Study on the inclusion of older people in the national poverty reduction interventions in Tanzania. Case Study of Tanzania Social Action Fund

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Acronyms

AIDS	Acquired Immune Deficient Syndrome
CCT	Conditional Cash Transfer Scheme
CMC	Community Management Committee
E-PRA	Extended Participatory Rural Appraisal
FI	Food Insecure
GDP	Gross Domestic Product
HIPC	Heavily Indebted Poor Countries
HIV	Human Immune-deficiency Virus
IGAs	Income Generating Activities
ILO	International Labour Organization
JAS	Joint Assistance Strategy
LGAs	Local Government Authorities
MEO	Mtaa Executive Officers
MDG's	Millennium Development Goals
MKUKUTA	National Strategy for Growth and Reduction of Poverty
MKUZA	Zanzibar Poverty Reduction Strategy
MoHSW	Ministry of Health and Social Welfare
MoLEYD	Ministry of Labour, Employment and Youth Development
MVC	Most Vulnerable Children
NBS	National Bureau of Statistics
NPES	National Poverty Eradication Strategy
NSGRP	National Strategy for Growth and reduction of Poverty
NVF	National Village Fund
OVCs	Orphans and Vulnerable Children
PRSP	Poverty Reduction Strategy Paper
SP	Service Poor
SPAF	Sub project Application Form
SPIF	Sub Project Interest Form
TAS	Tanzania Assistance strategy
TASAF	Tanzania Social Action Fund
TMTP	Tanzania Mini Tiger Program
TMU	Tanzania Social Action Management Team
TGNP	Tanzania Gender Network Program
TZS	Tanzania shillings
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
URoT	United Republic of Tanzania
VEO	Village Executive Officer
VG	Vulnerable Groups
VFC	Village Fund Coordinator
WEO	Ward Executive Officer
WHO	World Health Organization
ZPRP	Zanzibar Poverty Reduction Plan

Dedication

This thesis is dedicated to my beloved children, Jesse, Joan Jacob, Linda and Joshua, who have never failed to give me moral support, also extending to me their unfailing love and understanding during all the time of my study. This has taught me that even the largest task can be accomplished if it is done one step at a time.

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I am heartily thankful to my supervisor, Prof. Jill Hanley, whose encouragement, guidance and support from the initial to the final level enabled me to develop an understanding of the subject.

Lastly, I offer my regards and blessings to all of those who supported me in any respect during the completion of the project.

Abstract

In the context of Tanzania's national development agenda, the older people play a key role in the economic, social and political spheres. Within the Tanzania National Strategy for Growth and Reduction of Poverty, the government has of recent been implementing a number of initiatives to enable the communities in the country including the older people to implement projects which will help them have meaningful income that will contribute to country's economic growth and hence reduce poverty both at micro and macro levels. The government also anticipates through national poverty alleviation initiatives, the National Ageing Policy which guides older people's affairs in Tanzania is realized.

This thesis presents results on a case study conducted to Tanzania Social Action Fund program in order to establish the inclusion and participation of older people in Tanzania's national poverty reduction strategies.

Data for this study was collected through survey, interviews with key informants and primary document review. Findings from study reveal low level of inclusion of the older people in the program .Only (3) out of (121) 2.5% of subproject implemented in the study district is for older people. This situation calls for the review of the ways the older people are targeted in such a program so as to increase their participation and inclusion.

This paper is organized as follows: Section 1) Introduction which gives a description of poverty in Tanzania 2) Literature review which captures the broader picture of poverty and different policies which are in place; 3) Conceptual framework; 4) methodology which describes the way the study has been conducted ;5) Findings as outlined from the three methods which data was collected; 6) Discussion and; 7) Conclusion.

Résumé

Dans le contexte de l'agenda de développement national de la Tanzanie, les personnes âgées jouent un rôle clé dans les domaines économique, social et politique. Dans la Stratégie nationale tanzanienne pour la Croissance et la Réduction de la Pauvreté, le gouvernement a de récents mis en œuvre un certain nombre d'initiatives pour permettre aux communautés dans le pays, y compris les personnes âgées à mettre en œuvre des projets qui les aideront à avoir un revenu significatif qui contribuera au développement économique du pays la croissance et donc de réduire la pauvreté tant au niveau micro et macro. Le gouvernement prévoit également à travers des initiatives nationales de réduction de la pauvreté, la Politique nationale sur le vieillissement qui guide les affaires des personnes âgées en Tanzanie est réalisé.

Cette thèse présente les résultats sur une étude de cas menée en Tanzanie action du programme du Fonds social afin d'établir l'inclusion et la participation des personnes âgées en Tanzanie stratégies nationales de réduction de la pauvreté.

Les données de cette étude ont été recueillies grâce à l'enquête, des entretiens avec des informateurs clés et examen des documents primaires. Les résultats de l'étude révèlent faible niveau d'intégration des personnes âgées dans le programme. Uniquement (3) de (121) 2,5% du sous-projet mis en œuvre dans le district de l'étude est pour les personnes âgées. Cette situation appelle à la révision des façons les plus âgés sont ciblés dans un tel programme afin d'accroître leur participation et d'inclusion.

Ce papier est organisé comme suit: Introduction Section 1) qui donne une description de la pauvreté en Tanzanie 2) Revue de la littérature qui capture l'image plus large de la pauvreté et les différentes politiques qui sont en place; 3) Le cadre conceptuel; 4) la méthodologie qui décrit la

manière l'étude a été réalisée; 5) les résultats comme indiqué par les trois méthodes dont les

données ont été collectées; 6) la discussion

 et; 7) Conclusion.

1.0 Introduction

1.1 Description of poverty in Tanzania

The United Republic of Tanzania became independent in 1961 when the country was considered

to be one of the poorest countries in the world and its economy was solely dependent on

subsistence agriculture. (Ferreira, 1996).

From the 1970s to the early 1980s, the country experienced severe macroeconomic

imbalances, economic stagnation, a sharp decline in per capita income and the standard of living

due to inadequate policies and various external factors (F Ellis & Freeman, 2005). However this

was gravitated by inordinate and inflexible state control over the economy which resulted in a

stifling of economic activity, widespread deterioration of the country's infrastructure and a

regression to barter trade on parallel markets. In 1982 high inflation and shortages of goods led

the Government to introduce a "home grown" structural adjustment program (Ferreira, 1996).

Nevertheless, it was not until 1986 that significant adjustment reforms were undertaken

(Demombynes & Hoogeveen, 2007) .

The First Economic Recovery Program launched by the Government of Tanzania and

supported by the IMF and the World Bank, introduced reforms which included import

liberalization, restrictive monetary policy, and active exchange policy. These reforms outlined

above did influence both the amount and structure of poverty in Tanzania, however, it is sadly noted that very few quantitative studies on the effects of the structural adjustment programs on poverty and income distribution have been undertaken (Kpessa, 2010). For example, although literature on the impact of adjustment has often indicated in depth that empirical research holds the greatest promise for strengthening the understanding of the process by which macro-economic changes are transmitted to the household level, however by year 1996, only two household budget surveys (1983 , 1991/92) were available to provide an opportunity to evaluate the evolution of living standards during the period in which structural adjustment programs were implemented. Additionally the household data which was available by that time only allowed comparison among the rural areas in Tanzania (Demombynes & Hoogeveen, 2007; Ferreira, 1996) The comparison of poverty indicators calculated from the national household budget survey conducted in 2001 showed poverty decline by only 3% during the 1990s (from 39 to 36%). In urban areas (excluding Dar es Salaam), the incidence of poverty declined from 29 to 26%, while in rural areas it fell from 41 to 39%. Only Dar es Salaam experienced a statistically significant decline in poverty, from 28% to 17% (Fan, Nyange, & Rao, 2005).

The basic needs poverty rate calculated from the most recent house hold budget survey conducted in 2007 (HBS, 2007)reveals that the proportion of people living in poverty has decreased by 2.4 percentage points, from 36% percent of the population in 2001 to 33.3 percent in 2007 (NBS, 2008a).

However, despite the poverty decrease of the proportional of people living in poverty as per recent HBS which was conducted in 2007, older people in Tanzania still constitute a significant proportional of the most vulnerable in the society and that poverty and vulnerability is correlated with old age (Smart D, 2010). This situation is worsened by the fact that, old age particularly in

Tanzania poses a number of significant challenges which impede the realization of the rights of the older people as stipulated in the United Nations Organization declaration No. 46 of 1991.These rights among others include independence, participation, care, self fulfilment and dignity.

On the other hand, although it is generally known that some of the old age challenges like inability to earn adequate income through work, chronic illness, forced retirement are common especially in the developing countries, however in Tanzania ,the challenges are more compounded by the fact that older people are the primary care givers of orphans and vulnerable children (particularly Children Affected by AIDS and children with severe disabilities (Unicef, 2006). Recent studies show that 50 per cent of Tanzania's two million Orphans and Vulnerable Children depend on older people to meet their food, health and educational needs (Smart D, 2010).

Additionally members of households containing older people tend to experience some of the highest poverty rates (Survey, 2007).

This suggests that old age poverty is having significant effects on the Tanzanian population and being transmitted across generations, thereby affecting Tanzania's future as well as present development prospects (Smart D, 2010) .

Indeed, although available data reveal that the older people constitute a significant proportion of the most vulnerable in Tanzanian society, therefore calling for clear understanding of their status of the older people and come up with focused interventions to support them, so far there are no studies which have been conducted to establish their status and whether the older people have been adequately targeted in the on-going national poverty alleviation programs.

It is evident from the literature reviewed in this study that the Tanzania government has for a long time engaged deliberate efforts to address poverty issues; however there has been little achievement.

According to a UNDP report, forty years after attaining independence in 1961, Tanzania remains one of the poorest countries in the world (UNDP, 2001). Estimated GNP per capita was US$280 in 2000, and its growth rate was around 0.3% per year on average over the preceding decade. Macro-economic performance during the 1990s was uneven, with promising trends in the early 1990s giving way to reversals in the mid-1990s, followed by recovery occurring toward the end of the decade (F Ellis & Freeman, 2005).

The HDI which represents a push for a broader definition of well-being and provides a composite measure of three basic dimensions of human development namely , health, education and income , is currently 0.398 for Tanzania, ranking the country at a position of 148 out of 169 countries in the world (UNDP, 2010)

Literature further reveals that right after independence, Tanzania pursued state-led economic growth guided by the political ideology of *Ujamaa*, or African socialism. The country began to undertake macroeconomic policy reforms in line with structural adjustment programs in the mid-1980s. These reforms were considered necessary for creating macroeconomic stability for sustained economic growth (Fan et al., 2005). Amongst other things, the reforms entailed rationalization of government spending on the public sector and more conservative fiscal policies, including downsizing the civil service and removing some government subsidies in to sectors like agriculture. These reforms gave a sign of positive result at the macroeconomic level

as compared to the status in year 1990's whereby this time there was some significant improvement in the country's economic indicators showing that the poverty reduction strategies which the country was implementing were fruitful (U. R. o. Tanzania, 2 July 2008).

For example, inflation had fallen from 30% in 1995 to 4.4% in 2004; foreign exchange reserves increased from the equivalent of 6 weeks of merchandize imports in 1995 to 18 weeks in 2002; the official exchange rate became more stable; and GDP grew from 2.6% in 1995 up to 5.2% in 2004. However despite these achievements, the decline in poverty still had been disappointing, particularly in rural areas (U. R. o. Tanzania, 2 July 2008).

1.2 Tanzanian policies and programs on poverty alleviation

The national policies in Tanzania are categorized into the long term national development strategy known as Vision 2025, the medium term national poverty reduction strategies and specific sector or cross sector policies.

(i) *The Tanzania Development Vision 2025;*

This policy projects that by the year 2025 Tanzanian society will be free from poverty and will have graduated from the group of least developed countries to that of middle income countries, with a high level of human development (U. R. o. Tanzania, 2005). The Development Vision 2025 is a long-term development philosophy that is the articulation of a desirable future condition, which the nation envisages it will attain, and of the plausible course of action to be taken for its achievement. It seeks to actively mobilize the people and other resources towards the achievement of shared goals (U. R. o. Tanzania, 2005). The Tanzania vision 2025 has five major attributes that are:

1) High quality livelihood- Ideally, a nation's development that is people-centred, based on sustainable and shared growth and being free from abject poverty. This entails the creation of wealth and its equitable distribution and a society that is free from inequalities and all forms of social and political relations that inhibit empowerment and effective democratic and popular participation of all social groups (men and women, boys and girls, the young and the old and the able-bodied and disabled persons). It is anticipated that by the year 2025, racial and gender imbalances will have been redressed. At the same time, law, politics, employment, education and culture will have been reformed.

