

Can Tanzania achieve social and economic development without the state provision of social welfare services? A systemic review

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Abstract

The subject of welfare services is continuously gaining different views worldwide. There are both acceptors and opponents of the welfare services. This study has found that despite varied perspectives with regard to the provision of welfare services, the responsibility of the Tanzanian government in the provision of social welfare services remains very central. The history shows that Tanzania's efforts to build social and economic development and welfare services provision went concurrently. This was clearly evident during the era of socialism where Tanzanian gained a considerable development due to sound availability of welfare services. The state relegation in the provision of welfare services in the 1980s and 1990s respectively, retarded the national development efforts. This study indicates that Tanzania is now taking some initiatives to strengthen the welfare sector. However, its pace is sluggish and faces several challenges including inefficiency in the governance of welfare services and budgetary constraints, of which need immediate response from the authorities. This paper is of the conviction that Tanzania cannot thrive socially and economically in the absence of stable social welfare services.

Keywords: social welfare services, policy, services, state

Introduction

The provision of welfare services in the world has been a matter of long-standing debate. First, is the debate between two contesting welfare approaches namely; selectivism and collectivism. Exponents of selectivist approach like Barry (1990), Fukuyama (2001), Goodin & Le Grand, (1987), Korpi & Palme (1998), Le Grand (1982), and Sefton (2002), World Bank (1990) argue that welfare services should be extended to a few people with limited resources, who are not supported by the traditional channels like family and market. The welfare services have to be provided based on means-tested approach, looking at ones income, assets and other resources. As such, they discourage public provision or state interventions.

On the other hand, exponents of collectivist approach such as Kuhnle (1991), Rothstein like (1998), Sen (1987), Stuber & Schlesinger (2006), Sunesson *et al.*, (1998), Taydas & Peksen (2012), Van Parijs (1995), argue that welfare services have to be universal and thus there are must be reasonable public provision of the welfare services. At the level of international politics, this debate has manifested itself in terms of welfare perspectives. The first perspective is represented by right wing perspective which supports selectivist approach while the left wing perspective gives precedence to collectivism (Esping-Andersen, 1985; Esping-Anderson, 1990; Mwenzwa & Waweru, 2016). A few countries have identified themselves at the center between these two opposing perspectives. The social welfare service perspectives have been very evident in social and political actions in developed countries while for developing countries this has not been very obviously and thus can be comparatively positioned at the center of these two perspectives (Mwenzwa & Waweru, 2016).

One of the most common tasks of independent African counties from the 1960s was to restructure the social welfare services in their countries, irrespective of their political ideologies i.e., socialism and capitalism (Ibhawoh & Dibua, 2003). Most of the African counties adopted the universalist approach to social welfare to a large extent (Mwenzwa & Waweru, 2016). This spirit was inculcated by the fact that most of newly independent African countries inherited the neglected social welfare services structures from their colonial masters. It was suggested that in order to address this, African states needed to re-visit the strategies for social and economic development through self-directed policy formulation and implementation processes (Mwenzwa & Waweru, 2016).

Therefore, there was a need to organize efforts of the community and maximize the utilization of the available resources towards the satisfaction of the basic needs of the population (Ibhawoh & Dibua, 2003). In Tanzania for example, the inherited colonial education, health and water services were highly stratified basing on race i.e., Europeans, Asians and Africans (Wangwe & Rweyemamu, 2001). However, after a couple of decades, the newly independent African countries started changing their priorities over social welfare services (Dellapenna, 2000). One of the reasons which made most of the African countries to change their social welfare policies was linked to the financial withdraw of their donor community (Dellapenna, 2000). In the paragraph that follows, I state the problem.

The provision of welfare services in Tanzania has gone through different epochs of socialist and neo-liberal political experimentation, in an attempt to attain social and economic developments. However, not much has been documented to capture how these ideals have been achieved in Tanzania and their resultant ramifications on the said social and economic growth. The question of whether the Tanzanian state should be active or not in the provision of social welfare services so as to realize social and economic growth lies at the core of this paper. In addition, this paper would like to have a say on what can be learnt from the failure and success of the two political ideologies i.e., socialism and neo-liberalism in the provision of welfare services. This paper can be of significance to Tanzania especially in this period when there are various initiatives to build the industrial economy. The subject of social welfare services is too broad and cannot be all examined in this paper. Thus, the discussions in this paper are limited to four social welfare services and programmes which include: education, health, water and social security. Three welfare services (education, health and water) in Tanzania have consistently been mentioned as public priorities during the three afro-barometer survey carried out consecutively in 2001, 2003 and 2005 (Repoa, 2006).

