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Social welfare and ageing in Tanzania

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Introduction

Ageing in humans is a multidimensional process of physical, psychological, and social change that is so far beyond human control. In Tanzania the old age group is considered to be above 60 years old and they number only about 4.5%. According to the 2002 Labour Survey, only 66% are economically active and only 7% are formally employed (i.e. can rely on own regular income).

The Government in MKUKUTA and through National Policy on Ageing (2003) has set itself to create effective social security measures to cover about 40% of the aged population by 2010 and 100% their free medical care. But on the ground, this is a tall order. A 2007 Voice of the people report found 65% of the aged group had health problems and yet only 35% paid for their health themselves, 27% were assisted by family, 15% received free treatment, and 14% did not undergo treatment at all. About 48% did not know that they are entitled to free treatment in government facilities. Therefore, there is a need to reverse the trend in the policy and

institutional set up in order to handle old people with dignity and compassion."

Objective of the discussion

The discussion was organised with the intention of attracting contributions from the public on the importance of improving the social security schemes and safety nets in the country and find out what should be done to improve quality of lives of older people and their dependants in the country. Specifically the topic was developed to instil dialogue on the following areas;

(i) Institutional arrangements needed to improve the welfare of old people; (ii) The basic social services old people should pay for generally; (iii) How government can eliminate discrimination and financial, psychological and physical abuse and other crimes against older persons; (iv) Promoting intergenerational solidarity while improving social cohesion across age groups.

Participation and the Issues Evoked

The TAKNET exchange on this

topic was ample. The number of contributors was 23, with 50 entries. The concerns and suggestions on remedies covered the aspects of: (i) different health, economic and social needs of old people, (ii) policy and institutional frameworks in place or required, (iii) social services available: physical access, costs, coverage and functional status, (iii) social security schemes and safety nets for the ageing population, (iv) what other countries do with respect to the elderly.

The Needs of the Elderly Population

The maintenance of health in general is costly, it was asserted. This is true for the nation as it is true for individual persons. For the elderly the health needs are manifold and excessive. The burden on the elderly is first owing to their health needs; reduced possibility of earning income or small pension dole outs, if not simply total income deprivation; then psychological and physical violence and stigmatization from the younger generation (R.M. Beshu).

Many TAKNET contributors

mentioned how the needs of the elderly are indeed complex as they include their caretaking at home and outside. In recent years the elderly are called upon to take charge of their orphaned grand children due to early death of the latter's parents due to the HIV/AIDs scourge. Transfers from children living in towns has dried up or been quite unreliable.

Living Environment for the Elderly

The ageing population is faced with a fast changing and often unfavourable environment. Though many people still believe the responsibility of helping old people falls on the young, the traditional forms of support from the latter is breaking down as people are preoccupied with their own tribulations (Sophia Mwita). They have little time and other resources to spare to help. Vulnerability to ill health is what is currently particularly menacing the elderly, as was summarised in the Tanzania Participatory Poverty Assessment (2003): *"As people grow old, strength and vitality diminish while frequency and forms of ill health multiply. - - — Diminishing strength and stamina obviously affect the kind of work that elderly people can do and how long they can do it...As they grow old people's health is threatened (e.g. arthritis, rheumatism, cataracts, osteoporosis, lumbago and type II diabetes and others that become much more common (like) heart disease, strokes, hernias and dementia. ... Indeed, many of these become increasingly problematic as people's immune systems wear down and their capacity to heal slows. The net result is that elderly people experience a higher rate of illness and injury*

than any other age group..... This and other causes of ill healthprevents them from meeting basic needs...."

Riziki Nassoro, J.Magembe, Kitoka, Deus Msipotwa Kibamba, Adam Mayingu have in various forms evoked the health problems mentioned above but chiefly focused on explaining how helpless the old people have become.

Institutions, Policy and the Status of Support Services for the Ageing Population Group

As Sophia Mwita put it, the collapse or malfunctioning of both traditional and modern support means for the elderly has subjected them to surviving in a very difficult environment. Several contributors explained that the modern social support institutions (e.g. Parastatal Pensions Fund or National Social Security Fund, National Health Insurance Fund (NHIF), Local Authorities Pension Fund (LAPF) and Zanzibar Social Security Fund (ZSSF) have narrow coverage for geographical and financial reasons (Elizabeth Lema, Paul John Salia, Omari Mwinyi Khamis, Mohamed el Munir Safieldin).

The Tanzania Government cannot be accused of standing idly by as the ageing population grows. It has leveraged Population Policy contents in MKUKUTA and focused on ageing in the National Age Policy according to the Launch Statement. But some contributors revealed that the policy prescriptions have remained largely rhetorical, and ineffectively targeted the needy. Moreover, access to services by old people has

been restricted by poor information on the benefits available in the safety-net institutions and poor communication to both the targeted beneficiaries and the downstream service providers.

Many contributors have pointed out faults in the safety-net and social benefits institutions, such as limited coverage to formal sector employees, poor services like medicine stock-outs in public health facilities, pitiful levels of pension pay (e.g. TZS 2000 per month of a Karagwe pensioner quoted by Kibamba), unresponsive appeal mechanisms for grievances, poor records or disruptions in contribution remittances, leakage of funds or lack of transparency in their management, difficult locational access to services. Jason Nkyabonaki cited a case of someone obliged to travel *"as far as 80 or plus kilometers to a district hospital then in desperation opting to herbs like muarobaini or famous malaria cure tree" Mubilizi*".

