

**A LESSON IN PRACTICALITIES: PROVISION AND DELIVERY
OF HEALTH TO WOMEN IN THE TANZANIAN INFORMAL
SECTOR VIA THE NATIONAL SOCIAL SECURITY FUND (NSSF)**

Abstract

Women in Tanzania's informal sector, a large proportion of the population, remain without health insurance in breach of their right to enjoy such protection in terms of local, regional and international HR instruments which are binding upon Tanzania. In this dissertation, the writer, an employee of the government-run scheme, NSSF, tentatively explores possible areas of extensive research that will need to be conducted before attempting to extend the operation of the Fund (which currently only covers those employed in the formal sector) to benefit these poor women, who find the escalating cost of health (in the wake of savage ESAP 'reforms') beyond their meagre means. He collects, analyses and presents his evidence using a combination of several gender-oriented methodologies (especially the Women's Law Approach) matched with appropriate data collection methods which consistently focus upon the 'lived realities' of the affected women.

BY

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DECLARATION

I declare that this is my original work and has not been presented for any study programme in any university or college or for any other thesis. The ideas and views herein except where expressly indicated are strictly my own and I take full responsibility for them.

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Declared thisDay of.....2008

CELESTIN E. NTAGARA

DEDICATION

This dissertation is dedicated to my wife Jane, sons Rogers, Frank, Edmond and my daughter Gift and members of the family at large for their spiritual and moral support during the course of my studies.

ACKNOWLEDGEMENTS

This dissertation would not have been successfully presented without the sterling contributions of a number of individuals and organisations. These contributed immensely directly or indirectly towards this work.

Special thanks go to NORAD for their financial and material support that allowed and motivated me to study for a **Masters Programme in Women's Law**.

I convey my deepest and everlasting thanks to **Professor Julie Stewart** for her expertise and guidance during the research process and during the compilation of this dissertation.

I express my profound gratitude to the Women's Law Centre for providing a conducive living and learning environment. Notable thanks go to Women's Law staff that I can not mention by names lest I offend by missing one of them.

Organisations and individuals in Zimbabwe and Tanzania whose works were used during the course of this study long live.

LIST OF ABBREVIATIONS

ILO	International Labour Organisation
NSSF	National Social Security Fund
ISSA	International Social Security Association
UMASIDA	Is an abbreviation in ki-Swahili (Umoja wa matibabu katika sekta isiyo Ra smi Dar-es salaam) which means in English: health care community fund for the informal sector in Dar-es –salaam
NHIF	National Health Insurance Fund.

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MAP OF DAR-ES - SALAAM

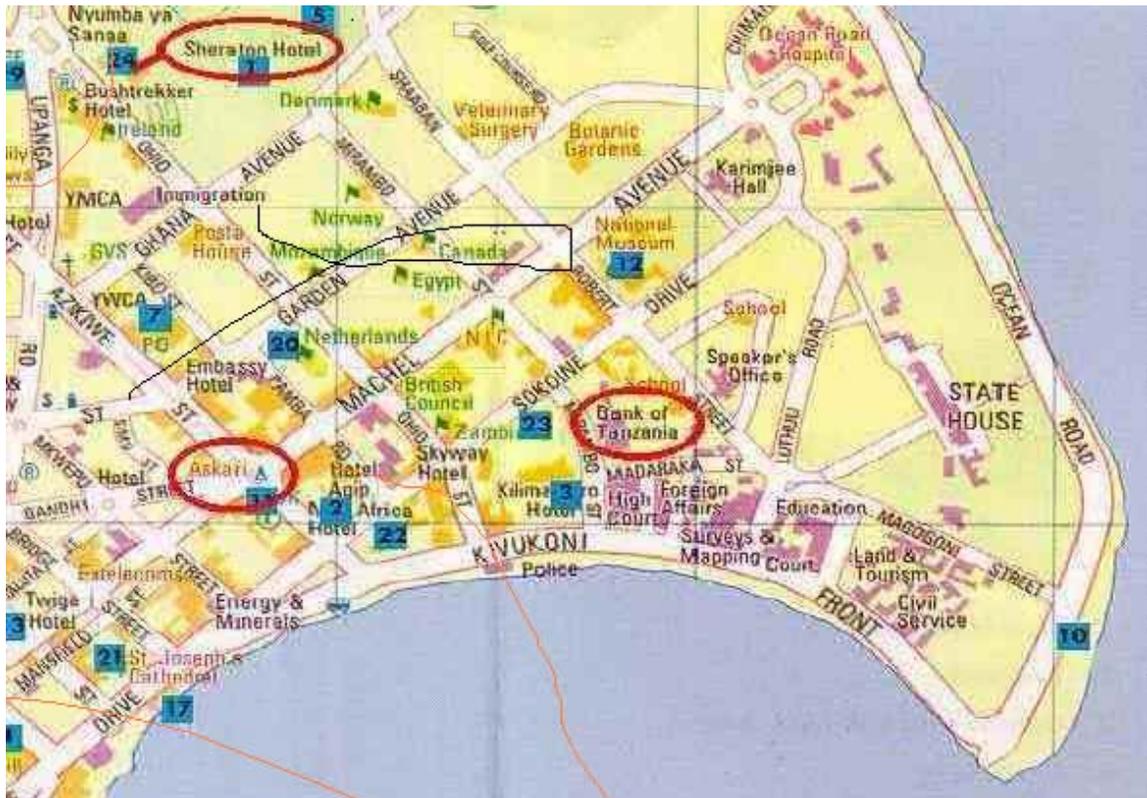


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CHAPTER ONE

INTRODUCTION

1.0 Background of the Study

Health care and health insurance is a major political, economic and social issue in Tanzania today. The costs of health care continue to rise and companies and individuals struggle to keep up with the rising costs. Millions of Tanzanians especially women in the informal sector cannot afford any sort of health care, and are at risk of injuries and disease. It is the absences of such health insurance cover for the women in the informal sector particularly those in the fish selling business at Kigamboni Ferry which motivated me to focus on this aspect.

The Structural Adjustment Programs (SAPs) introduced in late 1980s and early 1990s led to restructuring of financing of social services through what can be termed as 'sector reforms'. The health sector reforms have witnessed the shift in the role of the government from provider of health care services to its citizens to a limited role as a facilitator. The introduction of user fees in public hospital through cost sharing led to an overall escalation in the cost of treatment. This has called in the need to provide an alternative way to meet the escalated health care costs. In this regard, health insurance can serve as an efficient mechanism. Nonetheless women in the informal sector were among these hard hit by sector reforms and were left susceptible to the health consequences.

The health insurance mechanism provides a way by which risk sharing within society may take place. Tanzania lacks a comprehensive health insurance programme which covers the whole population. Only small proportions of the population have formal sector employment and enjoy some kind of financial protection against illness.

The social health insurance benefit under National Social Security Fund (NSSF) is a stepping stone towards a comprehensive health insurance in Tanzania.

Like any nation in the world, health care provision in Tanzania is given its due importance by the government. The presence of national health policy guides the whole process of health care provision. The policy is there to facilitate the provision of equitable, quality and affordable basic health services, which are gender sensitive, sustainable and delivered for the achievement of improved health status. The policy is

operationalized through an infrastructure of government institutions, voluntary agencies and religious organisations, private institutions and the traditional medicines institutions. The institutions include community health services, village health points, dispensaries, health centres, district hospitals, regional hospitals and referral and specialized hospitals. With the presence of the national health policy and the existence of fragmented health insurance schemes, the challenges facing the Fund are to provide the best health insurance to the esteemed members based on the accreditation procedures, provider payment mechanism and the quality of the service offered. To this end women in the informal sector should be encouraged to take advantage of this scheme and ensure that they are insured including their families. This was thought feasible given the fact that women in the informal sector are already generating income which just requires expert advice so that they become insured. In addition, women are the cornerstones of any nation hence need to be empowered and insured against injuries and diseases.

1.1 Situational Analysis of Social Security in Tanzania

In Tanzania the Social Security Industry covers a wider variety of public and private measures meant to provide benefits in the event that an individual earning power permanently ceases, or interrupted. On the contrary some women in the informal sector remain uninsured as a result of the challenges which they face. It is this observation which motivated me to find out the situation of women at Kigamboni Ferry, whether they can afford to join the national social security fund scheme.

1.2 Statement of the Problem

Social Security coverage of the working population was quite extensive at the peak of the parastatal sector era in 1986 when Tanzania had over 440 parastatals.

From 1986 Tanzania embarked on economic reforms programmes, which resulted into privatization of over 300 parastatals which led to retrenchment of employees which forced them out of the formal sector into the informal sector.

Different analysis shows that informal sector employ over 90% of the total labour force and most of them if not all are women.¹

¹ Directorate of Planning Investments and Projects: NSSF 2006.

In an attempt to extend coverage to the informal sector, in 2001/2002; NSSF conducted a research whose objective was to ascertain the feasibility study of extending social security coverage to the informal sector.

That study revealed that, 91.9% of the people in the informal sector knew the existence of the NSSF scheme, 55% had income equal and above the minimum statutory level which should be 20% of their monthly earnings currently the minimum wage is Tsh.60,000/= (USD 55.)

This indicates that there is need for extending social security coverage in the informal sector.

Despite the study and recommendations as of today nothing has been done to extend social security coverage to the informal sector.