Methods and materials

This paper used a comparative research design to examine whether or not Tanzania can develop socially and economically without the state provision of social welfare services. Comparative research

design compares the multiplicities of cases with regard to specific issues (Flick *et al.*, 2007). Comparison was made on different periods of social and economic transformation in Tanzania, in connection with their social welfare services i.e., socialist period, neo-liberal period and the contemporary time where mixed political ideologies co-exist.

This study employed document review method. The study obtained data from different published literature and government. Secondary data were employed in this study because they were less costly and easy to access (Vartanian, 2011). Before using these data, they were appraised to ensure their reliability, suitability and adequacy as suggested by (Kothari, 2004).

On data analysis, Merriam (1998:11) write that, “The analysis usually results in the identification of recurring patterns that cut through the data or into the delineation of a process.” Content analysis was employed as a strategy for analyzing data in this study. Content analysis looks at documents, text, or speech to see what themes emerge and what do people talk mostly (Hsieh & Shannon, 2005). Thus, the findings of this study were analyzed in light of the recurrent patterns of data presented in different publications after comparing different periods of social and economic transformations and their resultant social welfare services in Tanzania.

The role of the state in the provision of welfare services during the socialist era in Tanzania

In the 1960s, national self-reliance became the subject of discussion in the series of development discourses in Africa (Ibhawoh & Dibua, 2003). In response to this trend, the government of Tanzania under Mwalimu J.K. Nyerere embarked on a campaign to implement the transformation and improvement approaches to social and economic development. The *ujamaa*¹ political ideology was seen as fundamental so as to attain of a self-reliant socialist nation and be a panacea for problems facing the vulnerable groups in the communities. According to Mwalimu Nyerere, in an *ujamaa* village;

“the man who is sick will be cared for, a man who is widowed will have difficulty in getting his children looked after; the old, the unmarried, the orphans and other people in this kind of trouble will be looked after by the villages as a whole, just as was done in traditional society” (Nyerere 1968:352).

This ideology was backed up by the policy of central planning state. To turn this ideology into practice, the government tightened the grip on the major means of production under the umbrella of Nationalization. Therefore, the famous Arusha Declaration of 1967 set the stage for the formal inauguration of *ujamaa* during that time, Tanzania was termed the site for Africa’s socialist experiment (Mercer, 1998; Hyden, 1999). Several writers including Ibhawoh & Dibua (2003), Lawi *et al.*, (2013), Lugalla, (1990), Wangwe & Rweyemamu (2001) have identified Tanzania’s most notable national social and economic achievement during the period of *ujamaa* experimentation. First, for its ability to create national identity, spirit of togetherness among Tanzanians and second, is the advancement made in the provision of welfare services. By 1970s there were free, compulsory, and affordable social amenities such as education, health and water. In addition, these services were very sensitive to vulnerable groups in the communities i.e., the poor households, children and girls (Wangwe & Rweyemamu, 2001). According to Lawi *et al.*, (2013:6), two health workers in senior

¹ **Ujamaa** was conceived as a development strategy, a path to social equity and distributive justice based on a self reliant development strategy. Unfortunately, the emphasis was on the political-ideological and economic dimensions of *ujamaa* have obscured these aspects of experiment. See Ibhawoh *et al* (2003:78) *Deconstructing ujamaa: The legacy of Julius Nyerere in the Quest for Social and Economic Development in Africa.*

positions interviewed on 29th March 2007 and 14th April 2007 in Mbulu District regarding job satisfaction and availability of social welfare services in the 1970s had the following sentiments;

In the [19]70s the situation was good. In those days medicines were issued for free ...and we treated our people for free... the patients were even given food three times a day.

I could build a house at home, I could furnish my house. And I had some surplus in the bank at the end of the year ... after some two years I had a wife ... That was [19]72 to [19]78 ... But thereafter the [government] salary was no longer [sufficient] to survive on.

