank – gives them more weight, also in relation to other development partners:

> Then you start getting support from development partners, with bilateral and UN technical support, to help deliver those big visions, missions and plans. (TA-1)

> Technical expertise from donors helps shape the frameworks and methodologies used in social protection programmes. (TA-13)

> Organisations which have a lot of staff, like the World Bank, bring in specialists for every field they are working in. Smaller partners, including ours, have to concentrate on certain areas to have acceptable goods and experience at the international level. The smaller the partners, the more difficult it is to be qualified to any discussions. So, [participation] is largely based on knowledge and resources. (TA-3)

These quotations illustrate how postcolonial power structures persist, with leading international actors exporting ideas and shaping policy decisions, often aligning with their priorities rather than wholly reflecting local needs. Some interviewees specifically highlighted the issue of copying European-style social protection programmes in the drastically different African context. It was perceived that redistribution of resources through centralised taxation for temporary needs (e.g. unemployment, sickness or maternity) represents an inadequate overall approach in countries characterised by chronic and deep poverty with limited tax resources and domestic redistribution mechanisms.

> So, we have a problem as we copy, we have not tried to build our system into the indigenous […] we are trying to copy the modernisation through the modernisation that was Westernisation. But we can't cope with what we are copying. (TA-5)

However, interviewees also shared some positive experiences relating to development partners' knowledge dissemination and policy influence. For example, stakeholders mentioned that collaboration with international partners has facilitated a shift towards adaptative social protection in the context of the PSSN programme and expanded local actors' understanding of youth as a specific group in the context of social protection.

> The areas that these development partners want to enhance, for example, you find that in the past we were implementing a standard social protection, similarly now let's say we need to shift from a standard social protection to be adoptive with the issues of climate change and shock. (TA-15)

> We have put significant effort into building our understanding and helping others in areas like social protection, human rights and gender equity. For example, we initially overlooked youth protection policies, but through engagement with various partners, including international organisations, we've adopted and developed our own policies. (TA-12)

Another interesting and more subtle means of policy influence noted in the broader literature – and also recognised by the participants of this study – consists of externally organised study visits. The World Bank, in particular, actively funded trips for Tanzanian government officials to visit cash transfer programme sites in Ethiopia, Kenya and Jamaica prior to scaling-up the PSSN programme. Künzler (2020) asserts that this helped consolidate domestic interest in the programme and influenced the government's option for the conditional mechanism rather than unconditional transfers.

4.3 Domestic factors

The findings of this study clearly show that not all policy trajectories and path dependencies can be examined and explained solely through the lens of coloniality. Instead, a breadth of domestic factors has shaped the course of history. In this section, we examine the following question: What are the political, economic and social factors at the domestic level that play into country-level social protection arrangements?

4.3.1 Domestic ideologies and the role of elites

In the context of Tanzania, it is paramount to underscore the unique impact of the early independence leader and president, Julius Nyerere, on the evolution of social policies and the political environment more broadly. The ideological legacy of African Socialism remains pertinent in understanding the country context today. Tanzania has been continually led by the Revolutionary State Party, or Chama Cha Mapinduzi (CCM), which was established by Nyerere, and the ideas and policies from the Ujamaa era (e.g. focus on rural populations) continue to

shape the government's priorities (Jacob & Pedersen, 2018; Mercer & Green, 2013). Although many of Nyerere's social policies faced implementation challenges, their impact on Tanzanian society was profound. His emphasis on equality, self-reliance and education laid the foundation for the country's postcolonial development. Nyerere's social policies, particularly in education and health, created lasting institutions and shaped the nation's development agenda for decades thereafter (Aikaeli & Moshi, 2016). Some domestic actors also highlighted their own socialist orientation in the context of this study:

> I'm not sure if other countries are practicing this, but […] we promote reflect values of Ujamaa and Kujitegemea – socialism and self-reliance. We're implementing these ideals within the private sector, but because we lack resources, we begin with a collective, socialist approach. (TA-12)

In addition to breaking away from the colonial norms of subjugation and dependency, Nyerere became hostile towards its former colonisers due to their condoning of South Africa's apartheid regime – thereby actively moderating and "filtering" the external influence in the country. Instead, Tanzania sought an aid partnership with East Germany, China and other communist countries, including Cuba. Nyerere maintained good relationships also with the social democratic Nordic countries, which were largely supportive of Tanzania's approach to expanding public welfare (Havnevik & Isinika, 2010).[15] These relationships were described as continuing up until today, and interview participants highlighted the government's ongoing interest in the Nordic welfare model. Moreover, some have theorised that the Tanzanian political system, which has been dominated by a single party in power since independence, has developed a sense of "perpetual responsibility for the country" within the CCM party, which has also shaped the policy views of government leaders (Künzler, 2020).