2) Peace, stability and unity- A nation enjoying peace, political stability, national unity and social cohesion in an environment of democracy and political and social tolerance.

3) Good governance- Tanzania nation that cherishes good governance and the rule of law in the process of creating wealth and the sharing of benefits in society and seeking to ensure that its people are empowered with the capacity to make their leaders and public servants accountable. By 2025, good governance should have permeated the national socio-economic structure thereby ensuring a culture of accountability, rewarding good performance and effectively curbing corruption and other vices in society.

4) Well-educated and learning society-Tanzania to be a nation whose people are well educated with a developmental mindset and competitive spirit. These attributes are critical for the nation to effectively mobilize domestic resources to assure the provision of people's basic needs and to attain competitiveness in the regional and global economy.

5) A competitive economy capable of producing sustainable growth and shared benefits- strong, diversified, resilient and competitive economy which can effectively cope with the challenges of development and which can also easily and confidently adapt to the

changing market and technological conditions in the regional and global economy (U. R. o. Tanzania, 2005).

(ii) *The National Strategy for Growth and reduction of Poverty(NSGRP)* ;

This was the second national organizing framework for putting focus on poverty reduction high on the country's development agenda(U. R. o. Tanzania, 2005). In a nutshell, as stated earlier, the road to comprehensive poverty reduction strategy began in the mid-1990s, when it adopted a plan entitled the National Poverty Eradication Strategy (NPES) in 1997(Frank Ellis & Mdoe, 2003).The NSGRP was informed by the aspirations of Tanzania Development Vision (Vision 2025) and was committed to Millennium Development Goals (Government of the United Republic of Tanzania, 2006).

The National Strategy for Growth and reduction of Poverty (NSGRP) basically strived to widen the space for country ownership and effective participation of civil society, private sector development and commitment to regional and other international initiatives for social and economic development. The NSGRP was build on the Poverty Reduction Strategy Paper (PRS(P)) (2000/01 -02/03), the PRS Review, the Medium Term Plan for Growth and Poverty Reduction and the Tanzania Mini-Tiger Plan 2020 (TMTP2020) that emphasize the growth momentum to fast -track the targets of Vision 2025 (U. R. o. Tanzania, 2 July 2008).

The (NSGRP) was expected to last for five years i.e. from 2005/06 to 2009/10.

The end point of the strategy was expected to coincide with the targets for the National Poverty Eradication Strategy (NPES-2010).

(*iii) Tanzania Mini Tiger plan 2020(TMTP2020), National Poverty Eradication Strategy (NPES-2010), The Tanzania Assistance strategy (TAS) and Joint Assistance Strategy (JAS);*

The above strategies had their emphasis on the growth momentum in order to fast track the targets of vision 2025 (Government of the United Republic of Tanzania, 2004).Their success relied more on increased commitment and resources from domestic stake holders and development partners in the medium term (Government of the United Republic of Tanzania, 2006).

Tanzania, however, was committed to increasing the aid effectiveness though the agreed principles by the development partners (donors) as it was laid down by the Tanzania Assistance Strategy (TAS) and Joint Assistance Strategy (JAS) for harmonization alignment of aid modalities so as to ensure among other things the global partnership for development (Government of the United Republic of Tanzania, 2006).

In summary, the implementation process to address the poverty agenda by the government of Tanzania first dwelt on macroeconomic stabilization for a decade. The major policies concerned with poverty began to be implemented in 1996 within the framework of the macroeconomic policies approach. (U. R. o. Tanzania, 2 July 2008) .It was at this time when the government came up with initiatives that started with the formulation of the National Poverty Eradication Strategy (NPES) in 1997 and the subsequent PRSP process in 1999 and 2000 which produced the Poverty Reduction Strategy Paper (PRSP) and Zanzibar Poverty Reduction Plan (ZPRP). These initiatives were also highly influenced by the international financial institutions, as it was also a pre-condition to gain access to the Heavily Indebted Poor Countries HIPC debt relief resources.

This fact suggests that at one point the original objectives in the strategies were compromised in order to meet the external donor's requirements. This had adverse implications, particularly for Tanzania's poverty-stricken rural population where the vast majority of the people reside

(70%). It has also been argued that the poor people and organizations representing the interests of the rural population were not adequately represented in most PRS processes. Instead, the consultations largely engaged the urban-based NGOs, including many with strong links to international NGOs or donor agencies (Driscoll & Evans, 2004).

Preparation of the second generation of PRS paid greater attention to growth and governance as well as to results and outcomes. The GDP growth rate in recent years has averaged about 7% per year hence with such an average GDP growth it was anticipated that Tanzania was on the way to achieving the 8 – 10 per cent growth per annum that would be required to achieve the MDGs. However despite the achieved growth reported, there was a concern that this growth had not been sufficiently broad, and income inequality increased slightly, mainly in urban areas and the gap between urban and rural incomes seemed to have increased (U. R. o. Tanzania, 2 July 2008). The recorded achievements were measured in terms of:

- Availability of food as measured by the proportion of people with access to basic calorie in-take, although malnutrition in children less than five years old still persisted in the country.
- Increased Gross Enrolment Ratio and Net Enrolment Ratio of both boys and girls in school with gender parity.
- Decline in infant and under-five mortality rates according to census data and those from surveillance sites.
- Mainstreaming of the Environmental issues in the Poverty Reduction Strategy/ MKUKUTA/MKUZA.
- Access to safe drinking water with the coverage going up from

68% in 2000 to 73% in 2003-5 for urban areas and from 49% in 2000 to 53% in rural

areas in 2003-5

The remaining key challenges included:

- Under-funding in all public sectors of the Tanzania economy

- Meeting the rising challenges of urban poverty and unemployment

- Poor maternal health care

- High child and maternal mortality compounded by the HIV and AIDS epidemic.

- HIV and AIDS pandemic as catastrophe in Tanzania- HIV prevalence in adults which is estimated at 7 per cent of the population (7.7 per cent men 6.3 women)

- Environmental sustainability

Based on this evidence it was suggested that it was unlikely that Tanzania was likely to achieve MDGs in the areas of: Poverty and malnutrition; Maternal health; Improving life in slums; Environment and; Decent employment, especially among the youth. Additionally, the hunger and malnutrition challenges were being aggravated by the current food price increases in the world market (U. R. o. Tanzania, 2 July 2008).

This study notes that poverty reduction strategies and policies in Tanzania are being implemented at a time when ageing has also become a cross-cutting issue of critical significance. Wider government integrated poverty alleviation strategies are hence needed in order to help older people to be self sustained and contribute to their families and communities.

Also The Second World Assembly on Ageing in 2002 adopted its main document on a political declaration and Madrid International Plan of Action with set of concrete recommendations to be implemented by the member countries (Rao, 2003). In this meeting the world governments made a commitment to meet the challenges of the ageing population

particularly focusing on old persons and development, maintaining health and well-being into old age, and ensuring, enabling and supportive environments for the elderly (Ikegami, 2008).

1.3 Description of older people in Tanzania and inclusion in poverty alleviation strategies

The needs of ageing people pose a great challenge to the world society as there has been an increase in the number of older people in the world. In developing nations, the rates of growth of this population do not match with the available resources to cater for older people's health, nutrition and other basic services essential for human life (Meeks, Nickols, & Sweaney, 1999).

Taking the case of Tanzania in particular, the population increased from 23.1 million in 1988 to 34.4 million in 2002. According to United Nations indicators the current population is 43.74 million(UNDP, 2010). The National Census data indicate that Tanzania had about 1.9 million people aged 60 years by 2000 and the figure has risen to over 2million by 2010(NBS, 2008a). According to the National Bureau of Statistics (NBS) census, in 1978 life expectancy by birth in Tanzania was 44 years, by 2002 it had risen to51 years and the number of older people standing at 1.9 million (NBS, 2008) Projections by National Bureau of Statistics (NBS) census further indicate that by 2025 the number of older people in Tanzania will have increased by almost 50% to around 3 million.

The older people in Tanzania, like in most of the Sub-Sahara African countries carry a heavy burden of taking care of their daily life needs and other added social-economic responsibility. The situation has been worsened by a number of factors including the effects of modernization under which the family traditional ways of taking care of the elderly have been eroded .In addition to this, the older people have an added responsibility of taking care of the

orphans who have been left under their care as a result of HIV/AIDS scourge and other calamities such as inability to earn adequate income through work, chronic illness and conflicts making the living conditions more difficult . A recent report by UNICEF (2006) reveals that 40% of the Tanzania's orphans are cared by their grandparents. Moreover the National Costed Plan of Action for Most Vulnerable Children (NCPA) 2007-2010 reveals that , 72% of the Tanzania's Most Vulnerable children (MVC)[1]are being cared by grandparents (Department of Social Walfare, 2006)

In this regard therefore, it can generally be noted that the older people's living conditions in Tanzania are severely affected by the fact that they have to deal with the loss of their own support while absorbing the additional responsibilities of caring for their orphaned grandchildren (Zimmer & Dayton, 2005).In addition to the already adverse situation the older people in Tanzania are apparently compelled to cope without either a comprehensive formal social security system nor a well-functioning traditional care system in place (Okojie, 1988; Smart D, 2010).

Following the Second World Assembly on Ageing in 2000 whereby the importance of placing ageing in the context of strategies for eradication of poverty was recognized ,and as well as the importance of achieving full participation of developing countries in the world economy, the Tanzania government put in place the National Ageing Policy in year 2003 (Government Of The United Republic Of Tanzania, September, 2003).

This Policy aimed to guide the provision of services to older people and insure their full participation in the life of the community by recognizing that older people as an important

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[1] Most Vulnerable Children are defined as children live in child-headed households, with a disability or a chronically ill guardian, or in poor conditions and without one or both parents.

resource in national development. Therefore, there was a need to allocate enough resources with the goal of improving service delivery for the older people. Also the importance of involving the older people in the decision making in matters that concern them and the nation at large was considered to be crucial .Economic empowerment through implementation of Income Generation Activities (IGA) as a special group was also considered important.

Tanzania's position in regard to the older people is further indicated clearly in the Tanzania's country position paper on poverty and ageing presented at a Regional Workshop in 2003.This paper stresses that , the Tanzania government recognizes the importance of older people as the resource and great treasure for national development and to this end the integration of the ageing into national poverty strategies deemed important (U. R. o. Tanzania, October 2008) . Additionally it reveals that the break-up of traditional family structures and the increase of the official retirement age from 55 to 60, as well as international pressure, stimulated the national debate on old age, ageing and retirement in recent years in Tanzania (U. R. o. Tanzania, October 2008).

On the other hand, in developing countries like Tanzania in particular, ageing is not defined using the same common terms as used in developed countries. The government developed the following definition: "*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*"(Government Of The United Republic Of Tanzania, September, 2003). Consequently, as 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, Tanzania picked up the challenge to develop a policy on the

ageing called "*The National Policy on Ageing issued in* September 2003 (Government Of The

United Republic Of Tanzania, September, 2003).

Tanzania's country position paper on poverty and ageing however reveals that "although

the national policy on ageing has been launched, no action has been undertaken with respect to

its implementation''(U. R. o. Tanzania, October 2008).The process to implement the National

Policy on Ageing is sought by integrating it within the National poverty alleviation Strategies

which are currently being implemented by government (U. R. o. Tanzania, 2 July 2008). The

government of Tanzania recognizes the importance of the older people as a resource and a great

treasure for national development and hence the integration of ageing into national poverty

strategies is of great importance (U. R. o. Tanzania, October 2008).

