REGIONAL WORKSHOP

ON

AGEING AND POVERTY

COUNTRY POSITION PAPER

Ageing and Poverty in Tanzania

Vice President's Office
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Introduction

The national pressure, due to the break-up of traditional family structures and the increase of the official retirement age from 55 to 60, as well as international pressure has stimulated the national debate on old age, ageing and retirement in recent years. The launch of the National Policy on Ageing during the Poverty Policy Week (October, 2003) gave an additional impulse to this debate.

This paper deals with ageing and the position on ageing in Tanzania. Before addressing ageing as such, the national poverty policy and strategies framework will be discussed. On ageing, the empirical evidence, the national policy on ageing and its possible integration in national poverty strategies will be discussed. In the final section some ideas on possible research will be put forward.

1. Status of National Poverty Policy and Strategies

1.1 Current poverty situation

Though substantial progress has been made over the recent years, Tanzania remains one of the poorest countries. Despite the achieved economic growth since the mid 1990s (GDP grew from 1.4% in 1994 to over 6% in 2002) and reduction in inflation, there has only been limited improvement in the income poverty status. Overall, food poverty[1] went down from 22% in 1991/92 to 19% in 2000/01. Basic needs poverty[2] decreased from 39% to 36%. The 2000/01 indices for Dar es Salaam and other urban areas were substantially lower (food poverty: 8% and 13% respectively, basic needs poverty 18% and 26%). In rural areas these indices were close to the national average. Though poverty is present in urban areas, it dominates in rural areas.

Tanzania has shown significant improvements in non-income poverty in the 1970s and early 1980s. These gains eroded from the mid 1980s due to economical problems. PRS has attempted to address these problems, with positive results, particular in education. However, many other areas of non-income poverty still face problems. It is generally perceived that the HIV and AIDS pandemic will erode recent gains made. It is expected that the life expectancy at birth, to be calculated from the 2002 household and population census, will fall below the 52 years estimated from the 1988 census. Furthermore HIV and AIDS will put a heavy burden on the health care system and will increase income poverty and even might limit economic growth.

[1] Food poverty line in the HBS is based on the prized daily nutritional intake of 2,200 calories, an amount considered to be the minimum necessity for an adult.

[2] The basic needs poverty line is the food poverty line inflated by the share of expenditure on non-foods by the poorest 25% of the survey population.

1.2 National Poverty Reduction Strategy

The main national strategy on poverty is outlined in the Poverty Reduction Strategy Paper (PRSP). The PRSP formulated in 2000, expressed the seriousness of poverty in Tanzania and its overwhelming rural dimension. The PRSP stresses the importance of maintaining the economic stability achieved in the 1990s and outlines strategies for reducing both income and non-income poverty (including educational achievements and mortality), with a three year time line. Implementation began in the financial year 2000/01 and will be concluded in 2003/04, followed by a review of progress. Priority sectors were identified and given increased budget allocations. Within all priority sectors, sets of monitoring indicators were defined.

The initiation of Poverty Reduction Budget Support and the Poverty Reduction Support Credit led to a further revision and extension of the monitoring indicators, with a view to use these indicators for assessing the performance of the poverty reduction strategy and informing the release of funds. Table 1, at the end of the paper, provides an overview of PRS indicators as currently used. Targets expressed in the Vision 2025 and the Millennium Development Goals (MDG), are generally in line with PRS targets and have to be addressed through subsequent short-term PRS cycles.

1.3 Other Initiatives

Local Government Reform
One of the most important policy initiatives implemented since the early 1990s is the Local Government Reform, which aims at more participatory planning and budgeting processes in order to take into account priorities at community level (UNICEF, 2001). Budgets are made available to local authorities that are made responsible for the implementation of sector policies and sector planning.

HIV and AIDS
In 2001 a National Policy on HIV and AIDS was developed, followed by a strategic framework in 2003. Important objective is to mainstream HIV and AIDS into the different sector policies. Other objectives defined relate to prevention, HIV testing and care for people living with HIV and AIDS. Within the strategic framework an extensive set of indicators was identified. Though the importance of the impact of HIV and AIDS on overall development targets set was already recognized in the PRSP, only a limited number of PRS targets, related to HIV and AIDS, were included in the PRS.