More recently, Tanzania's ideological stance within the country's leadership has been one of productivist developmentalism. Interestingly, the PSSN programme was initially promoted – by the World Bank and TASAF – as a programme that can bolster productivity,[16] self-reliance and co-responsibility in order to align with the dominant view within the government. Crucially, the programme also found favour in the eyes of a prominent gatekeeper within the Ministry of Finance (see Klugman et al., 2017 in Ulriksen, Myamba, & George, 2023). Moreover, the PSSN programme was strategically promoted by the political elites seeking electoral benefit in the context of the 2015 elections (Jacob & Pedersen, 2018).

In contrast, the late President John Magufuli (2015-2021), who had a stern aversion to "free handouts", acted in an important role in reconfiguring the government's relationship with the PSSN programme. More specifically, he actively shifted the programme's focus from (free handout) assistance to "working for the money". This shifted implementation towards productivist forms of social assistance (e.g. public works) rather than pure income support through cash transfers (Jacob & Pedersen, 2018). The findings of this study underscore also the relevance of more local "elites". Interviewees explained that a lack of motivation and full understanding of social protection and its importance among local political leaders can hinder expansion of the PSSN programme:

15 This approach was, however, disrupted by the successive presidents, Ali Hassan Mwinyi (1985-1995), who restored negotiations/relationship with the World Bank and IMF; Benjamin William Mkapa (1995-2005), who privatised state-owned corporations and furthered free market policies (winning favours with the World Bank and IMF, leading to significant national debt cancellation), and Jakaya Mrisho Kikwete (2005-2015), who also maintained largely warm relationships with Western development partners.

16 Daidone, Kagin and Taylor (2023) examine the local economy-wide impacts of the PSSN programme, finding that it significantly increases beneficiaries' production activities, especially in the agricultural sector.

> But also another obstacle to expand is political leaders. There should be a political leader to motivate […], there are some areas there might be difficulties regarding the will of politicians for wanting to expand even social protection programmes. (TA-13)

> The main thing is to increase awareness. […] Awareness to politicians, awareness to various leaders who are decision-makers because you may be operating with decision-makers who are not aware, then there is confusion, and they may prevent something from happening. Therefore, to increase awareness in the country and among leaders regarding the importance of social protection for poor people and how it contributes to reducing poverty. (TA-15)

Furthermore, the conducted interviews highlight that elites at the ministerial level are implicated in efforts to defend national autonomy in policymaking against donor-driven agendas. They are tasked with ensuring that international frameworks do not overshadow local systems and priorities. As such, government elites play a vital role in representing national interests in social protection discussions – acting as negotiators and advocates, ensuring that donor-funded projects and policies address local realities.

> The role of ministries is to ensure that social protection is adequately reflected within ministries, departments and agency policies. Their reports must reflect social protection, identify, mobilise and allocate human, financial and organisational resources, and coordinate social protection programme implementations. (TA-6)

> The state has the power to regulate, monitor and implement policies, taking a leading role in social protection processes. While we serve both national and international interests, any policy we formulate or implement must align with the country's laws and regulations, ensuring they are safeguarded by the state. (TA-14)

The story of the PSSN programme is a powerful illustration of the relevance of domestic elites, both in enabling the launch of new social protection schemes, and in altering its implementation. This underscores the nation's efforts to balance external influence with domestic priorities. Today, Tanzania is led by its first female president, Samia Suluhu Hassan (as of 2021), who has left her own imprints in the area of social protection, notably by driving the Universal Health Insurance Act (2023).

4.3.2 Political will and resistance to external influences

The collected data shows that government's key priorities in the area of social protection focus on the informal sector and rural populations in order to address coverage gaps. Several stakeholders also highlighted inclusive policies including universal pensions, employment benefits, poverty alleviation, and human development and rights. In these areas, the commitment was largely shared consensually and strong among stakeholders with differing objectives, depending on the specifics of the sector – informal sector coverage, universal health insurance, health care access and supply. However, as the quotations below show, no specific government "pet projects" were systematically mentioned.