Consequently, the idea of integrating the national ageing policy into the national poverty

strategies can basically be seen as a deliberate effort by the government to address the ageing

needs through the poverty alleviation programs and hence enabling full participating of all

people, including the older people, in the development process (U. R. o. Tanzania, 2005). It has

been, however, argued that in order to achieve meaningful development, concerted effort has to

be made to establish and strengthen institutions, and also to mobilize the popular participation by

involving people actively in the development process so that the attempts to promote economic

and social progress are accelerated and the benefits of development are equitably distributed

(Midgley, 1986).

1.4 The Tanzania Social Action Fund

The Tanzania Social Action Fund is one of the major government initiatives to address

poverty within the national development framework defined in the countries Development

Vision 2025 and the national policies on poverty such as such as the National Strategy for Growth and Reduction of Poverty (NSGRP) and, the National Poverty Eradication Strategy (NPES).

The program is also aimed at realizing the efforts of the Tanzania government to implement the National Ageing Policy through the national strategy to alleviate poverty. Implementation of the Tanzania Social Action Fund Program is also closely linked with the achievement of the Millennium Development Goals (MDG's) (T. U. R. O. TANZANIA, July 2009).

This initiative by the Tanzania of government in collaboration with the World Bank is a ten-year program implemented in II phases (2000-2004 and 2005-2009 with extension to 2013). It follows that The Project Development Objective of Tanzania Social Action Fund program is "to empower communities to access opportunities so that they can request, implement and monitor sub projects that contribute to the improved livelihoods linked to MDGs indicator targets in the National Strategy for Growth and Reduction of Poverty*" (T. U. R. O. TANZANIA, July 2009)*. The main beneficiaries of this program are the communities in Tanzania as a whole who fall under the following categories;

    (i)   *Communities which lack access to basic social and market services- Service Poor (SP)*

    (ii)   Able-bodied but food insecure households- Food Insecure (FI)

    (iii)   Orphans, disabled, elderly, affected/infected by HIV/AIDS, etc.)-Vulnerable individuals (VG)

    (iv)   Eligible poor and vulnerable households (to be provided with cash transfers)

The major Objectives of the program include:

- To provide support to service poor communities that will contribute to increased availability and use of basic social and environment services in line with specified MDGs targets. Such services include: education, water and sanitation, roads, banking and markets in line with MDGs targets.

- Provide employment opportunities to able-bodied individuals in food insecure households, so as to increase their cash income, skills, and opportunities from working in financed public works programs.

- Provide assistance to households with vulnerable individuals which include Orphans, disabled, elderly, widows/widowers and those infected or affected by HIV/AIDS, among others to manage sustainable economic activities.

Successful community-supported sub-projects are also required to adhere to a stringent set of operating principles.[2]

The Financial resources for the program are allocated globally to the Local Government Authorities (LGAs on the basis of a formula that includes ;(i) Population (40%) (ii) Poverty

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[2] The operating principles include: Ability of a community to contribute at least 15 percent in cash and/or in kind of the total sub-project costs except for sub-projects related to vulnerable groups and water activities, which will only require a minimum community contribution of 5 percent; There will be a CMC to manage day-to-day sub project/CCT implementation, elected democratically by at least 50% of the beneficiaries; Sub-projects to be supported must be within the capacity of the community to manage, implement and undertake operation and maintenance; Adherence to the requirements of Environmental and Social Management Framework (ESMF) and Resettlement Policy Framework (RPF); Sub-projects will promote labour-based technology, with at least 50 percent of the sub-project funds paying for unskilled labour wages; Targeting of resources to be guided by poverty indicators, food insecurity as well as community demands; Protection of prevailing employment opportunities in targeted areas by paying a wage that is lower than the prevailing average wage in the area (a self targeting wage); Financing viable activities that lead to increased household income; Funding sub projects selected as a priority in a meeting attended by at least 50% of the beneficiaries (target group); Equitable participation between women and men in sub project management; Funds to be spent for the intended purposes and in accordance with the approved procurement plan.

level (40%) (iii) Geography (20%) (iv) An element of equity, (25%) is applied prior to utilizing the allocation formula.

Stages in the implementation process of the program are divided into sub activities which form two phases of project activities namely, the pre sub project cycle and the subproject cycle.

Pre sub project cycle

Activities in the pre subproject cycle include: Awareness raising and sensitization; formation of relevant teams; determining operational area; specific self-targeting wage rate; capacity building for relevant staff.

During this process any interested community can submit a Sub Project Interest Form (SPIF). The SPIF shows community interest in initiating a sub project. The SPIF gives information on beneficiary groups and a summary of types of possible community interventions. The Sub Project Interest Forms are available at the Offices of Village Executive Officers (VEO/Sheha/Mtaa Chairperson, Ward Executive Officers (WEO) and Village Fund Coordinator (VFC). After conducting awareness rising on TASAF activities to a targeted community, but before the Extended Participatory Rural Appraisal (E-PRA) is conducted, the interested community can fills in a Project Interest Form in three copies and submits to the Village Council. The Village Committee (VC/Sheha) Advisory Council/Mtaa Committee endorses the forms after ensuring completeness and accuracy and sends the forms to the VFC's office and TMU, with one copy being retained at the offices of VEO/Sheha/Mtaa Chairperson, on behalf of the community. The VFC will sort and compile the forms by sector for presentation to the Management Team for review, targeting and decision for E-PRA. The targeting of resources within an operational area will be guided by poverty and service coverage indicators as well as community demands in line with their capacities. Interested communities will be notified if an E-PRA will be deployed.

Project cycle

Activities in the project cycle include**;** sub project identification, desk appraisal, field appraisal, approval, launching, implementation supervision and monitoring, completion and inauguration.

The program insures that there is a close monitoring and evaluation so as to enable better subproject planning, targeting, and feedback to relevant stakeholders.

Additionally close monitoring is aimed at helping to;

(i)   Make timely decisions in order to improve service delivery;

(ii)   Improve management of programs, sub projects and supporting activities;

(iii)   Improve service delivery in order to promote active community participation, quality of sub projects, transparency and accountability with a view to ensure that resources made available to sub project are used to meet the intended purposes;

(iv)   Draw lessons from experience so as to improve the relevance, methods and outcomes of cooperative programs;

(v)   Ensure optimum use of funds and other resources;

(vi)   Strengthen the capacity of co-operating agencies, non-governmental organizations and local communities to monitor and evaluate; and

(vii)   Improve information sharing systems and enhance advocacy for policies, programs and resources that improve the TASAF II contribution towards poverty reduction.

TASAF has a results-based M&E system which monitors the project processes using the following methods and tools:

(i)   A well defined result framework that is derived from clearly defined goals, objectives, outcomes, outputs and activities with corresponding indicators, means of verification and key assumptions;

(ii)   A well defined M&E strategy for project processes, information requirement, tools and methodologies for data collection, analysis and reporting;

(iii)   A comprehensive M&E plan with clear roles and responsibilities as they relate to indicators tracking with respect to data gathering and reporting;

(iv)   A project tracking system based upon agreed indicators as derived from the logical framework matrix of the TASAF program;

(v)   Internal and external periodic assessment and evaluations which would include baseline studies, beneficiary assessments, mid-term evaluations, ex-post evaluations and impact evaluations; and

(vi)   Participatory community monitoring and accountability approaches and systems (e.g. community score card, citizen report card, beneficiary assessment and impact evaluation).

TASAF assesses its project management systems and procedures in respect of their relevance effectiveness, efficiency and impact at community, LGA/Island and national levels. TASAF collaborates with other Government initiatives and stakeholders involved in related activities. The Tanzania Social Action Fund program has clear rules of accessing the resources by the targeted community as indicated above.

Additionally the TASAF implementation mechanisms set up which includes the Local Government Authority officers , the community leaders and community itself (community management committees) at the grassroots level serves as a strong accountability and

monitoring tool to ensure that the sub-project are implemented accordingly. The activities described in the sub project cycle and project cycle offer a smooth flow of the implementation and management of the program.

On overall, in the context of Tanzania's national development agenda, the older people play a key role in the economic, social and political spheres. The existence of Tanzania as nation is an evidence of older people's contribution in political, economic, cultural and social arena (Smart D, 2010) .In the wake of the currently ongoing global socioeconomic changes, the older people in Tanzania are also playing an important role to maintain the nation's social fabric. Additionally the older people's strategic position in the household level contributes to crucial role in the future human capital development of the nation especially when they are compelled to take full-time caring roles.

 In the light of this context, the government of Tanzania realizes that, older people are a resource in the development of the nation .Following this, the government has of recent, within the Tanzania National Strategy for Growth and Reduction of Poverty, been implementing a number of initiatives to enable the communities in the country including the older people to implement projects which will help them have meaningful income that will contribute to country's economic growth and hence reduce poverty both at micro and macro levels. The government also anticipates that through such initiatives, the National Ageing Policy which guides older people's affairs in Tanzania is realized.

2.0 Literature review: Older people and Poverty in Africa

Economic security, health and disability, and living conditions in old age are policy concerns throughout the world but the nature of the problems differs considerably from continent to continent, between and within countries. In industrialized countries, old age support comes to a great extent from large public or private pension and health systems (Bicknell & Parks, 1989). These systems are becoming increasingly strained as population aging has increased the proportion of older people. At the same time, in much of the industrialized world (Russia being a major exception), the health of the older population is, at a minimum, remaining steady and, in many places, it is improving rapidly (Croucher, 2008).

By contrast, throughout most of the developing world, providing support for older people is still primarily a family responsibility. Traditionally in sub-Saharan Africa, the main source of support has been the household and family, supplemented in many cases by other informal mechanisms, such as kinship networks and mutual aid societies (Kowal, Wolfson, & Dowd, 2000). With the notable exceptions of Botswana, Mauritius, Namibia, and South Africa, formal pensions (whether contributory or not) or other social welfare schemes are virtually nonexistent and, when they do exist, they tend to pay minimal benefits and cover only a small fraction of the elderly population (Lee, 2010).

According to projections, the population of those aged 60 years and above, world over is increasing rapidly. In 1950 it was 200 million, representing only 8% of the total world population, increasing by 75% to 350 million in 1975 and shooting to 630 million in 2002 (UN, 1991; UN Population Division, 2002). In 2000, the proportion of older people was 10%. Projections are that ,older people will number 1.2 billion in 2025 and 2 billion in 2050,

representing 21% of the world total. The population of older people is growing faster than the rest of the population at the rate of 2% per year, but will jump to a growth rate of 2.8% between 2025 and 2030.

Developing countries are expected to experience the biggest of these increases (Rowland, 2009). The estimate for 2002 is that nearly 400 million older people aged 60 years and over live in developing countries and his figure is expected to shoot to 840 million in 2025, representing 70% of the population of older people worldwide (Powell & Cook, 2009).In 2005, there were 34 million people age 60 and over and this number is projected to increase to over 67 million by 2030. In fact, the number of older people is growing more rapidly in sub-Saharan Africa than in the developed world (Powell & Cook, 2009).

Literature on older people further reveals that the Sub-Saharan Africa remains the least developed and least urbanized region in the world. Approximately two-thirds of the population of sub-Saharan Africa still live in rural areas and rely largely on near subsistence agriculture or traditional pastoralist for their livelihoods. In such settings, families have to be very self-reliant (Huntington, 1998). Chronic poverty becomes a critical risk factor for the well-being of older people, and more than two of every five of the continent's inhabitants remain trapped in debilitating poverty (Huntington, 1998).In addition, while the continent has witnessed a decline in the number of armed conflicts since the early 1990s, persistent violence and in some cases seemingly intractable conflicts compound the region's problems and present critical obstacles to development in some countries (Kalache, Barreto, & Keller, 2005). In such a context, the situation of older people deserves particular study.

The sections below takes a detailed look on;

- the status of older people and poverty in Africa

- the older people in Africa and their and changing roles

- the effects of HIV /AIDS on the population of older people and

- the impact of poverty on older people

- policy review

- definition of inclusion and participation

2.1 Definition of older people in Africa and changing roles

There are many factors that may complicate the issue of defining old age in an African context. Many older people do not know exactly when they were born and tend to use events to determine their ages. That leads to their ages being estimated and many needy older people are left out of programmes because their registration papers suggest that they are younger, and indeed, others are included when in fact they are younger (Nhongo, 2000; Kamwengo, 2004) . The United Nations defines older people as those aged 60 years and above. The Organization of African Unity Policy Framework and Plan of Action on Ageing recommend that Africa also uses the UN definition of 60 to define its older people (HelpAge, 2002).