This study seeks the best ways through which the NSSF can extend social security coverage in the informal sector with a specific focus on the implementation of health insurance to women in the fish selling business at Kigamboni Ferry.

1.3 Assumptions

- Women in the fishing Business would benefit from hospital and medical treatment provided by the National Social Security Fund.
- Women in the fishing Business in the informal sector are not benefiting from medical and treatment provided by the National Social Security Fund.
- Some women in the informal sector know about the existence of the National Social Security Fund but are reluctant to benefit/join the scheme.
- Women in the fishing and selling business cannot afford to join the National Social Security Fund.
- Women in the informal sector do not know about the existence of the National Social Security Fund and are not reluctant to benefit / join the scheme.

Developed Assumptions

- That the state assumes it has provided health care through its government hospitals, private hospitals, National Social Security Fund and National Health Insurance.
- There are people especially those in the informal sector who do not benefit from the hospital and medical treatment provided by government agencies such as NSSF and NHIF.
- These people cannot afford health care services.
- Human rights instruments has the obligation on the part of the state to make sure that provisions of Articles 14 (2) (a) of the African Protocol and Article 13 (a) of CEDAW are implemented through the United Nations Agencies.
- That the State has to explore and put in place measures to meet the provisions of the Human Rights Instruments.
- That a budget on health care should be of first priority for the state.

1.4 Research questions

- Would women in the fish selling business in the informal sector benefit from hospital and medical treatment provided by the National Social Security Fund.?
- Are women in the fish selling business benefiting from health insurance benefit?
- Are women in the fish selling business reluctant to join the National Social Security Fund?
- Can women in the fish selling business afford to join with the National Social Security Fund?
- Are women in the Fish selling business facing any challenges which prevent them from joining the National Social Security Fund?
- Can the state provide health care through its government hospitals, private hospitals, National Social Security Fund and National Health Insurance Fund?
- Does the Human Rights instruments have an obligation on the part of the state to make that the provisions of Articles 14 (2) (a) of the African Protocol and Article 13 (a) of CEDAW are implemented through the United Nations Agencies?

- Can the state be able to explore measures to meet the provisions of the Human Rights Instruments?
- Is government able to prioritize a budget for Health Care?

1.5 Research Objectives

This study seeks to:

- discuss the establishment of the health insurance benefit within the National Social security Fund
- Examine the extent to which the health insurance has covered the women in informal sector particularly women in the fishing and selling business at Kigamboni Ferry.
- Evaluate and suggest how women in the fishing and selling business can benefit from the health insurance benefit.
- Asses the challenges and continuities that women in the fishing and selling business at kigamboni ferry face.

1.6 Significance of the Study.

As a women's law student working towards the realization of women's rights I found it crucial to investigate the government department responsible for providing health insurance to the formal and informal sectors respectively. The selection of this area of study was motivated by my professional background. I am employed by the National Social Security Fund hence sought to find out what has been done to accommodate women in the informal sector with special attention to those in the fish selling business at Kigamboni Ferry.

This study is an investigation into the practicalities of extending the provision of the health insurance benefit to the women in the fish selling Business at Kigamboni Ferry. This study is premised on the need to investigate the extent to which policy makers and planners have worked to translate the NSSF into reality in the private, public and the informal sectors.

Among the biggest challenges that confront NSSF is how to take on board the informal sector workers. This is evident especially on the exclusion of women in the fishing and selling business at Kigamboni Ferry. This research therefore examines the opportunities for legal extension of the scheme and administrative reforms. Added to this it investigates how the contribution structures and health insurance Schemes within NSSF can be reformed so that it can embrace women in informal sector. This study indirectly intends to ensure the sensitization of Tanzania's policy makers and implementers to be gender sensitive. Women are the pillar to the sustenance, survival and continuity of any nation hence the need to ensure their recognition by the NSSF in Tanzania. Overall the study seeks to create a culture of recognition by policy implementers of all sectors (formal and informal) of the Tanzanian society. The study aims at reducing the number of women who die in the informal sector as a result of accidents and water related diseases which can be contracted during the fishing and selling business.

Different researches conducted to establish the feasibility of extending the National Social Security Fund revealed that informal sector employ over 90% of the total labour force in Tanzania and majority of these are women. This signifies the importance of women in the Tanzanian community.

CHAPTER TWO

2.0 LITERATURE AND LAW REVIEW

2.1 Theoretical/Conceptual Framework

The International Labour Organization (ILO) was set up in 1919 at the end of the First World War under the League of Nation to secure basic minimum standards of employment. Its purpose was and is to improve the conditions of labour all over the world by persuading governments to fix better conditions for their work force. Among other things it set up a maximum working day and week, specified adequate minimum wages, introduced sickness and unemployment benefit and old age pensions. ILO continued its sterling efforts to improve the conditions of the work force both in the formal and informal sectors under the emblem of the United Nations Organization. To this day ILO has collected and published vast amount of information and many governments were encouraged to take action.

Interestingly, none of the International Labour Organization conventions that deal specifically with social security actually defines the term. The conventions focus rather on the various contingencies and on the benefits that must be provided in respect of these contingencies. The omission was probably intentional, as it would have been extremely difficult to define social security in globally acceptable terms in these international instruments. Different historical factors, social economic and labour market policies have caused nations to deal differently with the various elements of social security. Accordingly, countries often differ on the specifics of social security such as the nature of the protection, the manner in which the funds are collected, the contingencies in respect of which security is to be provided and the nature, size and duration of the benefits attached to these contingencies(Strydom,E,M,L et al:2001).

In its broadest meaning, the International Labour Organization (ILO) defines Social Security as the protection measures which society provides for its members through a series of public measures against economic and social distress that would otherwise be caused by the stoppage or substantial reduction of earnings resulting from sickness,

maternity, unemployment, disability, old age, death, provision of **medical care** and subsidies for families with children.² In summary, the following elements can be distinguished in the ILO's definition of social security; protection by society, through a series of public measures such as payment of benefits, or provision of things such as medical care to those members of the society who have no or insufficient income.

Moreover, the International Social Security Association (ISSA) broadly defines Social Security as "All forms of compulsory social protection that by virtue of legislation or National practices are an integral part of these countries"(ISSA Secretariat,2004,p.4)

The ILO frame work, of social security protection is based on a three-tier (Pillars) structure which seeks to utilize various funding sources for provision of better protection to the country's population and address needs of different groups in the society with respect to income and degree of vulnerability³. These tiers which are the same as pillars are;

Tier one- Social Assistance scheme these provide services such as primary health care, education, water, food security and other services on a mean tested basis. They are usually financed by the government and non-governmental organizations. Tier two-these are usually compulsory and contributory schemes financed by both employees during the working life terminal as well for short term benefits. Tier three-voluntary or supplementary schemes these include personal savings, cooperative and credit societies,occupational pension schemes and private schemes managed by employers, professional bodies, community based organizations and other private sector actors.⁴

Social Security Institutions can also be categorized in several ways.

These can be Defined Benefits or Defined Contributions; they can be public or private.

² ILO, **Introduction to social security** (3rd ed.) 1984.

³ Ibid.

⁴ Ibid.

Whilst under a defined benefit scheme the benefits payable to the scheme members from retirement age are defined when contributions are made; in the defined contributions scheme, the contributions to be made is defined and the benefits depends on contributions, investment income and administration costs (Schemmer, 2004).

However, it is difficult to devise a unique metric that classifies all Social Security institutions into Public or Private. Nevertheless, (Mishikin,2004,Eakins 2004) define a public Social Security institution as the one that is sponsored by the government body, whereas a private Social Security Institution is the one sponsored by employees, groups and individuals. More over as argued by (Impravido 2003), public Social Security Institutions are the ones with publicly centralized management, and hence Government is an important and major stakeholder.

One of the principles of Social Security as reported by (Guhan: 1994) and the ILO income security recommendation of 1994 (No.64) is that of universal Coverage: "...protection should be extended to the entire national community as a whole because it is not the aspiration of one social class, certain professional categories or under privileged group..., Social Security Schemes should meet the needs of all workers and as a human right, those of all population (ILO, 1997).⁵It is therefore a question of eliminating inequalities between social or occupational, formal, or informal groups especially women and establish a general solidarity in the community for the benefits of all stakeholders. The tendency in industrialized countries is to widen coverage and make universal protection available to most people. Even though the ultimate objective of this doctrine has not yet been attained elsewhere in developing countries, extension of coverage is still an objective that has to be seriously worked upon.

In Tanzania limited provision of social security services to employees in informal sector is regarded as a barefaced contravention of Article 22 of the Universal Declaration of

⁵ International Labour Organization.

Human Rights of 1948⁶ and Article 11(1) of the Constitution of United Republic of Tanzania.⁷

2.2.1 Formal Social Security System

This is an organized mechanism of protecting citizens against social contingences. It is a system that has existed in Tanzania well before independence whereby various policy statements have been made and Acts of the parliament passed in regard to the protection of the population against contingencies such as injury, loss of employment and old age.

These are the Master and Native Ordinance Cap.78 as amended by Cap.371 Provident Fund (Government Employees) Ordinance Cap.51. Workmen`s Compensation Cap.262.