As pointed out earlier, the *ujamaa* villages were seen as the most important units for the state provision of social services to the majority of the people. Through the policy of education for self-reliance, different *ujamaa* villages became very central for the promotion of the literacy among both adults and children. By the early 1980s, even in the face of economic difficulties, Tanzania was one the African countries with the highest number of literate people. In every village there was at least a primary school (Ibhawoh & Dibua, 2003). According to the statistics, the government spending on health increased from 5.2 per cent in 1970/71 to 8.9 per cent in 1973/74, and then it dropped to 5.6 per cent in 1978/79 (Lawi *et al.*, 2013). Between 1971 and 1978 the relative government expenditure on the rural health sector had increased from 20 to 40 per cent (Heggenhougen *et al.*, 1987). There were several important events in public health. An extensive externally funded programme on immunization started in 1968/69. In addition there were two major public campaigns in the 1970s reaching a large portion of the rural population; one in 1973 under the banner *Mtu ni Afya* (Man is Health) and another in 1975, labelled *Chakula ni Uhai* (Food is Life) (Chagula & Tarimo, 1978).

With her stress on rural health, Tanzania was one among the countries inspiring the primary health care Declaration of Alma-Ata in 1978, which had the goal of providing health services to all the needy, by the year 2000 (Chagula & Tarimo, 1978). The long term statistical developments in Tanzania were also encouraging as there was a rise in life expectancy from 35 years in 1964 to 52 years in 1984; and a decrease in infant mortality rate from 215 per 1000 in 1961 to 105 per 1000 in 1987 (MoH, 1990). The number of government operated rural health centers more than tripled between 1969 and 1978, and the number of dispensaries doubled. Most of the institutions that were tasked to provide training to health personnel were opened during that period, and large numbers of rural medical aides, medical officers i.e., medical assistants, and nurses were trained and deployed to the rural areas (URT, 1994). Following those efforts, the number of doctors was increased more than three-folds and the number of medical assistants, rural medical assistants, and health assistants increased by a factor of 10. Expansion allowed about 90 percent of the population to be within 10 kilometers of a health facility, and nearly three-quarter to be within 5 kilometers of public health services (URT, 1994).

Another social sector which enjoyed a government and donor's attention was water services. The government put in place a policy that directed free water supply especially in the rural communities. The thrust was to afford the rural population with clean, clean water supplies within 400 meters of the households. Water systems were expanded significantly during the 1970s. Initiatives like the "Regional Water Master Plans" which were donor-financed, improved water supply in nearly all regions, and large-scale constructions were initiated. The proportion of the population which had access to improved water sources increased from 12 to 47 percent. As the water sector picked up momentum, comparable centrally planned activities were initiated to expand access to sanitary facilities, and in 1973 the government introduced the "latrination" campaign, which obliged each household to have and use a latrine (Wangwe & Rweyemamu, 2001).

However, in the 1970s the country experienced a period of economic difficulties following the war between Tanzania and Uganda, oil crises, major drought, and break-up of the EAC. The economic advisors, the World Bank (WB) and International Monetary Fund (IMF), now had turned to loquacity advising for withdrawal of the government in social provisioning (Lange *et al.*, 2000). In addition to that, the aid donors stopped supporting the “socialist experiment” the Tanzanian government had no choice but to gradually accept the principles of economic liberalization (Wangwe & Rweyemamu 2001, and Lawi *et al.*, 2013). Tanzania launched two consecutive broadly-based structural adjustment programs namely the National Economic Survival Program (SESP) and the Structural Adjustment Programmes (SAPs) covering the period 1982/83 to 1985/86. When SAP failed, the Tanzanian government negotiated with IMF for a fund to support Economic Recovery Programmes (ERP I in 1986 and ERP II in 1989, the implementation of the former started in July 1986 (Mtatifikolo & Mabele, 1999). The first phase, the Economic Recovery Programme, lasted from 1986 to 1989 and the second phase, called Economic and Social Action Programme, from 1989 to 1992. The IMF agreement involved devaluation of the currency, raising of interest rates, removal of subsidies, liberalizing price control, and reduction in government expenditure, including wage restraining. The second phase also opened up for donations to the social services (Lawi *et al.* 2013). The World Bank regarded the structural adjustment measures as solutions to the problems in Africa (World Bank 1989). The second president of Tanzania Ali Hassan Mwinyi, who took over the presidency after Nyerere in 1985, opened up for the World Bank and IMF-supported liberalization. Mwinyi was nicknamed *Ruksa* (all is permitted) (Lawi *et al.*, 2013).