On the other hand in African context, the modern way of life, as a result of effects of modernization and globalization, has changed the roles played by older people in the households over time. Traditionally, the role of older people was to advise, direct and lead their families and societies in those practices, rituals and ceremonies that ensured their survival, existence and continuity. They were involved in the socialization of society and ensured the attainment and passing on of society's knowledge, values and norms. The elders provided care to the children who in turn provided care to them in their old age, hence the *Shona* saying, "*karere kagokurerawo*" (Look after it and it will look after you). The more children one had, the more

chances there were of receiving better care when one was no longer able to provide for himself/herself (WHO, 2002b). There was a system that ensured that the needs of individuals were catered for within the family. Nobody would starve when other members of the family had plenty. No children would live alone even if all the direct (or biological) members of their family died (TM Nhongo, 2004a).

As has been argued earlier, traditionally the economic security for the elderly in Sub-Saharan Africa has been decided according to custom. African societies were organized as gerontocracies where the power, authority and lifelong security enjoyed by the old were the norm rather than the exception (Eyetsemitan, 1997).Individuals learned their responsibilities towards their families at a very early age. Parental obligations included providing their growing children with the necessities of life as well as a moral code of conduct and education. The children in turn were expected to reciprocate by ensuring security for their parents in their aging years. The extended family system provided additional support for elderly people .According to Bergner (1981), the extended family is a three or four generation unit held together by kinship. In this context, the elderly in Sub-Saharan Africa enjoy special status, surrounded by their numerous children and grandchildren. It was their responsibility to supply the necessary care as their aging relative's strength and self reliance diminishes. The elderly were well-cared for and they generally provide social continuity by instilling in the youth respect for the norms and values of their societies (Bicknell & Parks, 1989).

In the traditional setting, roles and relationships were very clear, well understood and passed on from one generation to the other. It was like a relay race, where the baton was passed on from one team member to the other until the race was won. It was the role of older people as the custodians of tradition and cultural practices to pass this knowledge on. Older people had a

special place in families and communities to guide, advise and pacify. With the advent of formal education and the church, these new institutions overtook the central role of older people in socializing families. New values and norms, redefining the way families related with one another were ushered upon the African population. Older people began to be viewed negatively, their status diminished and their roles undervalued (T Nhongo, 2002).

2.2 The effect of HIV/AIDS on the population of older people

In Tanzania like in most of Sub-Saharan Africa apart from apart from the diminishing effects of traditional methods of caring for older people, the HIV/AIDS is another contributing factor to the poor living conditions of the older people. This section looks into detail on the effects of HIV/AIDS on the population of the older people.

The HIV/AIDS devastating impact coupled with the effects of population ageing, has compelled the older people to be the key to the survival of an increasing number of orphaned and vulnerable children and those adults that are sick from AIDS (HelpAge, 2002; van Dullemen, 2006). The major effect of population ageing and HIV/AIDS is the burden they place on older people in terms of filling the gap left by other population groups in providing care and support to other members of the family (van Dullemen, 2006). At a time in their lives when they might normally have expected to be recipients of care and support, many older people have no option but to become *'Africa's Newest Mothers(WHO, 2002b)'*. Older people are caring for the sick, the dying and the children orphaned or made vulnerable by the HIV/AIDS pandemic. Older people, mainly older women but also including a good proportion of older men, are providing economic, social and psychological care and support for a large number of family members

(TGN, 2009).It is sad that the older people often play this very difficult role with no resources at their disposal and absolutely no recognition for their efforts (TGN, 2009).

In sub-Saharan Africa, 12.3 million children have been orphaned by AIDS and projections are that this number will continue to increase in the next 10 years, with the majority of these children are being cared for by older people (Unicef, 2006; WHO, 2005). Many adults who are sick with AIDS related illnesses return to their parents' homes when they are no longer able to manage by themselves. In a study carried out in six districts in Uganda, parents were most commonly cited as the principal caregivers of AIDS patients (Ntozi, 1997).In many cases, older people shoulder the responsibility of caring for their children when they become ill providing physical, economic and social support. The greater the care needs, the less the time available for older people and even the children themselves to participate in income generating opportunities and schooling for children (Ainsworth & Dayton, 2005; WHO, 2002a).

In South Africa, Namibia and Zimbabwe, 60% of the orphans are living with grandparents, while in Botswana, Malawi, Uganda, Ghana and Tanzania 50% of the orphans are said to be under the care of their grandparents (McShane, 2003).In Zambia, Uganda and Tanzania, grandparents made up the single largest category of care givers of orphans (Unicef, 2006; Welfare, 2006). Help Age International found that older people have to shoulder the burden of caring for orphans ranging from 12 to 17 (HelpAge, 2002).In 1992, a survey conducted in Zimbabwe found that 90% of those caring for orphans were older people and most of them were women. Another study involving 20,000 households in rural Tanzania found that virtually all orphans and foster children (children with one or more parents alive but who are not living with the parents) were cared for by members of the "extended family", often the maternal grandparents (Urassa et al., 2004; Urassa M, 1997). A WHO survey in Zimbabwe found that

71.8% of those providing care to the sick and to orphans were over the age of 60 years (WHO, 2002c). Report by Tanzania Department of Social Welfare indicates that 72% of the most vulnerable children in Tanzania (MVC) are being cared by the grandparents (Welfare, 2006). Studies being undertaken in South Africa indicate also that the pension that older people are getting is proving to be important in providing support to family members and sustaining many households making the burden of the older people even heavier (HelpAge, 2002).

There are many studies documenting that older people are playing important roles in taking care of the sick, the orphans and family members in general, but unfortunately, in the majority of countries in Africa, these tasks are performed with no support at all (HelpAge, 2002).

2.3 The Impact of Poverty on older people

Older people remain one of the poorest groups in every community of Africa. A study commissioned by the Ministry of Gender, Labour and Social Development in Zimbabwe to analyze available data in relation to the poor and vulnerable groups found that 64% of older persons (60 years and above) fell below the poverty datum line and when these older people have to take on the role of providing care to the sick and the orphans, then the burden is really huge (WHO, 2002b).In another study carried out in Zimbabwe and Tanzania (HAI, 2003) older people described the burden of care as the need to provide medication, cleaning materials, lifting, washing, feeding, cleaning the sick, fear of infection, fetching of water, and because they worry about leaving the sick behind, older people miss the opportunity to work in their fields

(HelpAge, 2002).In addition, some of the sick were mentally affected and shouted at the caregivers.

In many communities, older people, particularly older women, traditionally played an important role in the care and upbringing of children (TGN, 2009). Studies from Tanzania provide evidence of the many and varied care arrangements that existed within the community, with orphaned children cared for by various family members and 'foster-care' arrangements common when one or both parents moved away for work or other reasons. What is not debatable, however, is that in communities hard hit by the HIV/AIDS pandemic, the magnitude of the task has changed and older people are no longer assured of support in their role as care providers. "In the past, grandparents would have cared for their grandchildren some of the time and, in many cases, would have received support from the parents of the child in return, either through remittances if s/he was living elsewhere or through the provision of food and care if the son/daughter was still living in the same community. With HIV/AIDS however, many older people are now the primary care givers of many grandchildren with absolute responsibility for their welfare''(Smart D, 2010; Urassa M, 1997). Consequently, in the long run, the relationship of mutual obligations and concerns is being changed by the disease; the family has been weakened by the epidemic and will probably not be the same in the post-epidemic era (Ntozi, 1997; UNAIDS, 2008).

The trauma of the death of their child is followed by feelings of desperation as to how to adequately cope with the surviving orphans at a time when resources have dried up and other forms of support are not available (Urassa et al., 2004).Whilst caring for the sick, many older people use all available resources and sell assets to meet the costs of medication and treatment, the economic challenge of caring for orphans is often overwhelming (UNAIDS, 2008). The cost

of feeding, clothing and paying the school fees for orphaned grandchildren have proven to be major concerns for older people across the continent (Smart D, 2010; UN, 1994). In countries devastated by the AIDS pandemic as well as other shocks (such as repeated droughts and conflicts), the hazard of death continues to be high not only early in life, and but also during the middle age. As a result, some countries are beginning to experience "skipped generation" households, where prime age adults are dead, and the responsibility of raising children has fallen on the elderly (Hickey & Bracking, 2005).

Apart from the pressures imposed by the AIDS pandemic, changing patterns of urbanization and globalization have further exposed older persons to the risk of poverty. In some countries, the elderly have become the prime breadwinners and/or caregivers (Unicef, 2006). Whatever the underlying cause, changes in demographic structures in Africa may be rendering older persons vulnerable to poverty (Foster & Williamson, 2000).

2.4 Policy review

The developing world debate on the ageing is still relatively young as it started in the early 1980S as UN-led initiative which resulted to a launch of the first UN World Assembly on Ageing in Vienna in 1982 (Aboderin, 2006), which identified that, globally, the population aging was to have its strongest impact in the developing nations (Borries-Pusback & Wittich-Neven, 1999). In great recognition of this fact, The United Nations General Assembly declared year 1999 to be the International Year of Older persons so as to increase the awareness of aging worldwide (Kalache & Keller, 2001). In year 2002 Second World Assembly on Ageing, was convened by the United Nations (UN) in Madrid, Spain during 8–12 April 2002. The major outcome of the Assembly was the adoption of the Madrid International Plan of Action on Ageing

(MIPAA), which was developed to guide international policy action on ageing through the 21st century (Walker, 2005). The Second World Assembly on Ageing took place almost exactly 20 years after the first in Vienna, Austria, in 1982.During this conference five principles for older persons were identified and these include, independence, participation, care, self-fulfilment, and dignity (Vos, Ocampo, & Cortez, 2009). With many elderly living considerably longer than in past times, developed countries are struggling with the high cost of maintaining support programs, and developing countries face dissolution of traditional care systems without institutional replacements (Holzmann, Robalino, & Takayama, 2009).

The demographic changes in the age structure projected for Sub-Saharan Africa suggest the onset of a range of socio-economic problems that will require attention from the regimes in the region (Tyers, 2005). As revealed in the literature ,the main factors contributing to the difficult living conditions of the elderly Sub Sahara Africa are weakening of traditional family and community support systems for the elderly and age selective migration from rural areas (Okojie, 1988). Given the fact that the state-based social security systems are not well developed in most countries in the region, indeed, the extended family and the community still constitute the primary sources of care for the elderly (Smart D, 2010). The projected increase in the numbers of the elderly however suggest that ,unless family and community traditions of mutual aid can be strengthened, a vast service infrastructure will be required to replace and expand previous informal care-giving patterns. Unfortunately, given the current scarcity of economic resources in the area and the competing demands from a large population of young people, it will be difficult to develop a social security system that provides full coverage for the population (TM Nhongo, 2004a).

In Sub Sahara Africa countries it is a matter of fact that older population makes up a small proportion of the population despite the fact that the number is growing (Smart D, 2010).It is anticipated that the increase in the number of older people will occur despite the excess mortality due to AIDS that many countries are currently experiencing .It is important to note that the Sub-Saharan Africa has long carried a high burden of disease, including from malaria and tuberculosis (Baarøy & Webb, 2008; Frank Ellis & Mdoe, 2003). Today it is home to more than 60 percent of all people living with HIV, 25.8 million in 2005. The vast majority of those affected are still in their prime wage-earning years, at an age when, normally, they would be expected to be the main wage earners and principal sources of financial and material support for older people and children in their families (TM NHONGO, 2004b).

AIDS and other social changes in Sub- Sahara are occurring against a backdrop of persistent poverty and deprivation. Earlier studies explored the likely fiscal implications of providing some sort of social pension to older people in various sub-Saharan African countries and its impacts on poverty rates found was that the fiscal cost of providing a universal non-contributory social pension to all of older people in sub-Saharan Africa would be quite high, around 2 to 3 percent of gross domestic product, a level comparable to—or even higher than—the current levels of public spending on health care in some sub-Saharan African nations (Kalasa, 2001).