Others are Severance Allowance Act No.57 of 1962, the National Provident Fund Act No.36 of 1964 as amended by Act No.2 of 1975 which was later repealed and replaced by the National Social Security Fund Act No.28 of 1997. The major set back of these Acts is that they were gender insensitive and did not embrace the women as stakeholders.

As of today, there are about eight major formal institutions providing social security services in the country.

These are The National Social Security, (NSSF), Public Service Pension Fund (PSPF), National Health Insurance Fund, (NHIF), Local Authority Pension Fund, (LAPF), Parastatal Pension Fund (PPF), Government Employee Provident Fund (GEPF) and Zanzibar Social Security Fund (ZSSF)

2.2.2 Informal Social Security System

Tanzania like many other Countries in the developing World, had strong informal and traditional Social Security Systems built on family or community supported such as famine, diseases and old age, individuals depend on family clan and community members for assistance in the form of cash or in kind.

While it is recognized that over time traditional social security system has tended to deteriorate, which in turn led to the increase in the informal employment in such sectors

⁶ Article 22 Universal Declaration of Human Rights 1948.

⁷ Article 11(1) of the constitution of United Republic of Tanzania 1977.

like agriculture, mining, petty traders, transport women in fishing and fish selling business included.

Currently, the informal sector is growing and there is a relatively high unemployment rate which stands at 15%, as a result many Tanzanians experience a situation whereby they have no income and can only make irregular contributions to the social security schemes. Previous studies indicate that most of the Tanzania's enterprises in the informal sector are characterized by seasonal income generation, low productivity, frequent change of employment, lack of clear representation bodies and income.⁸ These anomalies mean to most of social security institution in the country hesitate to extend coverage to the informal sector.

The main argument put forward is the difficulty in the collecting monthly contributions, monthly income estimation and overcharging on business premises. Such a scenario would make it difficult for women in the informal sector to join the scheme given their limited profits. By considering the number of employees in the informal sector and its contribution to Gross Domestic Product (GDP) in 200/2001, NSSF conducted a research on how best it can incorporate the informal sector in its schemes. The research findings show that it is feasible to incorporate the informal sector provided that appropriate procedures for incorporation are laid down and the incorporation itself is done in stages.

2.3 The National Social Security Fund in Tanzania

The National Social Security Fund (NSSF) is a Social Security Institution (SSI) under the Ministry of Labour, Employment and Youth Development in Tanzania Mainland. This institution was established by an Act of Parliament No.28 of 1997 to provide social security services to the members in the private sector, public sector, self employed and many other persons not covered by any scheme as provided for under section 6(2) of the Act.⁹

⁸ Directorate of Planning Investments and Projects: NSSF 2006.

⁹ Section 6(2) of the NSSF Act No.28 of 1997.

Tanzania has signed numerous international treaties guaranteeing the right to social security for all, and the International Labour organization maintains that the country can afford to provide modest levels of countrywide social security protection for all its citizens.¹⁰ The country has ratified a number of UN treaties guaranteeing the right to social security to all, including the International covenant on Economic, Social and Cultural Rights of 1966, which stipulates in Article 9: The states Parties to the present Covenant recognize the right of every one to social security, including social insurance.¹¹

In terms of human rights and social justices, the unemployed need to be included in the social security mechanisms enjoyed by the small minority employed in the formal sector (Ginneken: 1999). The National Social Security Fund is the successor of the defunct National Provident Fund (NPF), established by an Act of Parliament No.36 of 1964. The functions of the Fund are five fold; to register liable employers, and employees in mainland Tanzania, collect contributions from those registered, account for money collected, invest part of the money in safe and high yielding investments and to pay out benefits to eligible insured members.

The law establishing the Fund empowers it to administer seven benefits to its members namely; Old age benefits, Invalid benefit, Survivors' benefits, Funeral grants, Maternity benefits, Employment injury/occupational diseases benefit and Health insurance benefit. Currently all seven benefits are being administered by the Fund.

2.4 Social Health insurance

The term health insurance is generally used to describe a form of insurance that pays for medical expenses. It is sometimes used more broadly to include insurance covering disability or long term nursing or custodial care needs. It may be provided through a government sponsored social insurance program, or from private insurance companies. It may be purchased on a group basis (e.g, by a firm to cover its employees) or purchased by individual consumers. In each case, the covered groups or individuals pay premiums or taxes to help protect themselves from high or

¹⁰ <http://www.socialwatch.org/en/informesNacionales/556html> country by county-Tanzania (02/20/08)

¹¹ Article 9 of ICESCR 1966

unexpected health care expenses. Similar benefits paying for medical expenses may also be provided through social welfare programs funded by the government¹²

Health insurance works by estimating the overall risk of healthcare expenses and developing a routine finance structure (such as a monthly premium or annual tax) that will ensure that money is available to pay for the healthcare benefits specified in the insurance agreement. The benefit is administered by a central organization, most often either a government agency or private or not-for-profit entity operating a health plan.¹³

Therefore, social health insurance is one of the most important components of the social security and perhaps the most expensive one. It represents a mechanism whereby risk in health care are pooled and the burden of direct costs of medical care for a patient are shared amongst a group of people and spread over a period of time¹⁴. Contributions are compulsory and made by employers and employees and sometimes by the government.

The National Health Insurance Fund in Tanzania is an example of the social health insurance in the country. Therefore, the National Social Security Health Insurance benefit is another scheme established.

2.5 Types of Health Insurance

There are two types of health insurance schemes namely;

Voluntary scheme whereby a member joins health insurance of her/his own will. This type of scheme has difficult in achieving National Health Policy objectives which is to facilitated the provision of equitable, quality and affordable basic health services, which are gender sensitive, sustainable and delivered for the achievement of improved health status.¹⁵

Compulsory scheme whereby a member has no choice but to join the health insurance as required by the law. The mandatory type has many advantages of improving risk

¹² Wikipedia, the free encyclopedia.

¹³ Ibid

¹⁴ A study conducted for the formulation of Social Health Insurance Benefit for NSSF April, 2004, Dar-es – Salaam.

¹⁵ Tanzania National Health Policy Mission 2002.

pooling and solidarity, because it ensures greater equity of its member's access to health services wherever they are in the country.

2.6 Extending Social health Insurance Scheme.

In some developing countries, the process of economic growth has resulted in the transfer of a large part of the labour force to the formal sector. In addition, in such countries the government had and used sufficient resources to subsidize the extension of statutory social insurance schemes.¹⁶This has happened in various countries in East and South-East Asia. The most striking example is the Republic of Korea, which achieved universal health insurance coverage in 1989, within about 12 years of the commencement of compulsory medical insurance in 1977. I am of the view that Tanzania as one of the developing countries as the aforementioned if there is a political will can achieve to extend social health insurance through NSSF to the excluded majority who are women in the informal sector.

People often excluded particularly in contributory schemes are workers in the informal sector especially women. Specifically in developing countries, low level of economic development, lack of institutional infrastructures and difficulties in extending Social security coverage in rural areas increase exclusion.¹⁷Tanzania as pinpointed in my statement of the problem informal sector employs over 90% of the labour force most of them are women who are not covered by any meaningful social security scheme. Moreover, the previous study on extension of social security services to the informal sector revealed that there is a demand for social security coverage ranging from old age benefits to health insurance.

2.7 Initiatives being taken to extend social security coverage

Currently, several countries are doing well towards the increase of social security coverage; for instance, Tunisia has established a number of measures designed to extend

¹⁶ Ginneken, v (ed) (1995) "social security for the excluded majority;" **The case study of developing countries** ILO, Geneva .

¹⁷ Ibid.

coverage which recognizes the low contribution capacity of certain groups of workers including small farmers, fishermen craftsmen e.t.c the same trend can be adopted by Tanzania in covering women in fishing and selling business at Kigamboni the area of my case study.¹⁸In many low-income developing countries, governments can no longer guarantee free access to health care, with the result working people themselves have started to organize their own access to such services. The UMASIDA¹⁹ scheme in Tanzania is self-financing and independent. Tanzania as one of most low-income developing countries has not more than 5-15% of the working population in employment and their dependants covered by statutory social insurance mainly for pension and health. Extension and reform of the statutory social insurance system could reach another 5-10% of the population most of those so far uncovered regular employed workers in the formal sector. In between these two groups are the bulk of the working population (about 40-60%) who are above poverty line but not eligible for statutory social insurance (Ardington, E and Lund, F, 1995)

In July 2000 the International Social Security Association (ISSA) launched its two year-year social security scheme aimed at widening social security coverage to include the informal sector. With that program, Tanzania became second in the Anglophone countries in the continent to embark on the social security changes.²⁰ During that launching the NSSF management said that the organization has looked into other areas of widening the fund. The then Director General of NSSF was of the view that in order to succeed more efforts were needed especially in the marketing, performance assessment measures and innovation.

However, studies indicate that most of the present day pension industry only focuses on pensionable citizens. This means that those who are not of pensionable age are left without knowing it be accruing insufficient benefits for the viable pension when they reach pension able age. This social group accounts for only three percent of the Tanzanian population. Tanzania has at least 10 separate statutory schemes, which are

¹⁸ International Social Security Association (ISSA) Report, 2004.