> Priority within the government one is coverage to ensure that all people who are supposed to be covered are covered […] and the informal sector. (TA-6)

> One of our priorities is to ensure we extend social security coverage to the people working in the private sector and to the majority who are in the informal economy. […] The main objective is to ensure that these people get their protections, preferably due to contingencies which might arise in the cause of life. […] We normally put more emphasis on the old age pension. (TA-11)

> Well, first of all, we see, universal health coverage law, I think says and makes a statement of where they want to go this way of expansion of, social services, to a wider range of people. So, I think they started out in this direction. They want to go. (TA-3)

At the same time, it is noteworthy that the government has continued to pursue "social protection by other means" since the early independence era, notably in the form of diverse subsidies – an often ignored "social policy" approach to public redistribution of wealth in African countries (e.g. Kangas, 2012). As articulated by one study participant:

> And also, the government has subsidies for farmers, funding agricultural inputs and fertilisers inputs support has been for a long time. […] But also, the government has food reserve. […] When we talk about social protection we don't think about them, we think about the benefits which are given to people, whether they get out of employment or […] through TASAF and others. But if you study the welfare system of the government, how sure it is through various activities you will discover that all these subsidies all these things which are given, which are given basically they lead to social protection, preventing people from falling outside the net. (TA-5)

Furthermore, the study results suggest that, despite donors' considerable weight in the context of limited domestic resources, there is some degree of resistance and pushback by domestic actors. This includes focusing on national development plans such as the Tanzanian Vision 2025, which aims to reduce poverty and foster sustainable development through state-led initiatives. Some participants also cited cases of programme rejection, whereby initiatives were not adopted due to the misalignment with national priorities, culture/norms or feasibility concerns. Another specific example was the conditional element of the PSSN cash transfers, adamantly pursued by domestic actors amid proponents of non-conditional transfers.

> Some programmes were seen as too expensive or not aligned with the government's long-term goals, so they were not taken up. (TA-4)

> The government has its own priorities, and while development partners can introduce ideas, there are areas where the government has pushed back. One notable example is in the area of human rights [LGBTQ+], which has seen resistance and is often highlighted in the media. (TA-8)

> We are implementing the conditional cash transfer to fit with our environment. Since we are not giving you only cash, but it has to be a conditional. […] They brought it like cash transfer, just direct, because now – of course, they had a point; if you condition an extremely poor household, you must take your kid to school, and if the school is not there, then it's like you're punishing that person unnecessarily. But again, we know our people, we might have a school there, but still not take that person. […] It has to fit with our environment and our people. (TA-13)

Moreover, a recent study examining the micro-level revenue bargaining process between the government and the financiers in the context of the PSSN programme reveals that "the international donors want to continue the PSSN although with increasing budgetary commitment by the Tanzanian government, whereas the government is sceptical of the programme and does not consider it a clear priority area" (Ulriksen et al., 2023, p. 236). Drawing on interviews from 2016-2018, the study shows that the government is systematically driving the downscaling of the cash transfer component and limiting government disbursements (even though budget data shows that its commitments have increased over the years). The lack of government commitment to funding social protection programmes was also raised by several stakeholders interviewed for this study and viewed as contributing towards donor dependency.

At the same time, one external stakeholder noted that government rarely engages in strong pushback, wishing

> that sometimes they are more tough in the approach what they want from the development partners and what they accept as support, so as to get the policy more streamlined in the direction they want. (TA-3)

This suggests that there is further scope for bottom-up pressure to bolster domestic ownership of social protection policies.

Overall, these findings suggest that although Tanzania lacks a clear set of priority interventions and remains heavily donor-dependent on financing social protection (and especially social assistance), it has also engaged in policy pushback – notably when the ideological-normative clash between programme objectives and the government position is significant.

4.3.3 Domestic implementation capacity and corruption

Naturally, ambitious policy strategies alone are not sufficient to ensure social protection delivery, but effective implementation constitutes the "last mile" defining whether or not planned provisions reach the beneficiaries. Study participants frequently raised challenges related to such implementation on the ground. Firstly, the restricted domestic fiscal space was noted to result in insufficient human resources to administer and monitor programmes effectively. This issue is particularly noticeable in rural areas, where programmes often fail to reach their full potential due to limited oversight and capacity.

> There is still a lack of trained personnel to oversee and monitor these programmes, especially in rural areas. (TA-9)

> It is also about the capacity of our councils. For example, […] we rely on council staff, particularly the extension officers. However, they are not present in every area, so when you go to the village, their availability is limited, and our targets are in proximity, which presents a challenge. Therefore, there are issues related to tools, capacity and availability of personnel to who can manage the programmes. Therefore, expanding new initiatives becomes limited, not only due to funding, but also the capacity of personnel who can properly supervise and follow up on programmes. (TA-13)

> Public service ministries advertise very few job opportunities, and even fewer positions address the demand for social workers. This results in a significantly limited number of social workers, especially at the local government level. Such shortages directly impact the effective administration of social protection schemes and programmes, leaving critical gaps in service delivery and implementation at the grassroots level. (TA-2)

Secondly, poor governance and corruption emerged as important factors hindering the effective implementation of social protection (see citation below). Another issue also reported in recent publications by study authors (e.g. Lambin et al., 2025) concerns corruption and favouritism among PSSN officials. It remains a pressing issue, benefitting CCM party members or officials' family members rather than those that have the most dire need.