The role of the state in the provision of welfare services after embracing neo-liberalism in Tanzania

Following the implications of social and economic crises that Tanzania encountered during the 1970s and 1980s, its capacity to stamp out social problems was substantially reduced. For example, between 1974 and 1988 real wages fell considerably and the state was unable to provide even the minimum standard of social services (Lawi *et al.*, 2013). Achievements in the health, education, water sectors were upturned and so generally reflected the whole welfare systems (Mshana, 1993 & Tibaijuka, 1991).

In education sector, it was characterized by falling enrolments, declining quality at all levels, a growing number of poorly educated youth and an increased divide between the wealthy and the poor (Wangwe & Rweyemamu, 2001). Enrollment to primary and secondary school education dropped and health sector deteriorated significantly due to reduction of subsidies and introduction of user fees or cost sharing mechanisms. There were several challenges in the government welfare sector in Tanzania, such as shortage of professional workers, lack of motivation among staff, and work ethics as corruption escalated (Lawi *et al.*, 2013). In health sector, the “National Health Policy” was endorsed in the 1990 and officially allowed private investors in health sector in 1991 (The Private Hospitals Act, 1991). The most significant change that occurred in health provision was the growth in non-government health care facilities, particularly at the initiative of the health entrepreneurs during the 1990s. For example, the total of 3,577 health facilities in 1995 had increased to 4,961 by 1999 (MoH, 1998). 3 Out of the 4,961 health facilities, only 3,035 are government owned (MoH, 1999).

In response to this, more workers became redundant, self employed, and many organized themselves in welfare organizations that could be based on religious, regional, ethnic or professional affiliation (Lange *et al.*, 2000). The recognition of these welfare organizations were due to the national union which had been consolidated since independence and secondly, the government failure regarding

service delivery (Lange *et al.*, 2000). Due to the failure of the state, the private sector became important in social welfare service provisioning. For instance by 1986 the government went further calling upon churches and other non-governmental organizations to play an even greater role in the provision of education and health care services. In less than ten years (1984 – 1992), the number of NGOs run schools tripled from 85 to 258 (Lange *et al.*, 2000). Security, the basic state responsibility was taken over by the people themselves as the police force was said to be bribed by criminals. The defense teams were organized all over the country under different names, the most common being *Sungusungu*. *Sungusungu* were organized by the youth found in the communities.

The Department of social welfare (2012) also pointed out several social and economic contingencies which attributed to changes which happened in Tanzania between the 1970s and 1980s and which impacted on high levels of poverty, family problems, poor health, rising rate of crime, alcohol and drug abuse and problems related to HIV/AIDS. In response to these, Tanzania endorsed many legislations, policies and guidelines which aimed at ensuring social security for the vulnerable population. These are like: the law of the child act of 2009, national policy on disability (2004), Disability act of 2010, The National Guidelines for Provision and Management of Foster care and Adoption Services (2006), The national ageing policy (2003), The national health policy (2007), The national social security policy (2003), The National Guidelines for Improving the Quality of Care, Support and Protection for Most Vulnerable Children (2009), to respond to these challenges. These policies reflect Tanzania's commitments to protect its most vulnerable populations (DSW, 2012).

I would wish to talk about all these policies. However, my analysis will be on one policy namely, social security policy (2003). Social security/protection programmes were also introduced in Tanzania through mandatory scheme, in which both employer and employee are obliged to contribute, voluntary scheme in which people are encouraged to have personal savings and social assistance schemes in which the vulnerable groups are provided with health, education, food, water and other services for free on a means tested basis (URT, 2003). Also, under social assistance scheme, the vulnerable groups like old, people with disabilities, and orphans are assisted in the form of cash transfer scheme. The objective of cash transfer schemes is to ensure protection to people who face abject poverty, to facilitate them with basic amenities for a self-effacing life (Fiszbein and Schady, 2009). However, it is argued that the cash transfer scheme encounters many challenges including corruption, embezzlement, biases in selection of beneficiaries, and under-funding albeit supported by the World Bank and the government of Tanzania, among other actors (Evans *et al.*, 2012).