The authors argued that the case for universal social pensions also appears to be weak on welfare grounds, in as much as there are other groups competing for scarce safety net resources (such as families with many children) whose incidence and prevalence of poverty is much higher than that of older people. Given that, a universal social pension program appears out of reach in most countries and is difficult to defend on purely social welfare grounds. However due to

globalization factors which have contributed to the weakening of the traditional security care system discussed above, it has been strongly argued that the family, by itself, cannot meet all the needs of the aging population (Rudra, 2002).Following this, there is a need for the governments in the region to find a way to fill in the gaps and meet the basic needs of their elderly citizens. As described in the introduction, in Tanzania, the Government committed itself to putting into place the National Ageing Policy 1n 2003.This commitment was a clear demonstration of government resolve to put ageing issues into the development agenda of the nation. The older people in Tanzania face a number of problems which include poverty, inadequate health services and pension and lack of participation in important decisions affecting national development. Additionally, the weakening of traditional ties has greatly affected the lives of the majority of older people. Despite this fact the government of Tanzania recognizes that older people are a new power for national development. The existence of a National Policy on Ageing came as a new phenomenon to many countries Tanzania being one of them. In Africa, Tanzania was the second country after Mauritius to have a policy on ageing (G. o. t. Tanzania, 2003).

During the Regional workshop on Ageing and Poverty which was held in September 2003, the Tanzania country position paper on Ageing and Poverty identified a number of key issues (U. R. o. Tanzania, October 2008).

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 and in some regions especially older women are accused of witchcraft, which leads to killings in some cases (Rwebangira & Afrikainstitutet, 1996).

Declining of traditional way of life

Urbanization, which has accelerated rural-urban migration, has lead young people to leave the villages to seek employment in towns. This 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 marginalized (TGN, 2009).

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 (Welfare, 2006).

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. Access to health services is limited, especially to older people, whose ability to pay for these services is limited (Smart D, 2010). Although the exemption mechanisms for health care services do exist for older people, but their effectiveness is limited

due to other costs which the older people may have to incur such as cost of transport to the health service centre.

Issues that are covered by the Tanzania National Ageing Policy as per Madrid International Plan are;

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:

a. 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.

b. 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.

c. 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 institutionalizing old age care, by building so called 'retirement homes'. In order to extent caring for the ageing, the government intends to do the following:

a. Encourage awareness in the family and the society at large with regard to their responsibilities in taking care of the older people.

b. Extend 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.

Inclusion

Older people should influence the direction and execution of projects which will contribute to improve standard of living.

Empowerment

Older people should be involved in decision making, taking part in needs assessment, problem assessment, resource mobilization, orientation of actions, program management and monitoring and evaluation.

Social security

The current social security fund includes only part of those who are employed in the formal sector but excludes informal sector. Furthermore, eve n 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:

   a. Inclusion of the informal sector in the National Social Security Fund (NSSF)

   b. District councils and non-governmental organizations to encourage older people in the informal sector to save in community banks and primary cooperatives.

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:

a. Older people will be educated with respect societal change.

b. Adult education (literacy) will as well have to be encouraged.

c. 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 programs 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 organizations

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

It was noted in the Tanzania country paper that the concerns which have been identified with respect to the older people will be addressed in the PRS progress reports, so as to incorporate the ageing-poverty linkages. It is anticipated that 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 (U. R. o. Tanzania, October 2008).

Limitations to the Security scheme or pension

Although it is widely agreed that a pension scheme for older people would bring a solution to current poverty related challenges that older people are facing however there are a number of shortcomings in the pension scheme approach for elderly people (Smart D, 2010).For example currently the participation in retirement pension schemes is limited since those working in the informal sector or in the agricultural sector do not have access to formal pension schemes. Again there is substantial lack of knowledge about the number and coverage of existing pension schemes and their functioning .This calls for additional research to establish possibilities of extending the existing schemes (like the NSSF) to the informal sector and rural areas. There is also lack of PRS indicators, to cover the vulnerability of the ageing population e.g. (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).

2 .6 Inclusion and Participation

Community inclusion is a process by which communities influence the direction and execution of development projects through active participation. Participation is the process of

involving communities and individuals in decision making, taking part in needs assessment, problem assessment, resource mobilization, orientation of actions, program management and monitoring and evaluation. In the process both inclusion and participation contribute to empowerment of communities (Kaliba, 2002).

In the Tanzania context the concept of community participation is a process, whereby the poor communities in the country are empowered to participate in poverty alleviation programs contributing to their better livelihood (T. U. R. O. TANZANIA, July 2009). This concept builds on the Tanzania vision 2025 which entails creation of wealth and its equitable distribution. This is envisaged to enable the society to be free from inequalities and all forms of social and political relations that inhibit empowerment and effective democratic and popular participation of all social groups, men and women, boys and girls, the young and the old and the able-bodied and disabled persons (U. R. o. Tanzania, 2005).

The Tanzania Social Action Fund poverty alleviation program incorporates well the inclusion concept in its main objective which aims to empower communities to access opportunities so that they can request, implement and monitor sub projects that contribute to the improved livelihoods linked to MDGs indicator targets in the National Strategy for Growth and Reduction of Poverty (T. U. R. O. TANZANIA, July 2009).

Older people are however not a homogenous group. Literature reveals that old age is not defined with a single set of challenges. Older people experience changing roles and responsibilities in line with changes in their own abilities and social economical environments. However, in Sub-Sahara Africa and in Tanzania particularly, the older people needs pose a great concern to the nation given the nature of the responsibilities they have in addition to their own old age challenges. In the absence of formal pension scheme to support the older people, there is

a great need to adequately include the older people in national poverty alleviation initiatives which will contribute to their improved livelihood and at the same time contribute to meaningful development to the national of Tanzania

3.0 Research Problem

As it has been discussed, literature on poverty reduction in Tanzania reveals a number of strategies engaged by the government of Tanzania to address poverty, especially among the most affected section of the Tanzania population. The strategies range from National Poverty Eradication Strategy (NPES) in 1997 and the subsequent PRSP process in 1999 and 2000, which produced the Poverty Reduction Strategy Paper (PRSP) and Zanzibar Poverty Reduction Plan (ZPRP). There has also been other major policy documents aimed at giving guidance on poverty reduction, such as the Vision 2025 and the National Strategy for Growth and Reduction of Poverty (NSGRP).All these efforts have produced some results but there is a concern that these strategies do not reach the old people as anticipated and as a result, the older people's needs still pose a significant challenge to the nation's social and economic development agenda.

During the UNDP Economic and Social Council meeting on the implementation of the national development strategies to achieve the Millennium Development Goals (MDGs), the Tanzania National Report indicated that ,despite the recorded achievements, the decline in poverty has been disappointing, particularly in rural areas (U. R. o. Tanzania, 2 July 2008).This is particularly crucial as according to 2007 Tanzania National Household Budget Survey (NHBS) almost 82 per cent of older people aged 60 years and above reside in rural areas and this compares with around 75 per cent for Tanzania as a whole.

Recent studies reveal that older people in Tanzania constitute a significant proportion of the most vulnerable in the society and that poverty and vulnerability is correlated with old age. Further to that studies show that 50 per cent of Tanzania's two million Orphans and Vulnerable Children depend on older people to meet their food, health and educational needs (Smart D et al 2010).

This thesis therefore investigates whether the Tanzania Social Action Fund as an initiative to reduce poverty has adequately included the older people in its implementation of the program. Since the National Ageing Policy which addresses the needs of the older people in Tanzania is integrated and implemented within the poverty alleviation programs, this study therefore looks into whether the older people are included in the program through participating in the opportunities that are offered by the Tanzania Social Action Fund initiative. This study also looks at whether there is participation at the micro level following the fact that achievement of the MDGs requires building the capability of older people in households to contribute to all MDGs, as well as the reduction of their poverty and hunger in line with MDG1 (Kaliba, 2002). This study therefore seeks to answer the following research questions:

- Inclusion: Are older people adequately participating in on-going poverty alleviation interventions?
- Empowerment: How do older people participate in the decision making process and management of the projects?

3.1 Theoretical and conceptual framework

During the literature review, a variety of approaches to conceptualization of poverty and inclusion / participation were reviewed. This study employs inclusion and participation as a basis for a conceptual framework. In this study community inclusion and community participation concepts are used interchangeably. On the other hand it is widely accepted among community development practitioners that community participation is an important factor in achieving meaningful and sustainable development (Kaliba, 2002; Marsland, 2006; Sanoff, 2000).

Community participation facilitates inclusion of individuals in the development process hence creating empowerment and ownership of the development thereby desired and achieved (Marsland, 2006).In this process the beneficiaries influence the direction and execution of development projects rather than merely receive a share of project benefits. In summary the objectives of Community Participation as an active process are empowerment, building beneficiary capacity, increasing project effectiveness, improving project efficiency, and project cost sharing (Paul, 1987). It is also viewed in the literature as a process progressing along a dynamic continuum individual empowerment, small groups, community organizations, partnership and political action (Laverack, 2001).

Moreover, community inclusion ensures community participation and facilitates interaction between individuals, decision making, social support, critical reflection which leads to   proper needs assessment, problem assessment, resource mobilization, orientation of actions, better program management and monitoring and evaluation. Successful implementation of the poverty alleviation program needs a strong inclusion element by giving opportunity to communities to actively participate in the whole process. The design of this study therefore focuses on establishing whether the older people are adequately included in the implementation of the poverty alleviation program.

4.0 Methodology:

Because this study focuses on the experiences of older people's inclusion in the implementation of the poverty alleviation initiatives, the data collected and its analysis are confined to the participation of older people in the Tanzania Social Action Fund program as one of the poverty alleviation initiative implemented in all the local government authorities in Tanzania.

The United Republic of Tanzania has twenty eight regions (28) divided into one hundred and twenty seven 127 districts in total. On the mainland Tanzania, urban authorities consist of city councils, municipal councils and town councils, whereas included in the rural authorities are the district councils with township council and village council authorities. The district and urban councils however have autonomy in their geographic areas and therefore coordinate all the social and economic activities .Additionally the village and township councils have the responsibility of formulating plans for their areas (Simaan, 1993). This study was primarily intended to give a picture of whether the country wide ongoing poverty alleviation initiatives though the Tanzania Social Action Fund are adequately including the older people.

Due to both financial and time resource constraints the study was conducted in only one district of the United Republic of Tanzania. The district council was selected because it has both the urban and rural features. Due to the nature of the subject under study having a lot of players and the need to have enough data to answer the research questions, this study used three types of data collection methods: review of primary documents; a survey of low-income older people and; interviews with key informants. This study uses two participant populations. First is from a

population of older people who are low income earners. A sample of 151 older people from one administrative district in Tanzania participated in the survey. Only participants who were 50+ years old and who were considered to be low-income earners were eligible to participate in the survey. Secondly from a population of project officers who do deal with the day to day facilitation of the community project implementation process.

Review of primary documents;

In this research, primary government documents related to poverty alleviation, older people and, particularly, the Social Action Fund, were reviewed and analysed. Such documents included the Project annual reports, Project Quarterly reports, Midterm reviews, Policy documents and regulations, all directly related to the Social Action Fund. Project application files at the district council were reviewed with the aid of an analytical grid (Tables 10a to 10d) to establish information about:

- The total number of application received and their categories (type of project; population served)

- The number of application approved and their categories

- Total funds disbursed for each category of project and by population served.

Of principle concern was to establish as to what degree the older people were involved in these projects and whether they benefited, and also how many projects involving older people were ultimately approved and funded for implementation.

Survey of 150 low-income older people

A survey of 150 low –income older people was conducted at the study district's central market place where a lot of low income older people visit every day. Survey participants were randomly recruited as they showed up at the local market. The local market was identified as a good place to find participants because this is the place where most of the low-income population visits every day to buy their daily provisions and some of them do run petty businesses at the market. At the local market, a small post was established and chairs and tables were put for the researcher to use and for individuals who were participating in the study. A poster was put behind the table that read "SURVEY FOR ELDERS ON POVERTY ALLEVIATION-VOLUNTARY PARTICIPATION!" This poster acted as an advertisement to be read by the people who came at the market. Older people who were interested were checked for eligibility to participate in the survey. The older people who agreed to participate in the survey, were briefed on the purpose of the survey .A discussion of the consent agreement form was made in order to make sure that there was consent on the part of the older people to participate in the survey. This was particularly done before the participants were required to answer the questions in the structured questionnaires. Clear explanation about the study was given to all of the participants however, they were not asked to sign the consent form in order to maintain anonymity; rather, the filling out of the survey themselves was the indication of consent.