¹⁹ UMASIDA is an umbrella health insurance organization for informal economy in Dar es salaam

²⁰ <http://www.hartford-hwp.com/archives/36/348.html> Visited on 03/04/008

segregated and stratified.²¹ But all these schemes cover employees in the formal sector of the economy which employs less than 15% of the population. Some of these schemes are contributory and some are not. In 1998 the government tabled the Act called, the Government Pensions Act, 1998.

The aim of the legislation was to repeal the colonial ordinance and introduce a social security scheme for government employees under pensionable service, but remained mum on the informal sector. The challenge confronting social security in Tanzania, according to various analyses, centres on how it can be broadened to cover unemployment insurance and universal health insurance.²²

In South Africa, the Parliament was considering a proposal to establish a funded social security system for low income earners and for people who are informally employed. This proposal came from a discussion paper of the National Treasury focusing on people with low and middle incomes or with informal or irregular earnings including part-time and seasonal employees, domestic servants and agricultural workers.²³ It has been established that, in some countries, the coverage gaps is caused by lack of communication and coordination among social security institutions the same applies to Tanzania where social security institutions are placed under different Ministries. Also this is an issue in countries like Mexico and China. In the later, the government has established new ministry to centralize the management of social security institutions that were under five departments, thus allowing a more cohesive and regulatory approach to the goal of coverage expansion.²⁴

Kamuzora, P. argues that, an overview of the social security industry in Tanzania reveals that it has two types of social security systems, the formal statutory social security

²¹ ILO working paper on the informal sector sub-Saharan Africa <http://www.hartford-hwp.com/archives/36/348.html>

²² Op. cit.

²³ ISSA Report, 2005.

²⁴ Ibid, 2004.

schemes and the privately organized social security schemes.²⁵ However, one of the remarkable shortcomings of these systems is their limitation in coverage; this situation is manifested in the fact that since pre-colonial era the majority of the population depended on traditional social systems to meet their social security needs. In recent years and especially, with the on going social economical change, traditionally social security systems have gradually been replaced by private social security arrangements.²⁶ That means out of formal settings, workers have set up schemes that better meet their priority needs and contributory capacity. According to Shaw and Griffin²⁷ there are substantial gaps in the Tanzania social security coverage, as it is in the case of most of developing countries.

Consequently, due to higher demand and supply gap of social security protection or due to inadequate provision of social security protection there is a great demand for group arrangements to finance and organize these social services. Most of the groups are based on ethnic groups. They facilitate the provision of social services such as healthcare, funeral expenses and education which otherwise would have been shouldered individually. Other informal social security arrangements are known as UPATU which is the acronym for the rotating savings and credit groups.²⁸ The challenge confronting social security insurance scheme as I pointed out earlier is on how the success of health insurance can be replicated in financing other priority social security needs of women in the informal sector. In that respect the choice of the mode of contribution remittance becomes a critical factor. As observed by HU²⁹ a flexible method of paying contributions remittances is the most appropriate mode of contributions for informal sector. The argument for this approach is based on the fact that most women in the informal sector earn income on an irregular basis as compared to their counterpart in the formal sector.

²⁵ Kamuzora,P (1999) **Extension of formal social security schemes in the united Republic of Tanzania** ILO, Geneva.

²⁶ Bossert, A et al (1998) **Formal and informal social security: A Case study of Tanzania**. Foris Publ. USA.

²⁷ Shaw,R,P et al (1999) **Financing healthcare in sub-Sahara Africa through user-fees and insurance**, World Bank W-DC.

²⁸ Kiwara, A. (1999) **Social security and the informal sector** : A paper presented at official launching of NSSF at Kilimanjaro Hotel Dar – es –salaam, 23rd January, 1999.

²⁹ HU,(2000) **Challenges to providing social security to the informal sector in the People's Republic of China**. A paper presented on the 12th Conference for Asian and Pacific Bangkok

Therefore women in the informal sector may be allowed to remit their monthly contributions on irregular basis.

2.8 Experiences from Other Countries in Extending Social Security to Informal Sector

South Africa is proposing the creation of a new savings vehicle the National Saving Fund. Under this Fund, workers in the informal sector would be allowed to make irregular contributions to a personal defined contributions account which would be managed by the private sector under the supervision of the government. This savings vehicle is supposed to ensure wider accessibility across the country, affordable administrative costs through a potentially large number of subscribers and pay competitive investments returns. In order to make the process more active, National Treasury of South Africa invited public opinions on the proposal, and it has arranged meetings across the country with relevant stakeholders³⁰.

The Philippines also has put in place a model on how coverage under contributory social security schemes can be extended putting into consideration low contributory capacity of informal sector workers. The model also highlights how administrative innovation is likely to be necessary to better achieve the desired social security policy outcomes.

According to **Philippines`Covarage Extension Model** in collaboration with the department of labour and employment, the Philippines saving Bank (PS Bank) and the development Bank of Philippines (DBP) the Social Security Scheme (SSS) Launched a programme in 2002 designed to improve coverage of informal sector workers. In this programme, informal sector workers who typically have irregular income as well as insufficient income to pay the monthly contribution for coverage under the SSS are able to make daily cash deposits, either to the PS Bank or DBP. Once the accumulated daily deposits are equal a value of monthly contributions, the same is remitted to SSS a paid monthly contribution on behalf of the workers. The underlying logic for this innovative approach towards improvement of Social Security coverage is supported by research

³⁰ ILO Report (1994).

conducted on the use of financial services for poor. Such research demonstrated that if given the opportunity, a low income household will divert a small level of disposable income away from immediate consumption to meet likely future expenditure needs and mitigate longer-term disparities in income flows that arise especially as a result of being unable to work because of contingencies.³¹

³¹ ISSA, 2004

CHAPTER THREE

3.0 RESEARCH METHODOLOGY AND METHODS

3.1 Research Design

This study used qualitative methods of collecting data but the former was dominant. The use of the mixed data collecting methods called for careful analytical approaches to ensure that the collected information is presented with the precision it deserves.

3.2.1 Women's Law Approach

This is a woman centered approach which takes women's actual lived experiences as the starting point for analysis of the position of women in law and society. In this study, the women's law approach was employed to enable the researcher to collect empirical data from women themselves on what they perceived to be the role of National Social Security Fund in providing Social Health Insurance to them effectively and if not why? I also sought to find out from the women whether they are benefiting from other government Ministry responsible for gender and health being in terms of awareness or health assistance in case of sickness. Generally this approach involves the investigation of women issues, understanding them and possibly putting in place interventions which are aimed at improving the situation of women in law and society. Under this umbrella approach, there are several of methodologies employed both in the data collection process as well as in the analysis of the data. These include; the grounded theory, legal centralism, human rights framework. Details on these methodologies are discussed below.

3.2.2 Grounded Theory

As a theory for research, grounded theory in Women's Law approach involves the investigation of the "lived realities" of women in their day to day interaction with the law and their social life. The investigation employs a very open approach in that an issue under investigation might lead to so many other interplaying issues which need to be investigated as well. All this is aimed at understanding the situation of women for better intervention measures to be put in place in order to improve their situation. This methodology was particularly related to assumptions two, three and four although the

reality of the women in the fishing business led to the development of other assumptions. During the use of this method I was careful to detect bias from the respondents through their use of body language such as facial expressions. There was an effort during the process to “cross examine” on what the respondents said in relation to the income they purported to be getting.

3.2.3 Legal Centralism

This was used to ascertain the current legal position and legislation, which regulate the provisions of health insurance benefit. It was used to analyze whether there was a difference between what the law provides section in 6(2) of NSSF Act No 28 of 1997 which provides that every person who is self employed or employed in a private sector..... shall be registered as an insured person.³²and what is happening on the ground. Legal centralism which starts from a standpoint that state law is the most important normative order and all other norm creating and enforcing social fields, institutions and mechanisms are illegal, insignificant or irrelevant (Bentzon,A,et al 1998:31) There was a need to study various ways which inform people’s lived experience with the law and beyond the borders of legal centralism.

3.2.4 Human Rights framework

The human rights perspective was employed in the research to try to find out to what extent the Ministry responsible for Labour employment and youth development and the Ministry of Community Development, Gender and Children as arm of the state for spear heading women’s rights is facilitating the realization of women’s rights as enshrined in international instruments.

I sought to find out from those Ministries what accountability mechanisms are in place to ensure that the provisions of CEDAW and Charter of Fundamental Social Rights in SADC on GENDER are upheld. These international and regional instruments are important in that they lay down principles for basic rights that every human being should be accorded. More so Tanzania is signatory to the African Union Declaration on Human

³² NSSF Act NO.28 of 1997.

Rights. These rights are relevant to this study in that they provide a benchmark which Tanzania is measured in relation to promotion of women's rights in all spheres.

3.3 Area of Study

Area of study is Kigamboni Ferry in Dar-es-salaam region. Kigamboni Ferry is located in the North West of the Tanzanian capital. It has a significant number of people involved in the fish selling business. A closer analysis revealed that about 80% of these people in fishing business are women drawn from different districts within Dar-es-salaam. Women buy fish from Kigamboni Ferry to sell in their respective areas including other places which they can easily access. It is also imperative to realize that some of the women sell fish at Kigamboni Ferry. The most common natural resource found in this area is fish which is obtained from the Indian Ocean. Moreover Dar-es-salaam is the head quarters of different ministries where one can easily access information from relevant authorities.