> When you have bad governance and corruption. […] It means people are pushed to vulnerability, are pushed to deprivation and pushed to […] lots of risk. (TA-1)

Although policy strategies set the foundation for social protection delivery, the critical challenges of inadequate human resources, governance gaps and corruption significantly hinder the realisation of these strategies on the ground. These barriers not only undermine the effectiveness of social protection schemes, but also perpetuate inequalities and vulnerabilities, particularly in underserved rural areas. This highlights the need for systemic reforms to strengthen capacity, accountability and transparency in social protection administration.

4.3.4 Civil society and workers' movements

From the colonial era to the present, trade unions and civil society actors in Mainland Tanzania have played a critical role in advocating for social protection, sometimes in alignment with, and sometimes in opposition to the government. The first notable labour organisations emerged during the colonial era in the 1920s and 1930s, including small worker cooperatives and informal resistance groups. However, the first formal trade union, the Tanganyika African Government Servants Association, was founded in 1927. Representing only civil servants, it was limited in scope and did not advocate for broader social protection (Coulson, 2013). In the 1940s and 1950s, workers in industries such as railways, plantations and ports organised protests and strikes to demand better wages and working conditions. The Tanganyika Federation of Labour was established in 1955 as the first umbrella trade union organisation, with links to the nationalist movement led by Julius Nyerere and the Tanganyika African National Union. The role of trade unions during the transition from colonialism to independence and the first domestically led social protection system was also highlighted by study informants:

> We also have to credit the rise of trade union, the trade union movement in Tanzania, specifically between 1961, and between 1961 and 1970, […] which was quite keen in, in driving the agenda towards […] better protection for workers in Tanzania. (TA-5)

However, once it was independent, Tanzania formally became a one-party system in 1965, restricting trade union and civil society activism by co-opting workers' associations into the state apparatus under the National Union of Tanganyika Workers (Babeiya, 2011). The re-introduction of the multiparty system in 1992 provided a space for civil society activism anew, and the 1998 Trade Union Act formally recognised the political role of trade unions. The Organization of Tanzanian Trade Unions, formed in 1995, campaigned against the privatisation of public services and advocated for worker rights in the context of SAPs and neoliberal reforms (Babeiya, 2011). Also domestic NGOs, churches and grassroots organisations criticised SAPs for increasing poverty and inequality. Groups such as Tanzania Gender Networking Programme emerged to advocate for social justice, as noted by interviewees.

In the contemporary context, diverse domestic civil society actors engage in social protection policy advocacy. Alongside formal sector trade unions, informal workers' organisations such as the Tanzania Informal Economy Network and the Tanzania Street Vendors Association (VIBINDO Society[17]) have engaged with policymakers to push for policies that include informal workers in pension schemes, health insurance and labour protections (see e.g. Kilonzo, Mwinuka, & Macha, 2023; Riisgaard et al., 2022, 2024).

At the same time, domestic civil society organisations often engage with development partners to discuss policy strategies and implement social protection projects and programmes. As highlighted by one interviewee, this offers opportunities to challenge donor approaches that are deemed oppressive and inappropriate according to local Ujamaa values:

> We focused on improving aspects that aligned with a gender framework and modifying those that did not. This involved a significant amount of work reviewing government policies to ensure they were gender responsive. Additionally, there were strategies that came from external sources; at some point, we even resorted to protests, including sleeping in the streets to express our rejection of oppressive practices. (TA-9)

17 Vikundi vya Biashara Ndogo – Association of Small Businesses.

5 Ways forward

The earlier sections have drawn attention to a plethora of challenges relating to government leadership and the expansion of social protection in Tanzania. In an attempt to remedy some of these issues, this section explores the ways forward to support Tanzania in shaping social protection arrangements in line with national priorities, based on stakeholders' perspectives. It is noteworthy that, as stressed by interviewees, this does not necessarily mean overturning social protection arrangements or institutional setups from the colonial era, or those more recently furthered by international actors. Rather, the discussion that follows seeks to capture and present stakeholders' views on how processes and policies can be brought more tightly under domestic leadership and closer to the needs and realities on the ground in the Tanzanian context.