The participants were given writing pens to self-administer the questionnaire which were translated in Kiswahili to enable the older people to have clear understanding of the questions to respond. The filled in forms were returned to the researcher for numbering but no name was attached to the questionnaires.

The Data collected from the study was analyzed manually and also using computer assisted SPSS software and presented as follows;

Interviews with Key informants:

Key informants from the Social Action Fund and the Local Government Authority were recruited through contact with the executive director of the project and the district director. Letters were written to the two directors asking permission to interview their program officers who are in charge of the district-level sub-projects processing. As it was anticipated that the research findings will be beneficial to the project and the local government authorities, request to interview any of their officers who deal with the daily processing of community sub-project was easily granted. After getting authorisation from the directors, the program officers at the district-level were approached by directly visiting their offices where we had a one-on-one discussion and agreed on the interview appointment which was set for the next day. The interviews with the Key informants were done in their respective offices. Semi structured interviews were conducted to the two Program officers (District-level- Local Government Authority) and the other two project officers (Tanzania Social Action Fund).

The interviews were specifically aimed at seeking to understand the actual practice in the current implementation arrangements of the poverty alleviation program in relation to the inclusion of the older people, and as to what the policy says. In order to lessen the worries of key informants, interviews were not recorded and instead notes were taken and later coded by themes.

5.0 Findings

Findings from survey capture demographics, number of dependants under the care of older people in the survey (number of dependents among older respondents) , older people's participation and inclusion in their program, income status and type of income generation activities which the older people are engaged (income status of survey respondents). Findings from interview with key informants give details of the challenges which the older people face while accessing the opportunities offered by the poverty alleviation program. Review of primary documents gives statics on the number of subprojects implemented by older people and funds utilised as compared to other beneficiary groups. Also the number of older people who have participated in the program as compared to the total number of all beneficiaries is captured. The findings which allow establishing the level of inclusion and participation of the older people in the program are preselected as follows;

5.1 Survey

5.1.1 Age distribution

The biggest group of survey participants constituted the age of 50-59 (44.4%) followed by age of 60-69 (33.8%), age of 70-79 (20.5) and very few above age of 80 years (only 1.33%). Findings as per Table 1(a) below also show that 55.6% of the respondents were 60+ years.

Table 1-Age distribution-Survey

Age distribution	Frequency	Percent	Cumulative Percent
50-59	67	44.4	44.4
60-69	51	33.8	78.1
70-79	31	20.5	98.7
above 80	2	1.3	100.0
Total	151	100.0	

5.1.2 Number of dependents among older respondents

Table 2a below indicates the number of respondents who have dependents and those who have none. Respondents with dependents tend to face more difficult living conditions given the fact that their little income has to be used to meet the needs of those dependents under their care in addition to their own needs.

Table 2a Status on dependants-survey

Status on defendants	Frequency	Percent	Cumulative Percent
Yes	121	80.1	80.1
no	30	19.9	100.0
Total	151	100.0	

Findings show that 80% of the older people respondents have dependents while only 20% do not (Table 2a). Table 2b, below, shows the average of dependants among the respondents.

Table 2b Family burden-number of dependents- survey statistics

Number of dependents	Frequency	Percent	Cumulative Percent
	30	19.9	19.9
1-4	44	29.1	49.0
5-8	58	38.4	87.4
more than 8 people	19	12.6	100.0
Total	151	100.0	

Findings show a large group of survey participants have 5-8 dependents (38.4%), followed by 1-4 dependents (29.1%) and 12% of older people have more than 8 dependents (Table 2b and 2c).

5.1.3 Income status of survey respondents

Table 3a shows income status of the respondents. Respondents who do not have reliable income live under difficult conditions of abject poverty especially when they have to care for orphans and the most vulnerable children.

Table 3a Income status: regular income or not

Regular income	Frequency	Per cent	Cumulative per cent
Yes	67	44.4	44.4
No	84	55.6	100.0
Total	151	100.0	

Findings show that 44.4% of the respondents have regular income meaning that they either have reliable, continuous income from business or remittance from family members while 55.6 have no regular income (Table 3a).

Table 3b indicates the source of income. Source of income data gives a picture of how most of the older people in Tanzania earn income for living.

Table 3b Source of income

Source of Income	Frequency	percent	Cumulative percent
Farming	7	4.6	4.6
Small business	42	27.8	32.5
Pension	9	6.0	38.4
Family support	9	6.0	44.4
No reliable income	84	55.6	100.0
Total	151	100.0	

Findings show that out of 44.4% of respondents who have regular income, 27.7 % of them get their income from small business,6% from pension and 6% from family support, while 4.6 % get their income from farming (Table 3b)**.** The findings indicate that, as the older people in rural areas are less able to earn an income, they then tend to rely more on petty business. Family support is not very common as, in such situations; the supporting family must stretch scarce resources which could otherwise be used to better provide for other family members especially children.

5.1.4 Knowledge about National policies related to ageing

Figure 4a indicates how the respondents have responded on if they have any knowledge about existing national policies in Tanzania.

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Having knowledge about the ongoing national policies is important for older people to realise the opportunities available and therefore seek specific information on what is offered, take advantage to participate and improve their living conditions.

Figure 4 Knowledge about national policies on ageing- statistics
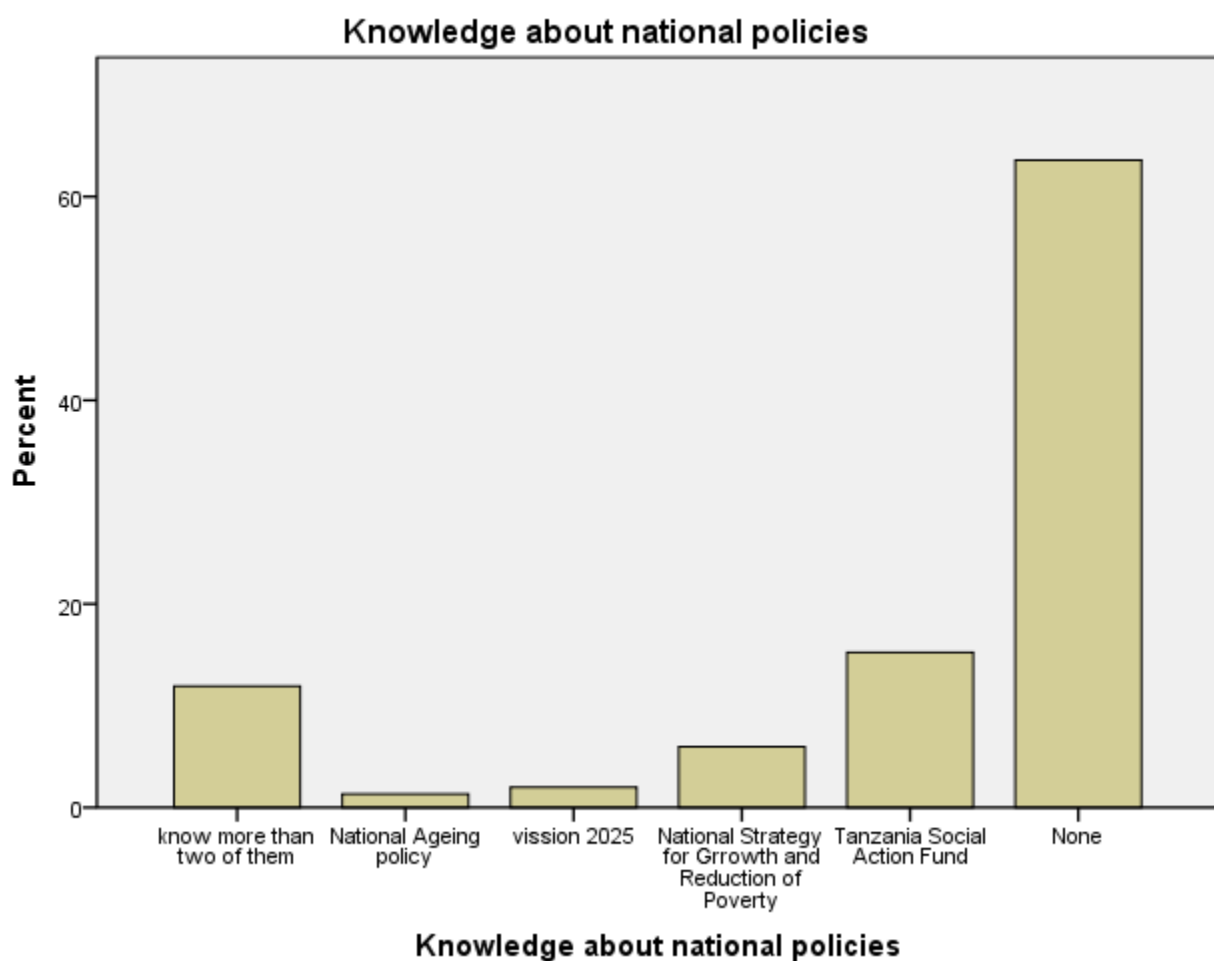
Findings show that only 36.4 % of the respondents know about the on-going national policies while 63.6% are not aware of any national policy. (Figure 4).

5.1.5 Inclusion in TASAF programs

Table 5 indicates survey respondent's response to whether they were included in TASAF project or not. Inclusions in TASAF program- gives a picture as to how the older people are included in the poverty reduction programs.

Table 5 Inclusions in TASAF program-Survey

Inclusion in TASAF program	Frequency	per cent	Cumulative per cent
YES	26	17.2	17.2
NO	125	82.8	100.0
Total	151	100.0	

Findings show that 17.2 % of the older people who participated in the survey from the sample in the study district were included in TASAF programs while 82.8% were not included (Table 5). It is anticipated that a bigger number of the older people would have been included in TASAF projects as in addition to the fact that the older people fall under the Vulnerable Group they also have opportunity to participate in other beneficiary groups like the Food Insecure (FI) and the Service Poor (SP).

5.1.6 Type of TASAF beneficiary group

Table 6 indicates the type of beneficiary group which the respondents participated. The type of the project which is preferred by the community determines the type of the beneficiary group that gets funds to implement the sub project.

Table 6 Beneficiary group

Beneficiary group	Frequency	Percent	Cumulative Percent
Vulnerable group	4	2.6	2.6
Food Insecure	17	11.3	13.9
Service poor	4	2.6	16.6
No participation	126	83.4	100.0
Total	151	100.0	

Findings show that only 2.6% of respondents participated under the vulnerable group, 11.3 % participated under food security project and 2.6 % participated under service poor group. The majority, 83.4%, did not participate in any (Table 6). According to the program, the type of the project which is preferred by the community leads to which beneficiary group gets funds to implement a project. Findings here indicate that the projects which target the older people under the vulnerable group were not preferred by the community.

5.1.7 Level of participation

Table 7 shows the –different capacities which the respondents who participated in the project did undertake. It is interesting to note that the older people undertook various different roles during the implementation of the program.

Table 7 -Level of participation in TASAF project- statistics

Level of participation in TASAF project	Frequency	per cent	Cumulative per cent
Preparation of action plan	2	1.3	1.3
Decision making meetings	22	14.6	15.9
Paid labourer in Sub project activities	1	.7	16.6
Sub project committee member	4	2.6	19.2
No participation	122	80.8	100.0
Total	151	100.0	

Findings show that out of the 29 respondents who indicated that they participated in a TASAF

project, 2 participated in preparation of action plan, 22 participated in decision making meetings,

1 as a paid labourer, and 4 participated as sub project committee members (Table 7). The

statistics show that, those who participated they did so in different capacities indicating a well-

balanced way of TASAF inclusion of the beneficiary in different roles once they get such an

opportunity to participate.

5.1.8 Views on whether there was benefit from TASAF projects.

Table 8 indicates whether the respondents realised benefit from the poverty reduction initiative.

This is very important for future establishment of the impact of the program on the older people.