3.4 Methods

In coming up with the research design, I was guided by the kind of information required to answer the major research questions. Thereafter respondents were selected and from these key informants were identified. In doing so the research targeted women in the fishing business since these were the focus of this study. Several sources of information were used and they embodied primary and secondary sources. I however took into cognizance the weaknesses and strengths of the different methods of collecting data in effort to ensure precision in the study.

3.4.1 Library/internet/ Desk Research

Using this method, the law on health insurance and social security was examined and analyzed; the position of regional and international human rights instruments was also examined. The library materials were used to gain an understanding of the topic under study. The internet sources were consulted to get a feel on the recent or current trends regarding the NSSF in general and the Health Insurance in particular with regards to women in the informal sector. During this process the merits of these were considered and the demerits minimized.

3.4.2 Interviews with Key informants.

Structured Interviews sought to find out from the perception of the respondents about their Ministries and organization in pushing the agenda on health insurance for women in the informal sector. The interviews also sought to get the respondents' views on what their ministries and organizations could do to improve the effectiveness and the level of collaboration that they have with different ministries which deal with social security as in Tanzania more than eight social security institutions are under different ministries.

Lastly National Social Security Fund officials had to be interviewed to get their position. This was done in an effort to come up with a balance in the research. I extracted key issues that women in informal sector were saying about the organization. By carrying out interviews I intended to find out from the organization what achievements have been made in the implementation of health insurance benefits and the various challenges that the organization faces in extending health insurance benefit to women in informal sector. It is imperative to create a conducive environment, find a good place, begin the interview questions from the lower order/ closed to higher order/ open during the process of data collection. In other words, an interview should begin by asking lower order interviews whose answers may be restricted to a binary principle such as yes or no and gradually move towards to asking of higher order questions whose answers are open rather than restricted and allow elaborated responses.

3.4.3 In-depth interviews

This method was the prime method of collecting information in this research. Information from the key informants and other respondents was collected using these in-depth oral interviews. In order to capture as much data as possible, the interviewer used the open ended questions approach. This was posing general questions which the respondents would answer in whatever way they chose. The strength of this method is that there was room to probe the respondents, the bodily gestures were read and interpreted. However, I was careful to ensure that respondents do not take over the process or continue to say a lot which did not relate to the questions raised.

3.4.4 Observations.

This method of data collection was used because it allowed me to collect facts both directly and by inference and indirect as the participants were in action. Through this method, I managed to get information on the income of women in the informal fish selling business. Details on the amounts obtained per day were available to me which enabled me to calculate their income per month. Added to the above I observed the risks involved in the fishing process and the vulnerability of these people to diseases was observed. Sometimes could stay for a while at the market place so as to observe the price of the fish and attitudes of the respondents. Through the observation method I could tell the income of the women who are selling fish and determine whether such income can suffice to make monthly contributions to the scheme and hence access for health benefit. Again during in-depth interviews, observations became vital in establishing how women in informal sector felt about their own health expenses. Here their body language became vital in establishing how they are affected by low income in managing health insurance benefits. It is important to note that for the observations to be effective one need to participate or to observe without the observed being aware that someone is watching their actions and interaction. If they become aware there is a danger of getting pseudo behaviours and actions as respondents try to perfect every thing they do. During the observation I preferred the participatory approach because by becoming a player in the commercial enterprises in the form of a customer and because the respondents no longer new to me as investigator once I assumed the role of a customer.

3.4.5 Group Discussions

Focus Group Discussions were used to establish the group feeling and attitudes towards the Health Insurance scheme. More so the same method was used to obtain information on their understanding of the National Social Security Fund. It was observed during the group discussions that the women at Kigamboni Ferry have active members who can represent the group's views should they be encouraged to join the health insurance scheme. Furthermore the presence of structures was another motivating factor which show that women in the informal fish selling business are well structured a development which will make it easier for them to access the social security and health benefits. Using

the focus group discussion one needs to convince the leadership first to win the majority of the members. The leadership was informed on the importance of this research in their plight.

3.5 Limitations

I felt that it was a problem to carry out research into the organization I work for. I found that it would be like examining myself. At first I felt there was a danger of bias and I wanted to stop working on the topic. After weighing the merits and demerits I later realized that this was also an opportunity since I was able to get information on what was taking place. Armed with the knowledge of the weaknesses and strengths of researching in an organization where one works I found it more viable to research on the topic, failure of which would mean the area would remain unresearched. I also realized that the topic needed to be approached with caution and called for a realistic approach on the situation on the ground. The selected respondents at first were suspicious, after explaining to them the importance of the study and producing my research clearance letter they became cooperative. It was also painstaking to get to interview workmates who at first did not take my research seriously. A detailed explanation on the importance of the study to the region, country and beyond was done and the respondents were allowed to schedule times which were conducive to them. This move in turn saw a significant number contributing to this study by sharing their knowledge and experiences. When I went to the Ministry of Labour expecting to get information on what they were doing about the women in the informal sector I was just given a letter to go to my section which is a branch of the Ministry of Labour. When I went to the Ministry of Planning, Economy and Empowerment I was just given books to read where I wanted first hand information.

3.6 Conclusion

Using the above methodologies and research design, some information was collected.

A synthesis and analysis of this information will be carried out in the next chapter. I took into consideration the strengths and weaknesses of each of the methods which I used to collect data in an effort to ensure the precision of the findings. I observed that research is skill and does call for flexibility during the process and quick decision making in the

event of a challenge. Before one gets into the field to collect data there is need to learn about the advantages and disadvantages of the research methods one would be intending to use. One needs to avoid forcing a research method mainly because one would have pre-planned to use a given approach.

CHAPTER FOUR

4.0 FINDINGS AND DISCUSSIONS

Introduction

The research aimed at exploring the lived realities of women in the informal sector particularly women in fish selling business and research on possibilities of extending social security coverage by providing health insurance benefit provided by National Social Security Fund in Tanzania. Using the foregoing methodologies and design, the study generated a wealth of information on the importance of extending social security coverage and provide health insurance benefit to women in informal sector with particular reference to the women in the fish selling business at Kigamboni Ferry. The chapter further analyses the findings according to the research assumption. The analysis is supported by tables which were generated from the collected data. It was evident among other findings that women at Kigamboni Ferry were not aware of the existence of NSSF or let alone what it is doing. After imparting knowledge on the NSSF to them were interested in joining it but were let down by their meager monthly incomes. To this end policy makers and implementers need to do a lot in raising awareness and even formulating ways of accommodating those with limited income.

4.1 Evidence from women in fish selling business

Answering the question on the number of women who come Kigamboni for the fishing business the marketing manager of Kigamboni Ferry informed the researcher that the approximate number of people who come at this market daily range from 11,000 to 13,000, among this number, 85% are women who come from different districts in Dar-es-salaam region.

Since I could not interview all women in that market I conducted a total of 20 in depth interviews of respondents who engage in the fish sell business. Only 10 out the 20 in-depth interviews were selected as a sample and an attempt to avoid the monotony caused by the more or less similar responses obtained. This selection took into consideration the different age groups, their level of education and their marital status. This was done in a bid to get a cross sectional position on the people understands of the NSSF and the

practicalities of women in the informal sector being able to afford to join the health insurance scheme.

Table:1 List of a Sample of Respondents According to their Age,Marital Status and Education

Name	Age	Marital status	Education
1 st Respondent	32	Married (2) children	Standard seven
2 nd Respondent	29	Single	Form 2
3 rd Respondent	55	Widow(5 orphans)	Never attended school
4 th Respondent	35	Divorcee(4)children)	Standard seven
5 th Respondent	34	Married (5)children	Standard seven
6 th Respondent	29	Married (3)children	Standard seven
7 th Respondent	32	Married no child	Standard seven
8 th Respondent	33	Married (2)children	Standard seven
9 th Respondent	28	Single	Standard seven
10 th Respondent	34	Married (4)children	Standard seven

The above table shows the number of women who were interviewed during the research. These were targeted in the research in order to get the grassroots views of the effectiveness of the National Social Security Fund in performing its mandate. From the women I sought to find out whether they are aware that there is a government agency responsible for their health insurance benefits as workers from the informal sector as provided by the law and other international instruments. I also sought to find out from them how do they manage their health care and what are their expectations on what could be done by the government through National Social Security to improve their access to health support systems. The information collected formed the basis of my recommendations on the way forward.

From the above statistics also one can draw conclusion that, agewise with exception of one respondent who is 55 years old the rest are still young and if empowered by sensitization, well laid down rules and procedures they can be registered and contribute to National Social Security Fund and enjoy health insurance benefits.

1st Respondent (32) years old at the time of the research she is married with three children and started this business since 1996. she comes out of Dar-es-salaam about 30 kilometers away. When asked whether she had ever heard about NSSF;

I have heard about it but I don't real understand what it is all about, sometimes in 1998 there was kind of drama and dances campaigning for it in Kibaha town.

She earns about Tanzanian shillings 45,000/= equivalent to (50 USD) per day on good days when there is a reasonable number of customers. This is when the business goes well. She works for 15 days per month the other days are used for selling her fish.

2nd Respondent (29) years old she studied as far as form two and she couldn't go further as she lost both of her parents.

I had nobody to sponsor for my education though I wanted to proceed with my studies I come from a poor family that is why I am doing this dirty business.