5.1 Strengthening domestic financing and ownership of social protection

Interviewees systematically emphasised the importance of strengthening domestic resource mobilisation, improving fiscal policies and fostering private-sector contributions to build a self-reliant, sustainable social protection system. Moreover, interviewees noted that encouraging domestic resource mobilisation can provide governments with greater flexibility to design and implement programmes that reflect their specific needs and contexts. As stressed in the citations below, this was seen as necessary in order to overcome power imbalances with development partners. However, it requires trade-offs with other development investments, such as those directed at strengthening the infrastructure serving the large and rapidly growing population.

> Donor dependency must be addressed through sustainable national funding mechanisms to ensure continuity and ownership. (TA-3)

> We need consistent funding and better administrative capacity for social protection schemes. We can start with increasing revenue collection, improving tax efficiency, proper allocation of government resources to fund social protection programmes. (TA-14)

> I think part of it is again balancing the investments that the government makes in the big infrastructures, and investments and social services that they provide, I think there a little bit of unbalancing there and over-reliance on development partners. (TA-8)

Although the interviewees did not directly speak to the issue of domestic resource mobilisation, issues such as capital flight (notably through the mining sector) mentioned earlier offer opportunities for capturing a greater share of value generated in the country. A notable example is the "Makinikia" tax dispute, which exemplifies how extractive industries have historically benefited from loopholes in taxation and regulatory frameworks, leading to significant revenue losses for the country. The 2017 Acacia Mining case, where the company was found to have evaded approximately US$82 million in taxes, reflects a broader struggle against corporate tax avoidance. In response, the government imposed a ban on exporting mineral concentrates (Makinikia) to prevent undervaluation and ensure fair taxation, signalling a shift towards economic sovereignty and reduced reliance on external actors. These efforts aligned with broader ambitions to strengthen domestic revenue mobilisation, reduce fiscal dependency on donors and fund social protection programmes through locally generated resources rather than external aid. However, these assertive measures have later led to legal challenges from mining companies alleging contract breaches. For instance, in 2024, Tanzania agreed to pay US$27 million to Montero Mining and Exploration Ltd to settle a dispute over the expropriation of a mining licence. The described dynamics highlight the challenges Tanzania faces in maintaining resource control while also attracting foreign investment. Other challenges concern

strengthening domestic revenue mobilisation and funding social protection programmes through locally generated resources and garnering adequate attention at the domestic and international levels.

At the same time, interviewees highlighted that there is an opportunity to leverage international partnerships more strategically. For instance, working closely with donors such as the World Bank and UN agencies allows Tanzania to gain financial and technical support to scale-up social protection programmes. Relatedly, several interviewees discussed the necessity for governments to take ownership of policy frameworks and ensure that donor contributions support, rather than dictate, their strategies. By asserting leadership, governments can safeguard their long-term vision for social protection. This underscores the importance of governments maintaining control over programme design and implementation while leveraging donor support to complement their efforts rather than dominate them.

Interviewees also reported on the issue of fragmented social protection systems, whereby each actor, whether domestic or international, works in a silo. This creates inefficiencies in resource allocation and planning, and it prevents the formulation of a unified national policy on social protection. However, several interviewees expounded that the coordination strategies have already been reviewed, together with domestic funding strategies, and progress should be expected in the future as the National Social Protection Framework is implemented:

> We need to have the requisite bureaucratic body that will oversee the implementation of social protection policy. We already have the needed implementing agency. […] I think we do have several of them from TASAF all the way to the PSSSF and NSSF and so on and so forth. (TA-2)

> I think there is some fragmentation on the institutional side, we have bodies, like NSSF, NHIF and CHF. They are all involved in social protection, but often with overlapping roles, which I think bring about inefficiencies. Sometimes it's hard for people to know where they actually fit in in these schemes. So, I think coordinating the schemes could bring efficiency, cut down on administrative costs, and make things easier for individuals and lead to a better system overall. (TA-14)

> I believe the policy of National Social Protection was approved this year. Now, the policy understood the need of having a coordination structure for social protection, given that social protection is multisectoral and multidisciplinary. So now, there's a coordination structure specific in the policy to coordinate social protection. So now, it's just the beginning to use it and improve it. (TA-4)