Table 8 Benefit from TASAF project-Survey

Benefit from TASAF project	Frequency	per cent	Cumulative per cent
YES	14	9.3	9.3
NO	137	90.7	100.0
Total	151	100.0	

Survey findings show that 9.3% of the respondents feel that they have received benefit from

TASAF projects while 90.7 % do not consider to have received benefit from TASAF project

(Table 8).

5.1.9 General view on inclusion

Table 9 indicates the general view s of the respondents on the inclusion aspect in the poverty

reduction strategy.

Table 9 General views on inclusion

		Frequency	per cent	Cumulative per cent
Valid	Well included	12	7.9	7.9
	Aware of activities but have not benefitted	19	12.6	20.5
	Not included & not aware of activities	120	79.5	100
	Total	151	100.0	

Findings show that only 7.9% of the respondents feel that they were well included in TASAF

projects while 79.5% indicate that there are not aware of what is going on and 12.6 % indicating

that they have not realized benefit from TASAF intervention (Table 9).

5.2. Interviews with key informants

Results from interviews conducted with the program officers (project and local

government) reveal their perception that the older people experienced barriers to get their voices

heard, hence impeding them to have their projects put forward in the process which finally gets

the projects approved for funding and implementation. This view was shared by all the key informants who were interviewed and as they explained on why only small number of older people's subprojects applications were approved for funding.

It was particularly noted that, older people are not able to receive information on time, causing them to miss some of the community meetings which are held to discuss and decide the type of the projects which the community should prioritize given the scarce resources. It was highlighted that such meetings are very key as it is in these meetings that the community projects are identified and approved.

Findings from the officers at the local government authorities who facilitate the communities by giving technical support during the implementation of TASAF projects also revealed that it was somehow difficult for the older people to follow all eight stages of TASAF project cycle: which include; sub project identification, desk appraisal, field appraisal, approval, launching, implementation supervision and monitoring and completion and inauguration. It was argued that sometimes these processes becomes too involving and unnecessarily time consuming especially for older people who are weak or have health problems. Additionally the approval process alone may sometime take from six to eight months and even a year before the project takes off. They indicated that this was too long for the older people to wait.

However, the reason for long process was attributed to the fact that some times the project applications packages filled by the community contain a lot of shortcoming whereby they have to move back and forth for necessary ratification and correction before the final approval.

Again, it was also argued that most of the time, the projects selected by the community for implementation require skills and energy which the older people may essentially not possess.

It was also noted that due to the limitation that go along with age, the older people do not have wider choice of types of subproject which they can implement but are compelled to implement in particularly short term projects such as agricultural projects or poultry.

Such projects require special skills and tools which the older people may not necessarily possess.

Moreover, it was also revealed that projects which would benefit the whole community collectively were preferred over older people's projects. For example in the year 2007/2008 there was a national directive that every ward had to build a secondary school. During that time, consequently, most of the Local Government /Councils resources were directed to funding school building subprojects. This was done following Tanzania's President Speech in Dar es Salaam on March 4th, 2007 during a four-day workshop for regional and district commissioners. In this workshop, it was emphasized that the government will not accept any excuses if districts fail to build at least one secondary school in each ward and that the government was monitoring progress on the construction of the schools (Daily News, 5 March 2007).

Findings from interview with key informants also revealed that in some places there is serious lack of interest in helping the elderly in the communities in some place. This was argued that despite the government's recognition that the older people are a great treasure and that they play a key role in the Tanzania society and in social and economical spheres, there are some people even political leaders who hold a wrong perception and tend to see the older people not to be a resource.

In general, it was also discovered that vulnerable groups which include the Orphans, disabled, elderly, affected/infected by HIV/AIDS do face challenges of poor targeting. As a result, the older people tend to easily give up when trying accessing the available opportunities in the community once they encounter challenges.

5.3 Documents Review

Findings from document review conducted at the Local Government authority offices (Study district) and TASAF offices are presented as follows;

Table 10a indicates that on overall a total number of 121 subprojects were implemented at Local Government Authority.

Table 10a Subproject funding at the Local Government Authority (Study district) as of May 1st 2011

Group		Number of funded subprojects	%	Value in TZS	%
Service Poor		25	21%	1,343,112,543.80	45.69%
Food Insecure		36	30%	1,106,256,073.26	37.63%
Vulnerable Groups	Older People	3	2.5%	24,848,484.39	0.84%
	All other groups	57	47%	465,001,267.97	15.84 %
Total		121		2,939,218,369.42	

Source: Own Calculations based on TASAF data

Findings further indicate that out 121 sub projects that were implemented at the Local government authority only 3 subprojects (2.5%) were for the older people.

And also out of TZS 2,939,218,369.42 ($1,803,202) spent to fund the sub projects in the district, only TZS 24,848,484.39 ($ 15,144) (0.84%) was spend to fund older people's projects (Table 10a). Figure 10b below shows findings on the status of project application and funding national wise.

Table 10b Status of Sub project funded application and approvals Nation-wise

Beneficiary group	Total Number of Applications received	Total number of applications Approved and funded as of April 2011	Value of the Funded sub projects.	% of applications approved
Food Insecure	31709	744	21910727623.22	2.34
Service Poor	36880	4853	114,438,993,423.49	13.15
Vulnerable Group	33928	4309	40,058,430,971.47	12.7
	102517	9906	176,408,152,018.18	

Source: Own Calculations based on TASAF data

Table 10b shows that approximately only 13 % of the applications that were made by vulnerable groups (in which the older people are included) were approved. Findings also indicate that a total of 9,906 subprojects were funded national wise as of April 30th 2011 as per table 10c below:

Table 10c Sub projects funding as of April 30, 2011-National wise

Beneficiary Groups	# of subprojects	Amount disbursed (TZS)	Average disbursement per single project
Food Insecure	744	21,910,727,623.22	29,449,902.71
Vulnerable Groups	4,853	40,058,430,971.47	8,254,364.51
Service Poor	4,309	114,438,993,423.49	26,558,132.61
Total	9,906	176,408,152,018.18	17,808,212.39

Source: Own Calculations based on TASAF data

Findings further show that out of the overall number of 9,906 subprojects with a value of TZS 176,408,152,018.18 ($ 1,082,258,601) as per table 10c above which were approved and funded by the program as of April 2011, only 768 subprojects with a value of TZS 8,285,524,210.31 ($5,052,467)were for older people . The funded subprojects for older people represent only 7.75% all the funded sub projects under the program with only 4.69% share of all the funds

which have been spent on the implementation of the poverty alleviation subprojects in Tanzania. Table 10d. Documentary review further reveals that a total number of 4,851 subprojects with total number of 271,172 beneficiaries were implemented under the vulnerable group category which includes the older people. Table 4d

Table 10d- Distribution of Sub-Projects by vulnerable type

Vulnerable Beneficiary Type	Subprojects		Beneficiaries		Funding	
	Number	%	Number	%	Amount	%
Community	176	3.63	126,003	46.47	683,089,867.96	1.71
Disabled	380	7.83	7,185	2.65	2,989,137,044.80	7.46
Elderly	768	15.83	13,473	4.97	8,285,524,210.31	20.69
HIV/AIDS Infected	281	7.79	4,800	1.77	2,460,289,834.55	6.14
HIV/AIDS Peer Educators	36	0.74	550	0.20	145,266,998.20	0.36
Home Based Care Taker	11	0.23	184	0.07	46,622,519.99	0.12
Orphans/Other Vulnerable Children	777	16.02	30,542	11.26	4,735,577,283.52	11.83
People With HIV/AIDS (PWHAIDS)	578	11.92	46,601	17.19	3,004,077,882.90	7.05
Single Mothers	43	0.89	547	0.20	394,264,666.20	0.98
TAXI Drivers	1	0.02	10	0.00	1,611,610.00	0.00
Theatre Arts Group	15	0.31	330	0.12	71,756,957.27	0.18
Track Drivers	1	0.02	16	0.01	1,428,900.00	0.00
Unemployed youth	995	20.51	27,389	10.10	11,109,279,027.94	27.74
VP-Bar/Pombe Shop Attendants	4	0.08	46	0.02	15,344,510.00	0.04
VP-Commercial Sex Workers	5	0.10	58	0.02	24,408,200.01	0.06
VP-Gays	1	0.08	15	0.01	4,998,180.00	0.01
VP-Guest House Attendants	4	0.08	600	0.22	18,784,531.13	0.31
Widows(ers)	775	15.98	12,822	4.73	6,053,838,926.69	15.12
TOTAL	**4,851**	**100**	**271,171**	**100**	**40,045,301,151.47**	**100**

In addition, findings also reveal that out of 271,171 beneficiaries under the category of the vulnerable group only 13,473 were older people. This represents only 5% of the population of the vulnerable people who benefited from TASAF intervention.

6.0 Discussion and Conclusions:

Based on the data obtained from the study, discussion and conclusion has focused on the status of the older people's vulnerability, their role in Tanzania and their inclusion in the poverty reduction strategies/initiatives.

6.1 Older people and Vulnerability

According to the paper presented by Tanzania government during the high level segment of the economic and social council annual ministerial review in July2008, Tanzania is unlikely to achieve MDGs in the areas of poverty, malnutrition, maternal health, improving life in slums, environment and decent employment .

The older people in Tanzania continue to be the most vulnerable group in the society and, especially, poverty and vulnerability are strongly correlated with old age.

Census data indicates that 82 % of the population of the older people in Tanzania resides in rural areas (NBS, 2008b).At this point it is important to note that, the daily life in rural areas is characterized by manual hard work which includes working in farms, collecting fire wood, travelling long distances to get water and other household necessities for the family. Accompanied with poor nutrition and lack of healthcare services, the older people became increasingly weak and vulnerable to diseases, hence reducing their ability to earn adequate income through work. Studies also show that older people often direct their household resources in favour of children rather than maximizing their own welfare (Smart D, 2010) .

Evidence from the survey conducted in this study reveal that 80% of the older people live with dependents while 55.6% of them do not have reliable income. (Tables 2a & 3a) .

This situation particularly indicates that the older people do not have adequate income and whatever income they may have is shared with the dependents in the household. Under such circumstances, it is not only the older people who are more vulnerable to poverty but also the dependents under their care (UNAIDS, 2008). A study by UNICEF which was conducted in five Sub Sahara Africa countries (Tanzania, Zimbabwe Namibia, Uganda and Kenya) revealed that in Tanzania the situation of older people and children are intimately interconnected (Unicef, 2006).The Tanzania Department of Social welfare report also reveals that 72% of the Most Vulnerable Children in Tanzania are cared by grandparents (Welfare, 2006).

It is important to take note here that, although the older people take on this responsibility of caring for the orphans and the disabled children, they often fail to meet the costs involved in the access of health and education services for the children, even when these services are supposedly free. For example, the transportation costs involved to reach the nearest health service may prove too costly for older people. In such circumstances, it obvious that the older people's resources tend to be overstretched (Ainsworth & Dayton, 2005). This again clearly shows that not only that the older people's needs are unmet but also it creates a difficult situation for the children whom they care (Baarøy & Webb, 2008).

According to the report by UNAIDS (2008),the majority of children in Sub Sahara Africa who have lost a parent continue to live in the care of the surviving parent or family member but often have to take on the responsibility of doing house work, looking after siblings ,grandparents and caring for ill or dying parent(s) (Smart D, 2010; UNAIDS, 2008).It has been reported that between 1990 and 2000 there was a dramatic increase in labour force participation among 10-14 year olds resulting in a tendency to exit primary school and in Tanzania children who are under 19 years carry 9.3% of the caring burden (MoHSW's, 2004).Also according to the data from

NBS the poverty rates among families that include older people to are higher (40.9%) than the national average 33.4% (Smart D, 2010). This then underscores the fact that older people are among the most vulnerable in the Tanzania society.

6.2 Older people's role in Tanzania and their inclusion in the poverty alleviation initiatives.

The literature reveals that older people are playing a crucial role in the social and economic development of the nation of Tanzania. The fact that grand parents in Tanzania are responsible for caring of 72% of the Most Vulnerable Children in the nation; this therefore places the older people in the central position in the development of the future human capital of the nation. A report by UNAIDS indicates that there were an estimated number of 970,000 Most Vulnerable Children in Tanzania mainland in 2008 .This figure represents about 11% of the entire nations population of children (UNAIDS, 2010).