She uses about 20,000/= Tanzanian shillings (about 25 USD) as her capital and gets about 10,000/= Tanzanian shillings (about 15 USD) profit per day. Out of this, 1'000/=Tanzanian shillings (2USD) is used for cleaning expenses and 4,000/= (3USD) is used for frying. This follows that her daily profit is 10,000/=Tanzanian shillings (11USD). This respondent works 20 days per month. She claims to have no financial assistance from the government except harassment from municipal police.

This profit is enough because I do not use public transport as I stay near this market it is a walking distance.

This respondent does not know what NSSF is though at least she has acquired education up to form two levels.

3rd Respondent (55) she only manages to come to this market at least once a month due to lack of adequate capital.

I started this business in 1980 with the capital of 1,000/= Tanzanian shillings (2USD) and from this business I managed to build my own house

these days I am old I can only manage the capital of 40,000/= to 50,000/= Tanzanian shillings about (USD 45-55) life is tough especially when my husband passed away four years ago. I have also lost three daughters now I am looking after orphans I can't say more life is tough especially when one is sick.

When I asked about the NSSF she was not interested with my interviews it was like I was wasting her time. Later she noted that she was not aware of this scheme which can assist even sick person in terms of a health insurance to cover the poor and the ailing ones.

4th Respondent (35) years old at the time of this research. She is a standard seven drop out and she stays about 15 kilometers from Kigamboni market. She started this business in 2006 she divorced her husband two years ago with three children due to such circumstance there was no other alternative except the fish business. She noted that, “I maintain a capital of 20,000/=Tanzanian shillings(USD25) to run this business and I come 5 days per week I have never heard about NSSF. Why do you not lobby government just to assist the poor like us.”

5th Respondent (34) years old married with five children. She started this business in 1997. She stays about 10 km far from this market of Kigamboni ferry. The respondent remarked that, “I come at this market daily even if I do not finish the previous fish I maintain the maximum capital of 20,000/= (USD 250 I have never heard about NSSF”.

6th Respondent (29) years old married with three children her capital is 20,000/= Tanzanian shillings (USD25).She comes three times a week depending on the availability of fish. She commented,

My big problem is how to get customers to buy my fish because where I

stay is in high density with low income population I have never heard about NSSF. If government was going to assist me in the aspect of the market I would be able to get a lot of cash such that I would be able to join the good scheme you are talking about.

7th Respondent (32) years old married but not blessed with any issue she can earn about 120,000/=Tanzanian shillings (USD.140) per month or 100,000/=Tanzanian shillings (USD90) She admits that this business needs a committed person because there are some unnecessary complications such as government levee which is 2,000/=Tanzanian shillings.(USD.300) per month and not every person can afford it.

I have heard about NSSF that it is an organization which deals with survivor's benefits and maternity benefits when somebody has lost his/her relatives that is all I know nothing else.

8th Respondent (33) years old married with three children. Started this business since 1988 she is a standard seven drop out she has never heard about NSSF. She further commented that,

...but from your explanation it seems it is a nice organization if somebody can assist me on how to register myself I can try to remit my monthly contribution so that I can at least enjoy medical treatment which is expensive nowadays.

This respondent uses a working capital of 90,000/= (100USD) which gives her a 40,000/=Tanzanian shillings (50USD) per day. This gives her a monthly earning of 650,000/=Tanzanian shillings (700USD) assuming that all is well in the business. Her monthly expenses are 650USD leaving her a surplus of 40,000/=Tanzanian shillings (50USD).

9th Respondent (28) years old single and started this business since 2006. She does not know anything about NSSF and did not even here about it. She only said,“as a standard seven dropout what other business can I do while am not educated. When

I got married to a well off husband I will find another business to do. I use 20,000/= Tanzanian shillings as my capita (25USD) and get a profit of 10,000/=Tanzanian shillings (10USD) after deducting cleaning and frying expanses which gets up to 5,000/= Tanzanian shillings (5USD). So even if I knew about the NSSF I do not think I be able to afford since what I get is not enough for me and the children.’’

10th Respondent (34) years old married with three four children, started this business since 2004. She has heard about the scheme but does not know about. This was evident from her narration that

I started this business after the death of my husband as one way of supporting myself and my children. Medical charges are expensive especially when my kids fall sick.

Table: 2 Show capitals, daily and monthly incomes and expenses met by the ten chosen respondents.

Respondents	1	2	3	4	5	6	7	8	9	10
Capital in USD	30	6	25	25	25	25	25	100	25	25
Daily Earnings	10	5	10	10	10	10	10	50	10	10
Cleaning and Frying Expanses	5	2	5	5	5	5	5	15	5	5
No. of Days Worked	15	15	20							
Monthly Earnings	75	45	100	100	100	100	100	700	100	100
Expanses Food ect	75	45	100	100	100	100	100	650	100	100
Surplus	0	0	0	0	0	0	0	50	0	0

1USD IS APPROX. EQUIVALENT TO Tanzanian shilling 1,060/=

From the table above it is evident that only one respondent number eight had surplus Tanzanian shillings forty five thousand (45,000/=) (50USD) which is less than 20% of 700USD the respondent's monthly earnings. The fishing income is not static and most of the respondents do not even remain with a reasonable income. The above statistical information from the table is clear that what they get per month is means that on the basis of the NSSF requirements the women in the fish selling business can not join the health insurance scheme. Even if their earnings were enough the government has a negative attitude towards the workers in the informal sector. It believes that they are a problematic group which evades contribution. There is need for Human rights groups to lobby for the consideration of these people in an effort to improve their lives.

The government should introduce low- income earning schemes for the people in the fishing selling business among other sectors of the informal sector. This is important for it will help in the provision of health insurance to people living in poverty. It would be better for the government of Tanzania to lower contribution rates on people in the informal sector. More so there is need to empower women through the life skills training through the ministry of Community development, Gender and Children. The poor women also need assistance in form of finance and marketing skills so that they can be able to sell large quantities and get reasonable income which leaves them surplus to be to contribute to the health insurance.

The government of Tanzania should be encouraged to come up with budget to cater for women who are in the informal sector so that their problems are cushioned. Government can introduce a scheme for a woman in its establishing hospitals.

If the women persuade government they likely to be asked to provide a break down of their earnings for assessment before any consideration is done. Given the fact that most of them are not educated they will not be interested

in paper work issue unless there is a person who is tasked to help them. Government is likely to ask them to pay taxes in the belief that they invade tax. Some women may be lacking knowledge on the importance of the social security insurance and the contribution compliance.

Table: 3 Interviews with Key Informants

1	National Social Security Fund(NSSF)	Mrs E.Chiume	F	Chief Public Relation Manager
2	National Health Insurance Fund	Mr.Beatus Chijumba	M	Human Resource and Administration Manager
3	Ministry of community Gender and children	Mrs Komanga	F	Community Development Officer
4	Supra	MS M.Mangi	F	Supra
5	Ministry of Economy Planning and Empowerment	Mr.John Mwinuka	M	Director of Human Resources

1.Mrs E.Chiume Chief Public Relations and Customer services within NSSF was of the view that the issue of women in the informal sector is a new phenomena because previous researches conducted by NSSF in 2000/2001,focused only on how to incorporate informal sector workers as a whole and not did specific attention to women. She agreed that women in informal sector give more vulnerable than men especially when it comes to the issue of medical insurance. She further said;

The problem with women in the informal sector can not easily access health insurance provided by NSSF due to the requirement of the NSSF Act which does not differentiate types of workers in formal or informal sector in terms of payment of monthly statutory contributions.

For example section 72(1)³³ of the Act provides that,

any person who fails to pay to the Board of Trustees within the prescribed period any contribution which is liable to be paid under this Act commits an offence and is liable to on conviction to a fine not exceeding one hundred thousand shillings or to imprisonment for a term not exceeding two years or both that fine and imprisonment.

Another stumbling block which she thinks would prevent women in the informal sector joining with this scheme is their low income which might cause irregular monthly contribution, though section 41 of the same Act provides that medical benefit shall be paid to an insured person, the spouse and four children of the insured person, if the insured person has contributed to the fund for a maximum of three months of which three months of contributions were paid to the fund in three months immediately preceding the medical contingency.³⁴ The law is silent on what will happen if an employee with irregular monthly contributions fails to comply within prescribed period. She further said;

About eight years ago, NSSF conducted kind of drama throughout the country but mostly in urban areas only with the aim of educating people on the importance of joining with NSSF and the benefits provided by NSSF this kind of public education was also publicized through media but due to budget constrains since then this public education could not proceed.

Therefore one of the roles of her department is public education but to date she admits to have not played any significant role to sensitize women in the informal sector on the importance of health insurance benefit for them that is why they do not know the existence of NSSF.

2. Mr.Beatus Chijumba is the Human Resources and Administration Manager with the National Health Insurance Fund. He explained to me that this scheme was established by the Act of Parliament No.9/99 which came into operation in 2001.

³³ NSSF Act NO. 28 1997.

³⁴ Ibid.

The objective of the government in establishing this scheme was to provide health insurance to civil servants only.

Therefore even other civil servants from local government are excluded from this scheme.

He further reiterated that their intention in the near future is to cover employees in the informal sector and the bill is under preparation for the November session (During the time of this research) However in case of informal sector it will be voluntary to join with the scheme but for those in the formal sector it is mandatory.