5.2 Recognising local approaches to (informal) social protection

As described in the above sections, the donor community has promoted social protection investments in selected areas, according to their preferred and prioritised "domains". Although constituting a wide range of approaches, these have largely omitted the traditional forms of social protection thriving at the grassroots level. However, when asked about the views on social protection programmes and policies by local populations, domestic stakeholders systematically emphasised the lack of awareness and experience with public social protection on the ground. Instead, community-level self-organisation and self-reliance continues to constitute the most common form of (informal) social protection, often under elaborate structures that have evolved and gradually become embedded as key components of the overall social protection system in the country. In fact, study participants reported that the understanding of formal social protection functions and arrangements remains weak, even among parliamentary representatives:

> Firstly, I'm not sure if local communities fully recognise formal social protection programmes. When you discuss with them, they have their own informal support systems, like VICOBA groups and women's associations, which act as local forms of social protection. (TA-14)

> In the community there were mutual age groups which continue up to now, they have been also taken over and modified. […] You see them today they are according to age, gender, occupation. But nowadays also they have been brought up and built in the modern system and you might want to call them basically residual institution of the colonial or traditional system of the social protection. (TA-4)

> Even from the parliament when they come discussing the issue of social protection you see the way they are unaware of the role of social protection function. […] So, we are still having that big challenge on the implementation of this policy due to lack of awareness, understanding of social protection. (TA-11)

Several interviewees pointed to the cultural importance and practical relevance of informal social protection arrangements. It was suggested that these structures deserve to be preserved and potentially leveraged as an axis for formal social protection delivery. This was considered pertinent, particularly given that the government has restricted resources for social assistance and public social services. They remain limited in rural areas in terms of access, thereby making public health insurance schemes, for instance, somewhat redundant. At the same time, some highlighted the community-oriented characteristics of these schemes, which make them more authentic with regard to local values and traditions that date back to times before colonisation.

> I believe universal health insurance is essential, but there are challenges. […] People complain every day – when they go to the hospital, they're often told that there is no medicine available. […] Some solutions only make sense at a certain level of development. Currently, people tend to invest in social insurance within their own communities. (TA-12)

> So, all of this [formal social protection], I believe, is the push also from Germany or British, which they brought us. […] If you ask me, I will say also we really have to go back. […] That thing of helping each other in the community, should continue, should not lose that, because now this is also expensive for the government. And really, the sustainability of it continues to be questionable. But there was a time when we could do it. (TA-13)

A related, pertinent recommendation emerging from data consists of strengthening domestic civil society engagement in policy processes. Some interviewees suggested that while the government often consults a range of policy actors, it remains largely fixated on its priorities (TA-4, TA-6). However, it was noted that local actors such as NGOs and community leaders can contribute towards inclusive, domestically led social protection processes, and ensure that social protection programmes address the gaps frequently overlooked by centralised or donor-driven initiatives. Stakeholders at the grassroots level often have a deeper understanding of the unique challenges faced by vulnerable populations, particularly in rural or informal sectors. By incorporating these perspectives, governments can create more holistic and equitable social protection policies that adequately respond to the realities on the ground.

> NGOs and local organisations often provide critical insights into the challenges faced by rural and informal sector workers, helping shape specific programme components. (TA-10)

At the same time, it was also underscored that indigenous forms of social protection should not be promoted with rose-tinted glasses. Some interviewees discussed the potential challenges

related to such systems and institutions in order to operate effectively, should they be relied upon as an alternative or complementary form of social protection in the country:

> I would really wish government structures at ward level should be trained on finance management so as to be mentor to help women groups at lower level. […] Some of the members decide to exit themselves from the groups because they think are not profitable. Most of the things which are done are women things and with no objectives. The groups are good innovation but need to be helped so as to be turned into a profitable social protection mechanism at the very grassroots level. (TA-7)

> The traditional social protection system is based on trust and there is no trust. Even the government cannot trust to put welfare funds in the rural communities just like that. […] The second thing is the traditional systems used to be collective, they are based on collectivism, collective for performance. But now the society is completely individualised […]. So that is another challenge: lack of institutions and how do you manage an individualised system? (TA-5)

5.3 Supporting South-South cooperation

South-South cooperation has been – in many contexts and by many actors – promoted as an important avenue to strengthen the policy voice and leadership of domestic governments in Global South countries. The study participants discussed two separate aspects of South-South cooperation – the first one being knowledge exchange and learning, and the second regional arrangements facilitating cross-country benefit portability (which constitutes one government objective stipulated in the forthcoming National Social Protection Policy[18]) and other forms of collaborative efforts to strengthen actual provision.