Further, the analysis generally shows that the implementation of these policies and regulations depends on the presence of social welfare officers and financial resources. However, very little has been done to enable the social welfare officers do their tasks smoothly. The social welfare officers are constrained with resources, being neglected in the budget allocation, being very few and thus overwhelmed with clients problems. This is evident from different reports and publications concerning the stretched financial status of the Department of Social Welfare and frustrations of the social welfare officers (see for example, DSW 2012, Linsk *et al.*, 2010, Mabeyo *et al.*, 2014, Mchomvu *et al.*, 1998). Improving welfare of vulnerable groups has a positive impact on national social and economic development (Kida & Wuyts, 2015; Prodhon & Faruque, 2012). This is because empowering vulnerable groups reduce dependence condition, develop human capital, enhance purchasing power of goods and services, maintain social order and increase confidence of people to their government, to mention a few (Kida & Wuyts, 2015, Prodhon & Faruque, 2012, Taydas and Peksen, 2012, Rothstein (1998). Lack of social welfare services and programmes results into unacceptable behavior in the community such as engaging in crime, substance abuse as well as becoming perpetrators or victims of

violence and hence fail to contribute to the national social and economic development (Panga, 2014). To what extent the SAPs managed to surmount the social and economic hardships which Tanzania faced?

Structural adjustment did not produce the expected economic growth in Africa, and the World Bank therefore introduced another conditionality named “good governance”. The private sector and the civil society should co-operate with the state to achieve “sustainable growth.” (World Bank, 1989). Shivji (1992), called “the post-IMF liberalization economy of Tanzania” for “the *matapeli* economy” (the economy of the con men); a term used “to describe people who make a fast buck by wit, tricks, fraud, and forgery.” A retired nurse tutor in this study accused party officials in CCM for leading the way. She said: “People soon renamed CCM: *chukua chako mapema!*” [take what is yours as soon as possible!] (Lawi *et al.*, 2013:18). IMF’s structural adjustment was a bitter pill for the majority of Tanzanians. The share of total central government expenditure on health (recurrent and development) was 4.5 per cent from 1986 to 1988, climbed to 7.2% in 1994, then dropped to 3.6% in 1997. At the same time, from 1986 to 1995, 20 to 30% of that same budget was public debt (World Bank, 2002).

In the beginning of 1980s, the donor community supporting Tanzania decided to use international and locally based NGOs to channel their support, in order to avoid the accused inefficiency and corruption of state bureaucracies. NGOs gained popularity and trustworthiness and gained confidence of more efficient, less corrupt, and operating more closely with the grassroots’ level. In the 1990s, living conditions worsened, unemployment rose, and as people realized the willingness of donors to give direct support to NGOs and Community based organizations (CBOs), the number of organizations exploded. Following this, World Bank launched the World Development Report in 1992. The report presented a new role to NGOs as promoters and protectors of civil society. Therefore, civil society were considered as integral to effective development and vital for holding governments to account, ensuring the maintenance of functioning democracies, protecting human rights, and articulating the needs of the poorest (Jennings 2008:27). Therefore, the 1990s is regarded as the era of good governance.

The renaissance of the state’s role in the provision of social welfare services after the adoption of neo-liberalism

From the 1995s to-date, the government of Tanzania under President Benjamin W. Mkapa (1995-2005), Jakaya Kikwete (2005-2015), John P. Magufuli (2015-to date) respectively started striding in the provision of social welfare services. This was made possible through bringing back an element of state control and measures to strengthen government welfare institutions (Lawi *et al.*, 2013). Following the government involvement, the Tanzanian social and economic sector has made a big step. For example, most of the government health workers interviewed agreed that by about the year 2000 the welfare services in the health sector had started to improve (Lawi *et al.*, 2013). According to East (2016), the government under President John Magufuli is striving to speed up things so that at least the Tanzanians have medicines, free secondary school education, and restoring respect for civil servants. Some of the achievements recorded in social and economic aspects following the government involvement in the provision of social welfare services include;