He is optimistic that now the society is becoming aware compared to when this scheme started in 2001. Current challenges they are facing is from rural areas caused by poor infrastructure to reach there as a result workers in the rural areas are not well informed. Contribution per month is 6% from employer and 6% from employee.

According to his knowledge there is no arrangement of incorporating women in informal sector for health insurance benefit.

3&4 Mrs. Komanga and M.Mongi these are gender development officers in the Ministry of community development gender and children. They explained to me that the Ministry has gender development policy of 2000 which its main objective is to see how gender development can be dealt with from the grassroots to the national level. The implementers of the policy are different stakeholders such as NGO'S, international organizations and different religious groups. The Ministry believes that all stake holders in gender development have the responsibilities of working on gender policy so as to promote gender equality.

They said beside the gender policy there is also a National strategy for gender development of 2005 whose objectives are to put in place the gender directives and to implement different gender strategies.

Although it is gender development more emphases is on women development because they believe that both sex should participate equally.

5. Mr. John Mwinuka is the Director of Human Resources in the Ministry of Economy Planning and Empowerment when I visited this Ministry; my intention was to investigate the ministry's programme for women in the informal sector as it deals with empowerment. He had this to say;

In 1995 the planning commission in corroboration with the Ministry of Labour and youth development with the assistance from International Labour organization formed what was called the Dar-es salaam Informal sector survey (DISS) this was part of ILO interdepartmental project on the urban informal sector which was conducted in other cities like Bogota (Colombia) and Metro Manila (Philippines).

It was revealed that the survey aimed at contributing not only on the improvement of productivity of informal sector activities and their capacity to generate employment and incomes but also to the provision of basic social application of relevant international labour standards. He said that in that survey there were approximately 8 people in every 100 informal sector operators and employees covered by social security schemes. He further explained that during that study employers employing non-NSSF members were asked to mention the reasons why their employees were not members of NSSF table 3 shows the reasons given by the employer

Table: 3 Dar-es-salaam Informal Sector Workers by reasons for not being NSSF members.

Reason	Number of employees	Percentage
They don't know NSSF	4,019	30%
Not obliged	1,669	12%
Not entitled	2,978	22%
Officials haven't come	396	3%
High contribution	1,710	13%
Not attractive scheme	275	2%
Too bureaucratic	347	3%
Fear for taxation	150	1%
Covered by relatives	131	1%
Covered by other schemes	643	5%
No need for social protection	1,264	10%
Not stated	31	0

SOURCE: Ministry of Economy and Empowerment Report 1995 on Informal Sector in Dar-es-Salaam

From the above statistics about 66% of employees in the informal sector who are not members of NSSF are either not aware of what is NSSF or think that they are not obliged to enroll with the scheme. The other main reasons are fears of high contributions and their employers think that employees do not need social security protection.

4.2 What are women's health needs?

Since the government of Tanzania, forced by the policies of the IMF and the World Bank has embarked on the withdrawal of state support, women, children and the rural poor have been most heavily affected by the user fees in the area of health.

In Tanzania women in the informal sector face many problems as revealed in this study because they can not afford their health care services charges due to their low and irregular income.

As a result of the increased costs required for one to join the health insurance scheme women in the informal sector and their families have resorted to the traditional systems of health care. Tanzanian traditional health care uses a holistic approach since it is interwoven with religion which is viewed as a way of life and living.³⁵ Sickness is viewed as a punishment from the ancestors or spirits and for one to be healed there is need for reconciliation. When one is being healed it is normally through the use of traditional medicines. This system was affected by the advent of the Arabs and colonialism. After independence from the British the Tanzania African National Union led government legally authorized traditional healers to continue their healing work. According to the Women in the informal fish selling business at the present in Tanzania the traditional health care system operates alongside the modern health care system. It was estimated by the Ministry of health that there are over forty thousand traditional healers in the country. African medicine is in the process of professionalisation but some people view the over dependence on the traditional health system as a backward practice. It is out of inability to join the modern system the women in the informal fish selling business depend largely on traditional medicines. These women noted that they have been shunned by their relatives and friends who are Christian and Muslim believers. So their choice to lean towards traditional doctors is as a result of the neglect by the policy makers and implementers who have not yet taken into consideration the health needs of different sections of the Tanzanian community.

The western oriented systems of health under the NSSF are un access able to the low income earners in the informal sector. The women in the fish selling business cannot manage the registration processes and the expenses which would be incurred. The NSSF needs members with a regular income to be allowed into the system who make their monthly statutory contributions as stipulated by the

³⁵ Tanzanian health care system <http://herkules.oul.fi/isbn9514264312/html/x325.html> visited on 01/02/08.

organization's governing Act. To this end women in the fish selling business have noted that the government has neglected them as a people and voiced the need to remind the policy makers and implementers to reform the NSSF so that the poor of the poorest can be taken on board.

It was also found that they are not covered under any social security scheme.

Although the government's overall objective of providing health for all Tanzanians remain the same. There is an increased move towards privatization of the health sector and the public health sector is increasingly deprived of vital funds moves encouraged by the IMF and World Bank. For example antenatal care and childhood immunizations, the exemptions seem to still be functioning. However, for AIDS, mental illness and other diseases, fees are still imposed in one way or another. The problem is that, determination is done at the time of service. Medicines and supplies are often not available at government hospitals, even if supposedly free, meaning that individuals have to buy from private dispensaries. As it stands now, women pay essential services that include cervical and breast cancer screening and treatment.³⁶

The preventive measures are too costly and services which can not be afforded by people without a stable income and the women in the informal fall in the same category. In order for most women to be covered by these measures there should be some form of funding in an effort to cater for those without a stable income. The women in the fish selling business at Kigamboni Ferry suggested that donors can be requested to fund the supply of the initial supplies and equipment. Given this foundation the women suggested that the government could maintain the provision of services by effective management and replacement of worn out equipment. In other words the women in the informal sector despite their low levels of education have ideas on health sector reform health sector reform if the policy makers and implementers take their views into consideration. Added to this women in the informal sector noted that they have received a wave of people who come and talk about their plight including myself but never come back to act on their grievances.

³⁶ <http://www.tgnp.org/0gbi-refuting.htm> (2/9/2008)

They said due to the absence of health services some minor illness are just ignored and at times headaches are ascribed to very hot weather conditions a belief which has led to dying many people due malaria.

The introduction of user fees in public hospital through what was termed as cost sharing has led to an overall escalation in the cost of treatment. Exemptions and in particular waivers, are not systematically implemented and are not effective as a means of protecting vulnerable social groups and the poorest of the poor. Even if official fees are exempted, or waived, the poor and the vulnerable who are women in the informal sector uncovered by any social health insurance scheme in the country, end up having to pay for drugs, transport to their work place and other small charges such as cards, materials and bribes. The exemption scheme is poorly implemented. Thus the user fee became necessary as a result of the failure to provide both the spirit and letter main human rights instruments which advocate free health for all.

Therefore this has called for the need to provide an alternative way to meet the escalated health care costs for women in the informal sector .In this regard, health insurance can serve as an efficient mechanism.

The health insurance mechanism provides ways by which risk sharing within informal sector can take place for women.

4.3 The ability of women to make contributions to the National social security Fund

As an employee of the National Social Security Fund in Tanzania for more than fifteen years I found it necessary to research on possibilities of extending social security coverage to women in the informal sector especially the health insurance benefit.

The biggest challenges that confront the National Social Security Fund in Tanzania are how to take on board the informal sectors workers especially women who are more vulnerable than the formally employed person to the success of any social

health insurance scheme depends greatly on the health policy of the country and social health insurance is the most important component and perhaps the most expensive to be afforded by women employed in the informal sector.

During this study, all women I interviewed said to have heard about NSSF but they don't know what it all is about.

When I further explain to them the importance of health insurance they became interested and expressed their interest to make monthly contribution which is 20% of the total income of the month.

Some were of the view that, health insurance benefit introduced by NSSF would benefit women in the informal sector as most of them have no any other alternative in case of illness except out of their business.

All ten respondents were willing to join the scheme and contribute.

One respondent aged 55 years said;

“I wish I could have joined your organization when I started this business in 1980 but the problem was my irregular income to make constant monthly contributions”.

In the course of this study, I interviewed some officials from NSSF inspectorate department this is the department which deals with collection of contribution, registration of employers and employees.

Mrs. Halima Faraji was one of the fund inspectors in Temeke NSSF region when asked the possibility of registering women in the informal sector as members of the scheme had this to say;

“As a woman and fund inspector for almost seven years now, I feel a pinch of what women in the informal sector face especially when they fall sick. Through my experience, in this field, it is very difficult to register them and make follow-ups of their contributions because their income is not determinable as required by the law”.

She further said;

“Even the government has not yet put in place plan of action to cover women in the informal sector through its agencies which are NSSF and NHIF.”

Another fund inspector who was interviewed was Mr. Charles Chenya from Ilala NSSF region and had this to say;

‘‘In Tanzania women in the informal sector are not aware of the existence of NSSF. Though it sometimes conducts seminars on the functions and importance of the scheme, these seminars are conducted in urban areas and focus on big employers who contribute substantial amount to the fund only. He further said; it is true that the informal sector employs many women who are not aware of the provision of modern social security protection and social health insurance’’

It is evident from the above that NSSF is not known in the informal sector especially among women. A lot was done on paper to cover all people on health their health needs but practical a lot more still need to be done. If the provision of health services is viewed a right it is imperative that policy makers and implementers review the NSSF so that it can accommodate without intimidating the poor and vulnerable women in the informal sector in Tanzania. A lot more needs to be done to in terms of awareness on the NSSF so that its existence gets even to the poor of the poorest in Tanzania.