Several references to regional collaborations imply the longstanding presence of South-South cooperation in Tanzania, with roots in the socialist and pan-African early independence government. Strengthening regional collaboration and pooling of resources for mutual help was considered an important future avenue:

> The South-South cooperation initiatives, originally supported by the late Mwalimu Julius Nyerere, have played a crucial role […]. While South-South cooperation faces its own challenges, it has been instrumental in areas like social protection, especially through regional organisations like SADC [Southern African Development Community] and ECOWAS [Economic Community of West African States]. For instance, during recent disasters in Mozambique and Malawi, SADC provided support, helping those affected to return to a normal life. Strengthening these cooperative frameworks would enable quicker responses, rather than waiting for crises to occur before mobilising assistance. Ideally, we could establish a collective fund for immediate aid, a reserve that countries could draw upon when disasters strike, which would make responses more proactive. (TA-14)

In terms of policy learning and knowledge exchange, TASAF, in particular, has benefited from shared practices across African countries, as explicitly mentioned by multiple interviewees. As elucidated earlier, this engagement, which has been largely funded by the World Bank, is in the interest of strengthening the PSSN programme. Nevertheless, the interview data points to a generally shared understanding that South-South cooperation fosters mutual learning and helps countries address shared challenges, creating room for tailored solutions based on similar socio-economic contexts. Whereas global partnerships often impose donor-driven frameworks,

18 Personal communication.

South-South cooperation – notably in the context of regional collaboration – was articulated to shift the narrative towards local relevance and shared ownership:

> Through research projects and collaborations with neighbours, we are able to look at what has worked and adapt those strategies to our needs. (TA-1)

> Learning exchanges across the region allow countries to address gaps in social protection that are specific to their context. (TA-3)

However, not all interviewees were convinced that South-South learning in the current way offers an avenue for substantial shifts, but argued that it is oftentimes limited to exchanging ideas about specific aspects of existing programmes and policies, rather than facilitating a renewed thinking around overall systems. This view was partially corroborated by an interviewee highlighting domestic interest in learning about women's empowerment in a forthcoming regional event, in order to inform the next phase of the PSSN programme.

> The vast majority of South-South cooperation is actually focusing on fine-tuning. Administration of existing social protection mechanisms is also focusing on trying to unearth new forms of financing these domestic social protection schemes. […] So that's where it has actually centred on, and less on large-scale system of people. (TA-14)

> We are going to see how we can empower women. […] Because the government is learning from exchangeable programmatic innovations to identify best practices. And we thought maybe this will be a very good opportunity for us, especially since we are in the process of developing a new phase. This PSSN phase is ending next year; by September, we will be done. We need to prepare for another phase. (TA-13)

Yet, stakeholders inculcated that South-South cooperation holds potential to significantly alter policy processes by creating alternative frameworks to donor-driven models. Peer learning enables countries to develop strategies rooted in shared experiences, reducing dependency on external funding and prescriptions. Regional bodies and agreements can further reinforce this dynamic.

> The governments are beginning to lead more and rely less on donor influence, particularly when they learn from their peers in the region. (TA-4)

> These partnerships with other countries in the region show us how to implement programmes in a way that aligns better with our own policies. (TA-6)

The interview data also points to an important stakeholder appetite for policy learning and evidence-based policies more broadly. Discussions with stakeholders suggest there is a growing emphasis on using evidence from other contexts, research and data to inform social protection policies. Research institutions and international collaborations are working towards providing evidence on what works in Tanzanian social protection systems. This trend is encouraging a move away from ad-hoc programmes to more structured, evidence-based approaches.

> If we say we have problems in our health system, like in Germany […] we look at other countries, what they are doing, who has better ideas than we have, and what can we learn from them […]. (TA-3)

> The first thing is, you can't do anything in policy without a thorough study and research […] anything which should be done should be based on research and should be evidence-based. But the research should not be for the sake of it, it should be with a certain objective. (TA-5)

Overall, the insights shared in this section show that the consulted stakeholders largely promote South-South cooperation. Interestingly, however, most discussions were focused particularly on regional level engagement and knowledge-sharing, rather than a coordinated global-level action to promote alternative voices and views towards dominant social protection agendas.

6 Conclusions

This country case study on Tanzania has sought to generate new empirically driven evidence and analysis on the role and implications of coloniality in the context of social protection. In so doing, it contributes towards policy debates and deliberations around development cooperation in the context of social protection at the national and global levels.

The first aim of the study has been to explore what is the *colonial legacy in social protection*. The findings of this study point, firstly, to the long-lasting impacts of the extractive economic model imposed upon Tanganyika – first by the German and then the British colonial authorities. Although full-blown exploitation was somewhat tempered from 1947 onwards as the country became a UN Trust Territory, the structures of the economy have remained similar up to the present day. This has resulted in a low positioning in global value chains and, consequently, very limited government capacities for the expansion of domestically led social protection.