Social Protection strategy
In Tanzania the social protection strategies/systems can be divided into 2 broad categories:

- Informal system, with an estimated coverage of about 80%, but with a minimal effectiveness. Coverage, may relate to old age or other areas.
- Formal system, with minimal coverage and reasonable effectiveness

Currently little is known on the number and functioning of social security schemes within the formal sector. Those, which are known include:

- Three large national schemes, the Parastatal Pensions Fund (PPF), the Local Authorities Provident Fund (LAPF) and the National Social Security Fund (NSSF), only cover about 3% of the salaried workers, so leaving the majority unprotected.
- Some small scale, location specific initiatives with limited coverage.

Health

Policies within the health sector coincide with the local government reform and aim at the transfer of responsibilities from the central to the community level, with the emphasis on basic health care provision.

In the early 1990s Tanzania introduced the cost-sharing principal in the health sector, meaning the introduction of user fees for hospital services. The introduction of user fees was officially extended to basic health care facilities as of July 2003. Implementation however was left the district councils' discretion. To divert the cost burden for vulnerable groups, including elderly, exemption mechanisms have been set up. However, the effectiveness of these mechanisms has been limited.

In its mid-term expenditure framework for 2001/02-2003/04, the Ministry of health specified 8 priority objectives of which the first one, is reduction of morbidity and mortality also focused on elderly, next to infants, children and women of reproductive age (World Bank, 2003). As can be observed in Table 1, a substantial number of health, nutrition and survival related indicators are included in the PRS indicator list.

1.4 Data Issues

Within Tanzania data with respect to poverty monitoring come from the following sources:

- Population census, of which the last one was conducted in 2002. Preliminary data have been produced; detailed information will be made available by the end of 2003 or at the beginning of 2004.
    - Survey data
        a. Household Budget Survey (HBS), the latest was conducted in 2000/01
        b. Labour Force Survey (2001)
        c. Tanzania Reproductive and Child Health Survey, conducted in 1999
        d. Agricultural Survey, to be conducted in the second half of 2003.
    - Routine data from different government management information systems. Except for education, and some of the vertical health programmes coverage is incomplete and varying over the years.
    - An additional source consisting of a number of sentinel surveillance sites may prove to be of great value, through its ability to provide annual population based data on a whole range of topics (health and socio-economic).

The surveys mentioned above are generally powered to show urban-rural differences or differences between Dar es Salaam, other urban areas and rural areas. Whenever applicable data is disaggregated by gender and age. However, in none of the surveys ageing has explicitly been addressed.

1.5 Monitoring

For monitoring purposes Tanzania has established a comprehensive Poverty Monitoring System. The system is fully operational since the beginning of 2003 and is implemented through four technical working groups, which cover:

- Censuses and Surveys
- Routine Data Systems
- Research and Analysis
- Dissemination, Sensitization and Advocacy

A wide range of stakeholders, like government, civil society organizations, and representatives from development partners, are participating in these working groups. The census and Survey working group implements the incorporation of poverty modules in the new surveys to be conducted, whereas the Routine Data Systems group is working on strengthening the management information systems operational within the different ministries. Under the supervision of the Research and Analysis working group studies in the area of poverty and vulnerability and macro-micro linkage have been conducted. The Dissemination working group finally takes care of the information distribution among the different stakeholders.

One of the key outputs is the Poverty and Human Development Report, whose main purpose is to provide analysis of and trend in the status of poverty, using the defined poverty monitoring indicators (to be discussed later). Additionally, in 2003, a Participatory Poverty Assessments (PPA) was conducted to display people's own assessment of poverty. These two publications, together with sector development plans are the key input for the Poverty Reduction Strategy Progress report, that determines progress made on the implementation of the PRS and adjustments needed in the following year.

2 Evidence from Research

Since no national studies related to elderly have been conducted, little is known on the status and especially on the poverty status of the elderly. The Tanzanian Participatory Poverty Assessment of 2003 contains a chapter on lifecycle and vulnerability giving information on the perceptions of the older people themselves on their status and well-being. Additional evidence comes from some case studies, which will be discussed below.

Census data show that the relative share of the population aged 60 and above slightly declined from 6.1% in 1988 to 5.7% in 2002.