First, Tanzania succeeded to set record of macro-economic development, for nearly two decades. The economic growth amplified from 3.5 pct. in the 1990s to 7 pct. in the 2000s. In spite of the global financial crisis, Tanzania recorded stable growth rates over the last decade, and it is anticipated to yield more improvement in the foreseeable future. This is because the Tanzanian government has chosen to spend significant resources on provision of public goods to the population. As a

consequence, access to water, education and health services have improved substantially over the last decades. As such, the position of Tanzania has changed by seven steps on the Human Development Index (HDI) position, from 2006 to 2013. This index is published by the United Nations Development Programme (UNDP)². Tanzania has also made significant progress in social and economic development because of its efforts to meet the UN's Millennium Development Goals (MDGs).³

Second, considerable progress in Tanzanian primary education has been documented subsequent to the carrying out of the Primary Education Development Plan (PEDP) in 2000 (Repoa 2006). Changes have been associated with the abolition of tuition fees. As such, enrollments rates have increased. According to the data by the Ministry of Education and Culture (MoEC), children are entering school at an earlier age. Gross enrollment ratios went up from 78 in 2000, to 106 in 2004, exceeding the 2003 Poverty Reduction Strategy (PRS) target of 904 (Repoa, 2006). At the same time, net enrollment increased from 59 to 91, achieving the PRS target of 905. The number of pupils who completed primary school grew from 71% in 1997 to 79% (Repoa, 2006). The percentage of the population with no education has been decreasing over time, from 46 % of females and 34% of males in 1991-92 TDHS to 24% of females and 19% of males in 2015-16 TDHS (MoHCDGEC, 2016).

Tanzania has placed special emphasis on education, and great improvements have been made in the population's access to primary education. Today, Tanzania is one of the few third world countries that have achieved universal primary education. Progress has also been made in efforts to reduce inequalities between girls and boys in access to education, and in the struggle against HIV/AIDS, malaria and several other diseases. The median number of school years completed has increased from 5.1 to 6.5 years among women and from 6.1 to 6.5 among men from 1991-92 to 2015-16. Literacy among women has increased over the last decade, from 67% in 2004-05 to 72% in 2010, and to 77% in 2015-16. Literacy among men has been higher than among women throughout the decade, and increased from 80% in 2004-05 to 83% in 2015-16 (MoHCDGEC, 2016).

Third, in the health sector, general success has been achieved in extending access to basic health services, and the results can be seen in the increasing number of children who survive. There have been declines in both infant mortality rate as well as in mortality for children under five years of age. However, initiatives to reduce maternal mortality rates continue to be a major challenge. The Abuja Declaration in 2001 (*Tanzania Abuja + 12 fact sheet*), which was signed by the government of Tanzania, commits the government to spending 15% of the total government budget on health. Spending more on health services, and spending more effectively, has a positive impact on other segments of the economy (MoHCDGEC, 2016). In health sector, a considerable attention has been directed to medical services while fewer efforts have been directed to strengthen the social welfare workforce (DSW 2012). This has contributed to the increasing number of children, who suffer from various sorts of abuses, increasing number of street children, drug and alcohol addicts, HIV/AIDS cases, divorce cases, and poor people (DSW, 2012).

Fourth, available data for the period 1995-1998 shows that in 1995, 50.5% and 68.3% of the rural and urban population respectively had access to safe and clean water within a 400-500 meter distance. By 1998, rural coverage had declined slightly to 49% while urban coverage increased to 81% (MoH, 1999). There has been some improvement in sanitation, rural access increasing from 79% in 1995 to

² <http://um.dk/en/danida-en/goals/country-policies/tanzania/current-and-future-challenges-and-opportunities-in-tanzania> accessed on 3rd May 2017

³ <http://um.dk/en/danida-en/goals/country-policies/tanzania/current-and-future-challenges-and-opportunities-in-tanzania> accessed on 3rd May 2017.

84% in 1998 and urban access from 85% of households in 1995 to 97% in 1998. The 2003 Afrobarometer survey found that 52% of respondents felt that the government was doing “very” or “fairly” badly in delivering water to households. The empirical data from the 2005 survey alluded that the water supply condition is worsening, particularly in the rural areas. Overall, 56% of respondents have reported to be dissatisfied. From 2003 to 2005, the percent of urban respondents giving the government a negative evaluation declined from 54% to 40%, but increased from 51% to 60% among the rural respondents (Repoa, 2006). Currently, virtually 9 out of 10 Tanzania Mainland urban households (86%) get their drinking water from improved sources (MoHCDGEC, 2016).