Many critical comments were aired about social security system's lack of effective regulations, especially regarding pension schemes, as example among others. In this context, someone wondered why despite a small segment of population working in the formal sector, there are so many such pension schemes. He marvelled as to how they manage to survive and invest? Lack of effective regulatory authority made these schemes unaccountable and irresponsible to its beneficiaries, he argued. There was even a point raised about manipulation of scheme funds

by influential politicians and business persons.

Conclusion and Recommendations for Policy Making

In conclusion this topic was popular possibly due two main reasons. One is that everybody is concerned that aging is an inevitable biological phenomenon, so that each contributor felt personally vulnerable to poverty dynamics that old age imposes. The second reason is that contributors are all aware how our traditional societal support networks have been practically destroyed. The TAKNET discussants made wide ranging suggestions in trying to wrestle with the challenges highlighted in the preceding paragraphs. To recap: concerns were raised regarding: (i) traditional support systems that have or are breaking down; thus increasingly the old are being neglected by their own kinfolk; yet, the public support system is not prepared to fill the lacuna: in effect intergeneration solidarity is collapsing; (ii) the fact that the needs of those ageing are colossal and numerous; (iii) limited coverage of the existing schemes; (iv) the existing formal support institutions are not terribly efficient and transparent.

The participants made many worthwhile suggestions on policy or institution improvements. It is difficult to recite them all or in satisfactorily rational order. It is necessary to note that some participants digressed (justifiably) to the subject of national resources management and the skewed priorities that we apply in precedence to needs that should

obviously be on top. Kibamba and Soster Richard Kizigha made strong appeal to rethink about opulent expenditures and showing off to the poor by both the government and the society (e.g. multi-billion housing estates, luxurious vehicles, etc) and how this diminishes security for society. Such life styles push up the cost of living and spiral into need for high government spending or ufisadi with little resources left to take care of the needy. Others mentioned high cost of wedding festivities or questioned projects such as the Community Development Fund.

Specific Recommendations put forward by TAKNET participants were as follows:

Strengthen the economic base and especially assure agricultural growth in rural areas: Agriculture contributes hugely to rural employment and alleviates poverty. According to Integrated Labour Survey Report 84% of rural population primary activities and 66% of urban population work in informal sector (Maro, Paul John Salia , Hanif Tuwa). In this context, an overarching stress has to be put on judicious management of all national resources to allow focusing on (and financing) priority social needs. Very expensive feasts must be avoided as are skewed public expenditures.

Eliminate institutional barriers in the provision of social services to the elderly (Nkyabonaki, Irene Alenga, Kamwaya, Kitoka, Khamis). Firstly, know the numbers of potential beneficiaries (census). Secondly, within the health facilities, formalise budgets and procedures for services access. Thirdly, expand/improve the reach of

access location wise, of information and supplies. Lastly, install dedicated monitoring and evaluation of the services being provided. Several commentators floated a new idea about building old peoples homes, although others did not support this idea, considering it alien or untimely in the context of African customs and conditions.

Enhance the security of funds, as well as accountability and transparency (Gabor Z Siklosi , Tuwa, Khamis, Safieldin, Maro) in existing social security schemes. The following should be considered: (a) management of social security schemes should be more accountable to members and the public at large, (b) integrity and effectiveness in management and investments of the resources of schemes (c) regular information on contributions and assets of pension schemes (d) easy access by members to the schemes funds for loans or loan collateral.

Enlarge Space for Membership in social funds (Kiwamba Said ,Paul John Salia, Mdundo Adam Mayingu). Encourage voluntary wide-membership enrolment in social security schemes e.g. by lowering taxable income and broadening of membership to cover farmers and the informal sector. Also encourage competition in the industry, including opening up of the market to private providers.

The responsibility of caring for the old must be widely shared (Khamis, Elizabeth Lema). Thus is besides the core family and government, individuals, communities, religious or faith-based organizations and NGOs should be more semantically involved in providing social

services to the elderly especially in providing dedicated medical support and home care facilities. Individuals have a primary responsibility to save for their future, in money or in kind, by making small savings slowly as they grow up. Khamis makes reference to this habit in European countries. Reliance on having many children as insurance for the future is no longer tenable (Mbilinyi, Maro/ Kamala).

Relentlessly pursue the anti-HIV-AIDS crusade. The effect of the disease has inordinately been felt by the grandparents who care for the orphans and has drained national resources that otherwise should have been available to support old people.

Social security for the old should be tackled as a multiple-dimensional phenomenon. It thus must be tackled comprehensively

and related to improvement of needs for all vulnerable groups (SafreInlin), i.e. the sick, children, HIV-AIDS affected persons, the disabled, the unemployed, etc. A full spectrum of needs is involved such as food, nutritional and bodily security, health, housing, employment, old age support, children education, access to legal aid and so on. Thus targeting the old in excessive disregard of the rest will not work. This “multidimensionism” calls for state close involvement, especially in guiding policy and mobilising participation of different stakeholders as well as in regulating the playing field.

Government should consider introducing universal insurance schemes. For those who fear the colossal costs involved, Khamis suggests HARAMBEE type of resources mobilisation. In this Besha reminds us of the amounts

collected in the *vikaos* for grandiose wedding occasions. Wasteful public expenditures were also suggested as possible saving areas.

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