A study on female headed households (Macro Gender Policy Group, 2003) based on data from the Household Budget Survey 2000/01 showed slightly higher levels of food and basic needs poverty for widow headed households compared to male and other female headed households. It should be mentioned, that widowhood not only is confined to the elderly, but also occurs at younger ages. HBS data furthermore show that the importance of household dependency on cash remittances; about 8% of the households in Tanzania depend on cash remittances. It is assumed that these remittances generally imply intergenerational transfers, so from children to the aged parents.

The Labour Force Survey conducted in 2000/01 contains information including the elderly. The labour force statistics show that 66% of the population aged 65 years and above are economically active, compared to 80% for the overall population aged 10 years and above. Economic activity at later age is significantly higher for males (78%) than for females (52%). About 7% of the economically active elderly (60+) are considered to be unemployed. The importance of economic activity at higher ages is shown by the labour force participation rate, which still is almost 60% for the population aged 70 years and above (72% for males and 41% for females).

Participants in the Tanzanian Participatory Poverty Assessment (TzPPA, 2003) expressed the importance of the physical and social change on their social well-being. Physical disabilities lead to loss of self-respect, followed by isolation and loneliness. Furthermore physical changes lead to a reduced ability to be economically active and so, in the absence of safety nets, lead to poverty. Decline in social status is an additional factor affecting the daily life of elderly. A study of Help Age international (2002) suggests that social status of the elderly is very much related to the ability to make a meaningful contribution to household or community. Additional observations from the PPA are:

- Disrespectful treatment of the elderly when seeking medical care. Local officials are inclined not to respect exemptions of the elderly, depriving them from their rights of free medical treatment.
- Traditional practices such as sharing produce (fisherman in coastal regions) with elderly seem to be declining, especially in agricultural communities.
- At the death of a husband, the widow is at the risk of expropriation of assets.
- HIV/AIDS put an additional burden on the elderly since it disrupts the intergenerational support system and leaves them with dependent grandchildren.

A HelpAge research conducted on social service accessibility in 12 villages in Magu district, Mwanza region in 2000 showed the following problems for elderly:

- The difficult access to water (due to increased distance in dry season and high cost of commercially sold water) and difficult access to appropriate medication (unavailability at community health care providers increased the cost)
- Growing incidence of witchcraft accusation to elderly women, which resulted in killings

Problems stated by the elderly themselves were:

- Food shortage
- Problems with drinking water
- Problem to obtain adequate clothing
- Difficulty in obtaining firewood
- Lack of financial means to pay for health services

Problems stated by caregivers:

- Lack of government assistance when medical treatment is needed
- Lack of local government support towards old people in terms food and housing
- Lack of security feeling among the elderly due to witchcraft accusations

One of the purposes of the Sukumaland older women's project is to reduce causes, symptoms and effects of witchcraft allegations by creating awareness and promotion of good beliefs.

Forrester (1999) in a study *on the situation of older people in the context of Tanzania* also came across widespread beliefs on witchcraft in Kagera Region.
Other key findings of his study were:

- Diminishing importance of the traditional role of the elderly within their communities. In the past, older people were considered to be responsible of advising the younger generation, so that they grew up according tribal ethics and morals. Except for the Masai, most tribes face a decline in the traditional way of life.
- Elderly feel the increasing need to stay economically active in order to survive. Migration and socio-economic changes lead to diminishing active (harvesting) and also financial support from children. Also, the economically active face a number of problems, such as theft of money, crops and property by young people.
- An additional task for the elderly has become the care of their HIV/AIDS infected children and eventually the care for the orphaned grandchildren.
- Lack of basic needs, which is also connected with a decline in support.
- The elderly experienced a lack of willingness by the medical staff to treat them.
- Traditional healers were still found to be very popular among the elderly.

As both Forrester and the Labour Force Survey show, older people are more than passive and dependent. Especially in rural areas even at very old ages they are still active in a range of economic activities, like farming, fishing and small businesses.

3 Ageing Policy

3.1 Introduction

Generally, in developing countries, Tanzania in particular, ageing is not defined using same common terms used in developed countries. For the purpose of the analysis, ageing in the Tanzanian context, may be defined as follows:

"*Ageing is a biological process which has its own dynamic, largely beyond human control. The age of 60 years and above, roughly equivalent to retirement ages in Tanzania, is said to be the beginning of old age*" (URT, 2003).