Colonial legacies can also be detected in the current institutional architectures of social protection. The first formal, state-governed social protection institutions in Tanzania were introduced by the British colonial administration in the form of a contributory social insurance for formal sector workers. After independence, this institutional structure was largely maintained, albeit with expansion in terms of the range of coverage and benefits. Rather than reforming the system altogether or introducing new social protection measures to cater for rural populations and those in the informal sector, the Nyerere government sought to promote social welfare “by other means”, engaging in an extensive villagisation programme to develop the rural areas. Despite the more recent introduction of several social insurance schemes tailored to different informal sector groups, specifically those introduced since 2014, these schemes remain voluntary, poorly resourced and offer limited coverage. Only formal sector employees are guaranteed social protection as a matter of right – as during the colonial era.

The second aim of this study has been to examine the *continued patterns of power imbalances that shape social protection arrangements in Mainland Tanzania*, even decades after independence. To begin with, the dismantling of Nyerere’s development project, which was rooted in African Socialism, in the context of SAPs is a prime example of how hegemonic Western (neoliberal) ideology overturned even the strongest of the indigenous, ideologically driven development models in Africa in the early independence period. Indeed, some have argued that the World Bank’s intellectual authority and sophisticated scientific justifications have surpassed the role of conditional lending mechanisms as a conduit of policy reform (e.g. Edwards, 1997).

Nevertheless, stakeholders’ perspectives on the current context clearly indicate that money matters. Donor agencies, and notably the World Bank, were reported to have significant political sway, given the sheer magnitude of social and economic (and climate) vulnerabilities experienced in the country that the government cannot address independently. Financial aid and loans from external partners were not seen merely as much needed support, but as mechanisms to maintain influence over policy directions and national priorities – what some stakeholders referred to as “new colonialism”. The findings also show that development partners are actively furthering their preferred policy approaches, methodologies and knowledge through technical assistance, international soft law and active contributions in the planning of policy strategies – referred to as “policy pollination” by Devereux (2022). The described donor–

recipient dynamics may be interpreted as postcolonial power imbalances, whereby decision-making power remains partially in the hands of foreign entities, limiting self-determination – and hence creating dependencies and vulnerabilities, such that any shifts in donor priorities or economic constraints within donor countries can affect programme sustainability (notably in the case of the PSSN programme).

The third objective of this study has been to *elucidate the factors at the domestic level that play into country-level social protection arrangements*. Evidence from this study stresses the role of the ruling elites – and their ideological positions – in shaping social protection, notably through "first-order changes" or policy fine-tuning (as defined by Hall's theory of policy paradigm; Hall, 1993), by altering the implementation focus in the context of specific social protection interventions (e.g. Magufuli's preference for public works under the PSSN programme). This corresponds to evidence from other contexts, such as in Ethiopia, where the government has effectively renegotiated different aspects of donor-funded social protection (e.g. Hickey, McCord, & Lavers, 2015). The findings also point to "second-order change", whereby new policy instruments are added in a new policy context – as exemplified by Mwalimu Nyerere, who effectively introduced a new normative and policy framework for domestically led development. However, the analysis also suggests that, against the backdrop of colonialism, achieving full "third-order change" of transforming a system in its entirety remained challenging, even for the most ardent proponents of anti-colonialism. While introducing new policy objectives, norms and instruments, Nyerere's first independent government did not fundamentally transform the colonial social insurance model, but rather anchored this colonial path dependency through vertical and horizontal expansion.

Stakeholders also identified other pertinent and timely domestic factors – including limited domestic financial, human and technical resources – as barriers to domestically driving social protection efforts. The effective implementation of existing schemes can also be compromised by inadequate local-level administration, due to corruption and favouritism, for example.

Finally, this study has sought to offer new perspectives and evidence on *the ways forward to support Tanzania in shaping social protection arrangements in line with its own priorities*. Overall, the stakeholders' views presented in this study suggest that bolstering country leadership in the area of social protection remains a key priority. Achieving this leadership position requires, however, strategic vision and action across the areas of financing, developing strategies, engaging with development partners, coordinating activities and promoting the active participation of domestic civil society actors. In addition, regional knowledge exchange and cooperation was deemed helpful in shifting the policy focus onto local needs and contexts, and balancing the power dynamics in favour of national actors.

These findings call for increased attention to both coloniality and its interplay with domestic factors in the context of development cooperation as well as the study of social policy reform and the political economy of social protection, in order to move towards strengthened government leadership and a mature social protection system.

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