4.4 Coordination and monitoring of issues around women’s health insurance in the informal sector

The major reason that prompted the development of my initial assumptions was to document government approaches a manner that would draw out the lived realities of women in the informal sector’s needs and challenges of health insurance benefit. The state assumes it has provided health care through government hospitals, private hospitals, National social security fund and National health insurance fund.

Guided by these assumptions, the focus was that the state is not effectively playing its role as provided by various international instruments on human rights in its facilitative coordination and monitoring role to ensure that women’s rights to health insurance in informal sector are safeguarded, promoted and the objective of gender equality is achieved as believed by the ministry of community development gender

and children. Coupled with this there was the assumption that there is lack of effective coordination mechanisms between different ministries which administer social security institutions in Tanzania in advancing health insurance benefits to women in the informal sector.

Armed with these theoretical assumptions, I went into the field to explore and to find out whether the ministry of labour which is the parent ministry of NSSF and ministry of community development gender and children which is overall in charge of women's issues are effectively playing their role to ensure that women in the informal sector health's rights are safeguarded and if not to find out the challenges facing those ministries in playing their roles.

When I visited the ministry of Labour employment and youth development I was referred to the NSSF for more guidance that means as a ministry was not aware what health insurance means to women is in the informal sector.

According to Article 9 of the international covenant on economic, social and cultural rights³⁷ state parties recognizes the right of every one to social security including social health insurance, and other written literature on the functioning of national machineries such as the ministry responsible for women affairs and ministry of labour and employment should be the lead agency of the state in promoting and advancing women's health insurance need in the informal sector.

The underlying fact being that these ministries should be able to effectively coordinate social security institutions and monitor all their activities related to women's issues pertaining to health insurance in the informal sector and their advancement.

It emerged from my research that although these ministries have a clear mandate and mission, it is not visible to the public and the generality of women in the informal sector in particular.

Most grassroots women interviewed were not aware of the existence of health insurance and NSSF itself.

One respondent aged 33 years old remarked that;

³⁷ Article 9 of ICESCR

‘Sijawahi sikia habari ya NSSF’ (I have never heard about NSSF)³⁸ Her Sentiments were also echoed by another respondent aged 55 years old that;

She was aware of the ministry responsible for women but didn’t have any idea on what it does.³⁹

The research establishes that very few women in the informal sector were aware of their rights and existence of different ministries and social security institutions in the country. There was a general feeling that the ministries and social security institutions are not going to women in the informal sector with their programmes. The sentiments were shared by both gender development officers in the ministry of community development and gender who felt that the implementers of gender policy are different stakeholders such as NGOS international organization and different religious groups. (Komanga; Mongi).

³⁸ Tausi Abdullah

³⁹ Mwaisha Abdallah

CHAPTER FIVE

5.0 CONCLUSION

This study concludes that the National Social Security Fund's mandates and functions are too broad given its limited financial resources where it has to administer and pay out seven kinds of benefits. This scheme is not visible in the informal sector. It was clear from women in the informal fish selling business that there is a hazy idea about the NSSF.

The requirements of contributing to the NSSF are way above the capabilities of women in the informal sector at Kigamboni Ferry as a result the irregular incomes can be able to sustain them. This calls for a transformation of the NSSF to ensure that its services can be extended to those in the informal sector including fish selling women at Kigamboni Ferry.

There is lack of coordination among different ministries which administer social security institutions in the country. Social security institutions in the country and social security fund in particular has not been pro-active in playing a leading role in debates on gender and social security or in influencing policy on gender sensitization in the informal sector.

Ministries responsible for social security institutions are not clear whether they should implement programmes as required by international instruments on human rights or just coordinate such implementation by social security institutions on their own initiatives.

The concept of gender budgeting by NSSF has not been adequately institutionalized and there remains an acute gap between the mandates of the Ministries for Gender and Ministry for Labour and resources allocation.

Stakeholder involvement in activities of social security institutions is low.

This has lead to poor communication and coordination of social security coverage or gender and women`s health insurance in the informal sector.

The government of Tanzania may see itself as merely a signatory to conventions on the elimination of all forms of discrimination against women which it adopted under the emblem of the United Nations, but full implementation of the consequences and responsibilities of the ratification of CEDAW are being discovered. The women in the informal sector are a neglected lot given the fact that their health needs are not catered for. This leaves them susceptible to many diseases and even HIV/AIDS which has become the world's number one enemy. Nonetheless, the government of Tanzania should be commended for introducing the NSSF despite its lack of publicity which needs to be done.

CHAPTER SIX

6.0 RECOMMENDATIONS

The research findings provided valuable information on recommendations for the enhancement of the National Social Security Fund's capacity to enable it to effectively provide health insurance benefit to women in the informal sector.

The following are recommendations from the research findings on how the National Social Security Fund can improve its coverage and provide health insurance benefits to women in the informal sector.

It appeared from the research findings that the ministry other than its coordination and facilitating role, it should also play a leading role in advocacy.

Advocacy is a political process designed to influence decisions at national level. It consists of actions designed to draw attention to an issue and to direct policy makers and implementers to a solution. An advocacy role is not however clearly enunciated in the National Social Security mandate when some officials asked about this they felt that they need the assistance of civil society in its advocacy efforts since advocacy should be citizen initiated.

In terms of human rights and social justices the women in the informal sector need to be included in the social security mechanism enjoyed by the small minority employed in the formal sector. The social security department of the international labour organization (ILO) maintains that Tanzania can afford modest levels of countrywide social security protection for its citizens both in formal and informal so as to cover at least basic health care.

Like South Africa proposes and Philippines did, workers in the informal sector especially women would be allowed to make irregular contributions to a defined account managed by private sector under the supervision of NSSF. It can be noted that, although several themes arose from the research, the sample from which these themes are grounded is a relatively small to have conclusive intervention measures.

For this reason, the main recommendation in this study makes is to have a national wide research on the issue of health insurance benefit to women in the informal sector. This nationwide research will be vital in assessing all the relevant perspectives of different women in the informal sector through out the country in order to come up with a more responsive policy as well as legal reform which will best solve the problem. This research will bring out a more complete picture of the extent of the problem health insurance to women in the informal sector. However, the themes which came up in this small sample provided a good insight on the problems which women in the informal sector face in combating their health problems necessitating proposition of intervention measures.

It is my submission that the recommendations of this study be used by policy makers in spreading the need to reform the NSSF so that it accommodates women in the informal sector. The state and civil society should advocate for the fulfillment of the rights of women especially in the provision of Health Insurance. The United Nations provisions under the ILO and the Bill of Human Rights enunciated by the African Union Charter should be advocated for to become a reality. In the process the state and civil organization would be contributing immensely to what is required by conventions on the elimination of all forms of discrimination against women adopted by the United Nations General Assembly on 18 December 1979 and after.

Researchers working on such topics on people's rights should take into consideration the fact that these are more emotive aspects where the methods used in data collection need to be highly flexible. In using observation researchers should take the bodily expressions because these are crucial since they expose the biases laden in informants. It is also of importance for researchers not to stick rigidly to a data collection method because they would have decided in the planning phase that it can be used. Since interviewing is a skill researchers are encouraged to be conversant with the merits and demerits of the data collection methods.

There is need to use the government budget effectively by prioritizing its programmes most costs can be met in the health sector. The donor community should just be coming in to complement the efforts of the government towards the establishment of a cross-sectional health delivery system which caters for all sections of the Tanzanian community. The government through the Ministry of Health should establish management systems to secure and maintain acquired equipment. More so the government's annual budgets should include maintenance funds and also funds for the replacement of worn out equipment.

In Tanzania communication problems are inherent and as a result there are no effective monitoring mechanisms on the supplies which are done to ensure that they reach the intended beneficiaries. To this end any reasonable reforms done should take into consideration the communication barriers which have been evident in the lack of publicity of the NSSF. So in the event of the donor community contributing to the improvement and extension of the health services to those in the informal sector particularly women in the fish selling business at Kigamboni Ferry effective monitoring systems should be introduced. This will prevent among other challenges the loss of equipment and drugs through thefts.

The user fees proposed by government on the education and health sectors respectively should be reviewed with a lot of suggestions coming from those without a regular income base particularly women in the fish selling business. The current set up was a result of the top- bottom approach where the policy makers and implementers decided and acted on behalf of the voiceless majority without regular revenue bases. This set up is a disservice in a set up which is aimed at coming up with across sectional health insurance system.

Money from sustainable programme must be shown to be capable of two things reliance upon World Bank and International Monetary Fund and abolition of user fees. The Human Rights lobby groups can encourage the donors to sponsor the women in the fish selling business at Kigamboni in form the bottom-up approaches

in an effort to empower them. If it is done through the bottom-up approaches it will lead to sustainable livelihoods. The government should come up with a comprehensive scheme which caters for all the people in the country in its effort to ensure provision of health care services for its entire people.

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