However, other socially constructed meanings of age are more significant, such as the roles assigned to older people; in some cases it is the loss of roles accompanying physical decline, which are significant in defining old age. Thus, in contrast to the chronological milestones, which mark life stages in the developed world, old age in many developing countries is seen to begin at the point when active contribution is no longer possible.

In Tanzania, the majority older people especially in rural areas belong to the poorest and most vulnerable groups. Their capacity to satisfy their basic needs reduces as age increases. It is often taken for granted that older people in developing countries, Tanzania in particular, are protected and looked after by their families, and given respect by young people. However, experience concluded by HelpAge International (HAI) (2002) in Tanzania indicates that stress and strains of poverty, market forces and changing cultural norms mean that family care and respect are often being undermined. The vacuum that was created by the breakdown of the traditional family support system, was neither sufficiently filled by the individual, by taking early preparations during active life, nor by the government, through the establishment of a substituting social security system.

3.2 The National Policy on Ageing

The National Policy on Ageing has its roots in the Second World Assembly on the ageing which adopted its main outcome document, 'a Political Declaration and Madrid International Plan of Action, 2002'. This committed governments to meet the challenges of population ageing and provided the world policy makers with a set of 117 concrete recommendations, covering three main priority directions:

- Older persons and development
- Maintaining health and well-being into old age
- Ensuring enabling and supportive environments for the elderly (second World Assembly on Ageing 2002).

The assembly recognised the importance of placing ageing in the context of strategies for eradication of poverty, as well as efforts to achieve full participation of all developing countries in the world economy. Furthermore, the second World Assembly promoted a new recognition that ageing was not simply an issue of social security and welfare but of overall development and economic policy. Indeed, this gave Tanzania a challenge to

develop a policy on the ageing called *"The National Policy on Ageing 2003"* issued out this year in September 2003.

Although the national policy on ageing has been launched, no action has been undertaken with respect to its implementation. The review of the PRS will provide a good opportunity to mainstream aspects of ageing in the relevant priority sectors (e.g. health, agriculture).

The national policy identified the following key issues:

Vulnerability
The various groups of the older people, such as farmers, livestock keepers, fishermen and those with no employment are not covered by any kind of social security fund (social softness). This explains their vulnerability in their old age due to non-existence of the security fund, which would have otherwise supported them when they can no longer undertake any kind of economic activity. Those who worked as civil servants and are covered by a pension fund, not only do they get meagre benefits but also face bureaucracy in getting their rights.

Older women are more vulnerable than their counterparts. Generally, women live longer than men, leaving them without a partner at the end of their lives. Often widows are denied of their rights to inheritance (as studies have shown). As discussed in a previous section, in some regions especially older women are accused of witchcraft, which in some cases leads to killings.

Declining of traditional way of life
Urbanisation, which has accelerated rural-urban migration has lead young people to leave the villages to seek employment in towns, has changed the link between the different generations, especially when there is inadequate income to support the older people. Due to changes within society, older people are no longer valued as corner stone in building the society but rather are continuously marginalised.

Poor caring and HIV/AIDS effects
Since many young people leave the rural areas and decide to live in urban centres, older people have remained with loneliness in the villages with very poor caring. Furthermore, due to HIV/AIDS pandemic young people have lost their lives and therefore leave children with older people in rural areas. These orphaned children add more sufferings to the older people who do not have assistance.

Poor health and limited health services
The difficulties older people experience in meeting their basic need, and the lack of support, both affect their health. The current health care offered to older people is problematic, although statistics to support this are limited. Access to health services is limited, especially to older people, whose ability to pay for these services is limited. As mentioned before, exemption mechanisms for health care services do exist, but their effectiveness is limited.

Diseases seem to be a major problem to many older people in rural areas. One of the explanations could be the lack of a balanced diet during childhood and poor health care during their youth.