Challenges Tanzania face in the provision of social welfare services

Tanzania is still facing many challenges despite the considerable measures taken to improve the provision of social welfare service as follows; i) access to social welfare services continues to be unequally distributed. For both health and education, there are significant disparities in access to services and in the distribution of public expenditures to different groups in society⁴. In health services, the policy has proclaimed that children below the age of five, pregnant women and elderly people have to be treated freely while in practice it is not. The policy beneficiaries are now obliged to share the cost, very few are exempted. Most of the policy statements lack intentional focus to the poor (Wangwe & Rweyemamu, 2001). They also do not address how quality improvement and total education coverage are going to be achieved, given the scarce resources at the country’s disposal. Secondary and post secondary level education is essentially elitist in that it is only the minority of the poor that has access to it (Wangwe & Rweyemamu, 2001). According to the most recent Poverty and Human Development Report of 2005, the school infrastructures i.e., classrooms and desks in primary schools have increased, but more efforts are needed to get qualified teachers and more books so as to keep pace with increased enrollment (RAWG (2005).

Community initiated schools are poorly resourced in terms of both human and financial inputs. As for higher education, focus is on cost sharing, implying that households have to meet part of the cost of this education. Tanzania’s development depends on a well-educated and healthy population. The engine of growth will be the skills and productivity of the population. The slow progress in the social sectors requires new thinking about the role of the government and other development actors and the opportunities for investing more into social services (Wangwe & Rweyemamu, 2001). Mabeyo et al., (2014) fieldwork in Tanzania calls upon the increased state role if the nation wants to free itself from abject poverty, although Tanzania is not a welfare state. This shows how important it is to have strong focus on improving the quality and equal access for the population to social services. These services have been potentially overlooked by the government priorities and thus need to be improved (DSW, 2012).

The role of the state in achieving social and economic development: A synthesis and reflections from the literature

From the literature, it is apparent that social welfare services constitute the backbone of the national social and economic development. Literature survey has shown that public spending in the welfare sector cannot be overemphasized. The lessons that can be learnt from the social welfare history are: first, the provision of social welfare services after independence potentially impacted the social and

⁴ <http://um.dk/en/danida-en/goals/country-policies/tanzania/current-and-future-challenges-and-opportunities-in-tanzania> accessed on 3rd May 2017

economic development. Second, the cost sharing mechanism that the world financial institutions like World Bank and IMF alluded as a panacea for Tanzanians social and economic problems in the 1980s resulted into unprecedented social and economic frustrations.

The efforts taken by the Tanzanian government from the late 1990s to-date to strengthen the social welfare services are commendable. However, these efforts have been confined to education, health (medical services) and water while relegating the important role played by the Department of Social Welfare which is mandated to deal with the vulnerable populations in Tanzania. It is obvious that without setting aside sound resources to address the psycho-social and economic needs of vulnerable groups, people will continue to be dependent, unproductive and hence their contribution to the national social and economic development remains largely marginal. Other things that have to be rectified by the government in the course of strengthening social welfare services are as follows; i) motivating employees who are involved in the provision of social welfare services and increase the staffing level ii) to continue improving infrastructures so as to respond to the needs of vulnerable populations iii) to continue supervising the collection of tax so as to increase the spending on social welfare services.

Conclusion

This paper concludes by holding that the state provision of social welfare services in Tanzania is very crucial if the nation has to achieve sustainable and rapid social and economic development. From the literature review, it is clear that the provision of social welfare services require a political will. Thus, for Tanzania to fuel the process of building the industrial economy which is currently lying at the core of national development priority/focus, it is extremely important consider the position of social welfare services. While it is important to accentuate that resources have to be augmented in order to improve the provision of social welfare services in Tanzania, it is equally important to recognize the noble commitment of service provision practitioners.

Social work practitioners, who are closely engaged in service provision, play a great role toward realizing the national social and economic development. This is because, social workers have the mandate to organize and deliver a wide range of services to their client populations (Bernstein, 1995). Further, Bernstein assert that social workers are anticipated to help in restoring, maintaining and enhancing the social functioning of individuals, groups and the society in general; this duty involve the development, procurement and/or delivery of resources and services to meet the many-sided needs of their client populations. In that regard, social work is regarded as a key profession that has huge potentials in improving the lives of the vulnerable population, through empowerment, in both developed and less developed countries (Rwomire, 2011).

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