4 The Integration of Ageing into National Poverty Strategies

As pointed out earlier, the government recognises the importance of the older people as the resource and a great treasure for national development. To this end, the integration of ageing into national poverty strategies is of great importance. The, the *National Policy on the Ageing* seeks to address the problems of older people and integrate them into national poverty strategies. The issues covered by the national policy on the ageing, which seek to address the concerns of older people as per the Madrid International Plan of Action on the Ageing, include:

Health Services
The majority of the older people, especially in rural areas cannot afford to pay for the health services. Thus the national policy on the ageing advocates, among other things, the following:

- The cost sharing in the health sector should be reviewed in a way which will enable an easier identification of people aged 60 years and above so that they could be treated free of charge.
- Health staffs especially nurses are to be given training on how to handle the older people when in need of health care and health services.
- Awareness of the role of the older population with regard to HIV/AIDS, given the fact that they are the ones caring for the orphaned children.

Caring for the ageing
The current position of the Tanzanian government is that care for the elderly should be provided within the families. There are no actual plans for institutionalising old age care, by building so called 'retirement homes'. In order to extent caring for the ageing, the government intends to do the following:

- Encourage awareness in the family and the society at large with regard to their responsibilities in taking care of the older people.
- Extending care to the ageing through the district councils.

Participation
The national policy on the ageing elaborates the rights of older people in matters pertaining to independence, participation, care, self-fulfilment and dignity. Thus, to achieve participation, older people will be enabled to participate in formulating policies and strategies for the national development.

Social security
The current social security fund includes only part of those who are employed in the formal sector but excludes informal sector. Furthermore, even the amount of pension one receives is very little and does not enable the pensioner to maintain his standard of living.

To this end, older people engaged in the informal sector, including agriculture are the most vulnerable. In order to reverse the trend, the national policy on the ageing advocates:

- Inclusion of the informal sector in the National Social Security Fund (NSSF)
- District councils and non-governmental organisations to encourage older people in the informal sector to save in community banks and primary cooperatives. However, this has to be done before the retirement age is reached, at times within the life cycle when people are very productive.

Education

Older people, in view of societal change, should have access to education so as to face the challenges emanating from changing technology. To achieve this:

- Older people will be educated with respect societal change.
- Adult education (literacy) will as well have to be encouraged.
- Older people engaged in group productive activities will get relevant training related to their projects.

Older women concerns

Old traditions, which do not favour older women, have been addressed by the national policy on the ageing. The government in collaboration with other stakeholders' wishes to launch programmes that seek to educate people in order to eliminate old traditions, especially those related to witchcrafts beliefs. The government, in collaboration with District Councils and NGOs will work to protect and defend older women who are accused of witchcraft practices.

Non-governmental organisations

The national policy on ageing recognises NGOs dealing with older people. The government is committed to assist and cooperate fully with NGOs helping the older people.

In summary, the above expressed concerns with respect to the older people will have to be addressed in the next PRS progress report, so as to incorporate the ageing-poverty linkages. When the above concerns are indeed taken into account by the PRSP and MDGs, an optimistic scenario comes in that older people-poverty linkage will be addressed and the way forward to the problems facing the ageing will get a solution.

5 Conclusions and Recommendations

Summary

Ageing in Tanzania has become of public interest, due to the launch of the National Policy on Ageing, which has its roots in the Second World Assembly on the Ageing.

Research evidence showed that the traditional position the elderly used to have is changing, leading to a decrease in appreciation of their roles. Furthermore, it has become evident that a large proportion of the elderly still is and has to be economically active. Above this, the HIV and AIDS pandemic forces the elderly in the role of caregivers, first

to their infected and sick children and in a later stage to their orphaned grandchildren. This puts an additional physical and financial burden on the elderly. PRS already recognized the vulnerability of the orphans, but left out the impoverishing effects on the orphans' caretakers, which often are the grandparents. Though widows have legal right to inherit their diseased husbands' property, often, they are denied of this right by the husbands' families. More popular knowledge of the widows' legal rights is needed and legal aid should be made available and accessible to widows to defend their rights.

Recommendations

One of the important shortcomings in Tanzania is the limited preparedness of the economically active on retirement, or inactivity due to old age. As shown, participation in retirement pension schemes is limited. The major part of the salary paid employees is not covered, although officially they should be. More important, those working in the informal sector or in the agricultural sector do not have access to formal pension schemes. There is still a substantial lack of knowledge about the number and coverage of existing pension schemes and their functioning. Research on coverage and requirements of pension schemes would be help to understand why some groups are left out. Additional research would be needed on the possible extension of existing schemes (like the NSSF) to the informal sector and rural areas.

In addition there is need to develop and incorporate additional PRS indicators, to cover the vulnerability of the ageing population. The PRS review at the end of 2003 would provide a good opportunity to include additional indicators related to this sub-group and make more extensive use of existing indictors. Indicators that could be useful are:

- Age disaggregation on all relevant existing indicators, e.g. income poverty, number of outpatient visits, user satisfaction with health services. Since income poverty is estimated from the Household Budget Survey, a possible consequence might be that the sample size of the next HBS needs to be increased, to allow for accurate estimates in this relatively small sub-population of elderly headed households.
- Coverage of currently employed population by pension schemes.
- Elderly who are left with the responsibility of caring for orphaned grandchildren.
- Number of elderly headed households that are without support from younger adult, disaggregated by sex of head of household.
- Attitudes towards inheritance rights of widows.

A quick survey on the availability of additional data would be needed to assess to possible inclusion of new indicators.

Even though, the picture of the life of the older people painted is somehow negative, not all those who cross the age of sixty years impoverish. There are also those who manage to do well for themselves and their family after retirement. A study on what makes this group successful would be useful. Understanding of the coping mechanisms applied by the successful older persons might provide valuable lessons for those who struggle with the problems related to old age.

Table 1: Poverty Reduction Strategy indicators

Indicators
Income Poverty
% of the population below the basic needs poverty line
% of the population below the food poverty line
GDP growth rate (%)
Agricultural growth rate (%)
Food price inflation in urban areas (%)
% of smallholders who report availability or cost of transport as obstacle to marketing
% of smallholders who wanted, but were not able to use credit in a given year
% of smallholders who report satisfaction with extension services
% of districts reported to be food insecure
Number of kilometres of roads under periodic maintenance
Number of kilometres of roads under routine maintenance
% of working age population not currently employed
% of 15-24 years old not currently employed in urban areas
Governance
% of district councils with clean audits from the National Audit Office
Number of cases of corruption reported
Number of convictions for corruption
% of women among senior civil service
% of women among Members of Parliament
Education
Primary net enrolment ratio (%)
Primary gross enrolment ratio (%)
Ratio of girls/boys in primary
Ratio of girls/boys in secondary
% of cohort completing std 7
Primary dropout rate (%)
% students passing PSLE
Transition rate std 7 to form 1 (%)
Literacy rate of pop aged 15+
Literacy rate of pop aged 15-24
Health
Total fertility rate
Infant mortality rate
Ratio of the IMR of the poorest quintile to the IMR of the richest
Under-five mortality rate
% change in mortality attributable to malaria in under-fives
HIV prevalence in age group 15-24 (%)
% of children born to HIV+ mothers who are HIV+
Life expectancy at birth

Table 1: Poverty Reduction Strategy indicators (continued)

Nutritional Status
Stunting in children under-five (moderate-severe, %)
Wasting in children under-five (moderate-severe, %)
Under-weight in children under-five (mod.-severe,%)
Health Services
Annual no. of outpatient visits per capita
Health facility users satisfaction (%)
Total number of family planning acceptors (new and old users)
Births attended by doctor, nurse or skilled midwife (%)
Births taking place in govt health facility (%)
DTP(Hb)3 immunization coverage (%)
TB treatment completion (%)
Water and Sanitation
% of population with access to piped or protected water as their main drinking water source
% of households able to fetch water in under 30 minutes (go, collect, return)
Number of reported cholera cases
Incidence of diarrhoea among under-fives (% in last two weeks)
% change in mortality attributable to diarrhoeal disease among children under five
Extreme Vulnerability
% of households who take no more than one meal per day
Average number of days adults report to have been too sick to work
% of adults considered chronically ill
% of children orphaned
% of children in the labour force and not going to school
Poverty-Environment Linkage
Number of joint forest management agreements
Number of wildlife management areas
Mean Distance to firewood (km)
% of smallholders with a planted area of less than 2 hectares for staple crops (maize, sorghum, rice)

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