Although the Government of Tanzania recognizes that older people are a resource and vital to the development of this nation, hence the introduction of the National Ageing Policy which is implemented though the National Strategy for Growth and Reduction of Poverty initiatives, however, findings in this study indicate that these initiatives are yet to achieve the intended objectives of effectively addressing the older people's needs.

Findings from this case study further indicate that, the goals in the cluster 1 of the National Strategy for Growth and Reduction of Poverty which address growth and reduction of income poverty are far from being reached among older people.

The goals include:

- Ensuring sound economic environment,
- Promoting sustainable and broad based growth

- Improved food availability and accessibility at household level in urban and rural areas

- Reducing income poverty of both men and women in rural areas

- Reducing poverty of both men and women in urban areas.

Evidence from the study, for example, indicates that only 2.5% (three 3 sub-projects only) out of one hundred and twenty one (121) subprojects which were implemented in the case study district were for the older people, drawing only 0.84% of all the funds which were spent to implement the poverty initiative in case study district. (Table10a)

Moreover, national wise, out of 9,906 sub-projects which were approved and funded under the poverty alleviation initiative, only 768 (7.75%) were for older people with only 4.69% share of funding (Table 10b &10c). Additionally, under the Vulnerable Groups category, out of 4,851 implemented subprojects, the 768 which were for the older people represent only 15.18% with a share of the 20.69 % of the funds utilized under this category. (Table 10 d). Further to that, out of 271,171 beneficiaries who benefited from vulnerable group initiatives, only 13,473 were older people (4.96% of the beneficiaries).Table 10d. This confirms the findings from the survey, in which only 9.3% indicated that they benefited from TASAF initiatives (Table 8).

Moreover, according to the projections from the National Census Data from the National bureau of statistics reveal, the number of the older people in Tanzania rose from 1.9 million in 2002 to about 2 million in 2010 (NBS, 2008b) indicating that the poverty alleviation program has only included 0.67% of the nation's population of the older people.

6.3 Inclusions /participation

Based on the findings from this study, the older people are not adequately included in the poverty alleviation initiative .For example only three (3) subprojects out of one hundred and twenty one (121) subproject which were implemented in the study district were for the older people .This represents 0.84% only of the share of the funds spent under the entire program in the study district .Again only 9.3% of respondents(older people) from the survey indicated that they benefited from TASAF Project. Given that the population of the older people has risen from 1.9 million in 2002 to2million in 2010 –NBS, 2007 a higher percentage of inclusion of older people in the poverty alleviation program is anticipated as compared to the general population. National wise, out of 271,171 beneficiaries who benefitted from the initiative under Vulnerable group category only 13,473 were older people (4.96%).Moreover evidence from calculations based from the data collected reveal that this is only 0.67% of the nation's population of the older people. Again National wise out of 9,906 sub-projects which were approved and funded under the poverty alleviation initiative only 768 were for older people (7.75%)

 Based on the results from the interviews with key informants, the older people also do not adequately participate in the program due to a number of obstacles which prevent the older people to participate in the available opportunities under poverty alleviation initiatives. Some of the obstacles include;

    i.   Lack of timely communication,

   ii.   Lack of transport /financial resources (for bus fare etc) to enable older people to attend community meetings,

iii.   Lack of skills to enable the older people to implement projects which can be funded by the program

iv.   Poor health

v.   Lack of tools

vi.   Preference to projects which benefit the community as a whole, discrimination and poor targeting.

6.4 Recommendations

Evidence from the study revealed that older people in Tanzania face a number of obstacles in taking advantage of the available economic opportunities especially in the implementation of the poverty alleviation programs like the Tanzania Social Action Program (TASAF) hence undermining the achievement of that the National Ageing Policy . In the absence of social protection instrument like non-contributory universal pension fund which would benefit the older people it is therefore recommended that:

✓ Older people's interventions should be separated from the rest of the community members in order to avoid conflict of interest as the older people are increasingly being discriminated and their voice is not heard in the community.

✓ There should be a special institution specifically dealing with older people. This will avoid the undermining of the older people's needs as a result of conflicting political social economic interests that exist within the different groups in the community.

✓ A new communication approach for the older people like visiting their homes to give them information rather than expecting them to get information from a general

community meeting should be put in place to allow older people to get information on time .This will help them to effectively participate in the on-going national poverty alleviation initiatives by taking full advantage of the available resources and opportunities.

✓ Different communication channels like visiting the older people and briefing them on what is going especially in relation to the available opportunities in the community around them.

✓ Face to face communication should also be encouraged by delivering the information to the older people's homes rather than expecting them to hear from general communication means.

✓ Budget for older people's interventions should be more flexible so as for example enable them to hire people to do some of the activities in their projects which require more physical strength and special skills.

✓ Older people's interventions should be more convenient to them as compared to the current practice where the older people have no wide choice.

✓ More closer follow up on implementation progress and technical support should be extended to older people subprojects as compared to other groups.

6.5 Limitation of the study

When considering the study and its contributions, there are certainly some limitations that need to be taken into account. However, some of these limitations can be seen as fruitful avenues for future research. The selection of the single case study design, naturally this brings forth some limitations as far as the generalization of the results of the study is concerned. The scope which

involved selection of one district limits the study however on the other hand; this also represents the whole idea of making a case study.

Another limitation in the study was the fact that the study focused on the inclusion and participation but did not go further to establish as to what extent the beneficiaries benefited from the project. In the study the number of beneficiaries indicates represents those who accessed the opportunities regardless of whether the projects implemented finally contributed to the increased income in the house hold .The study also did not go further to investigate the sustainability of these subprojects after they have been handed over to the community involved.

Financial resources and time given to conduct the research were limited. The study had no external funding; the researcher used private resources which certainly were not enough to hire research assistants and have a greater coverage within the district and get more respondents.

6.6 Application to Social Work

This study contributes to the increased body of knowledge particularly regarding the situation of the older people in Sub Sahara Africa and specifically in Tanzania. This study will influence the way the social work professionals in Tanzania should deal with older people's issues in their day to day activities following the wide identification of the challenges which the older people in Tanzania face. Also this study will help to formulate better policies and interventions which will better address the challenges of the older people more effectively in Tanzania and elsewhere when applicable.

This report is also very important to TASAF; it will be a good feedback on the program implementation status.

6.7 Future Research

Building on the results of this study and the limitation future research should seek to;

- Investigate on whether the older people who participated in the poverty initiative have their income increased and if that had contributed to their improved livelihood.

- Investigate the sustainability of the sub projects managed by older people once they have been handed over to them after completion and end of program funding.

- Investigate on what delivery modality which will best facilitate the inclusion of the older people in the poverty alleviation programs should be put in place given the poor performance of the current modalities.

In summary, it can be concluded that the older people in Tanzania are taking a key role in the future human capital development of the nation by being care takers of a substantial number of the young generation (11%) of population of the Tanzanian children. This crucial responsibility is taken in addition to their own on set old age challenges however without adequate support from the government or family. More over the older people's participation and inclusion in the nation's strategies for growth and reduction of poverty programs in the country is very low/not adequate. Only 0.67% of the nation's population of the older people has participated in the on-going poverty eradication initiatives. This therefore gives evidence that there is inadequate inclusion of the older people in national poverty alleviation programs in Tanzania. This study offers, however, some suggestions of ways to improve the inclusion of older people in much-needed poverty alleviation programmes.

7. Reference

Aboderin, I. (Ed.). (2006). *Intergenerational Support and Old Age in Africa. New Brunswick (USA) and London (UK): Transaction publishers.*

Ainsworth, M., & Dayton, J. (2005). *The Impact of the AIDS Epidemic on the Health of Older Persons in Northwestern Tanzania. [Article]. World Development, 31(1), 131.*

Baarøy, J., & Webb, D. (2008). *Who are the most vulnerable? Disaggregating orphan categories and identifying child outcome status in Tanzania. [Article]. Vulnerable Children & Youth Studies, 3(2), 92-101. doi: 10.1080/17450120802195359*

Bicknell, W., & Parks, C. (1989). *As children survive: Dilemmas of aging in the developing world. Social Science & Medicine, 28(1), 59-67.*

Borries-Pusback, B., & Wittich-Neven, S. (1999). *Aging as a social construction Problems of aging in the field of tension between activity potential and the need for care.*

Croucher, E. (2008). *We don't know that we have been left behind: The neoliberalization of conservation in the Burunge Wildlife Management Area, northern Tanzania. Ph.D. 1481998, University of Colorado at Denver, United States -- Colorado. Retrieved from http://proquest.umi.com/pqdweb?did=2019929161&Fmt=7&clientId=10843&RQT=309 &VName=PQD*

Demombynes, G., & Hoogeveen, J. (2007). *Growth, Inequality and Simulated Poverty Paths for Tanzania, 1992–2002. Journal of African Economies, 16(4), 596.*

Department of Social Walfare, M. o. H. a. S. W. (2006). *National Costed Plan of action 2007-2010 for Most Vulnerable Children in Dar es salaam. Dar es salaam: Ministry of Health and Social Welfare.*

Driscoll, R., & Evans, A. (2004). *The PRSP Process and DFID Engagement: Survey of Progress 2003: ODI, London.*

Ellis, F., & Freeman, H. (2005). *Rural livelihoods and poverty reduction policies: Routledge.*

Ellis, F., & Mdoe, N. (2003). *Livelihoods and Rural Poverty Reduction in Tanzania. World Development, 31(8), 1367-1384. doi: Doi: 10.1016/s0305-750x(03)00100-1*

Eyetsemitan, F. (1997). *Age, respect and modernization in Africa: Toward a. [Article]. Western Journal of Black Studies, 21(2), 142.*

Fan, S., Nyange, D., & Rao, N. (2005). *Public investment and poverty reduction in Tanzania. DSGD discussion papers.*

Ferreira, L. (1996). *Poverty and inequality during structural adjustment in rural Tanzania. Policy Research Working Paper Series.*

Foster, G., & Williamson, J. (2000). *A review of current literature on the impact of HIV/AIDS on children in sub-Saharan Africa. AIDS, 14(suppl 3), S275-S284.*

HelpAge. (2002). *A Summary of Ageing Issues in Africa. Dar es salaam.*

Hickey, S., & Bracking, S. (2005). *Exploring the politics of chronic poverty: From representation to a politics of justice? World Development, 33(6), 851-865.*

Holzmann, R., Robalino, D., & Takayama, N. (2009). *Closing the coverage gap: role of social pensions and other retirement income transfers: World Bank Publications.*

Huntington, C. L. B. (1998). *When the bottom line isn't the end of the story: Women's experiences with micro-enterprise, credit and empowerment in Mbeya, Tanzania. M.A. MQ36828, Carleton University (Canada), Canada. Retrieved from* http://proquest.umi.com/pqdweb?did=734131411&Fmt=7&clientId=10843&RQT=309&VName=PQD

Ikegami, M. (2008). *Household intertemporal decisions and poverty dynamics. Ph.D. 3348937, The University of Wisconsin - Madison, United States -- Wisconsin. Retrieved from* http://proquest.umi.com/pqdweb?did=1691010521&Fmt=7&clientId=10843&RQT=309&VName=PQD

Kalache, A., Barreto, S., & Keller, I. (2005). *Global ageing: The demographic revolution in all cultures and societies. The Cambridge handbook of age and ageing, 606, 30.*

Kalache, A., & Keller, I. (2001). *2 Ageing In the Twenty-first Century.*

Kalasa, B. (2001). *Population and Ageing in Africa: a Policy dilemma. Addis Ababa: UNFPA.*

Kaliba, A. R. M. (2002). *Participatory evaluation of community-based water and sanitation programs: The case of central Tanzania. Ph.D. 3052584, Kansas State University, United States -- Kansas. Retrieved from* http://proquest.umi.com/pqdweb?did=726468771&Fmt=7&clientId=10843&RQT=309&VName=PQD

Kowal, P., Wolfson, L., & Dowd, J. (2000). *Creating a minimum data set on ageing in sub-Saharan Africa. Southern African Journal of Gerontology, 9, 18-23. Retrieved from* http://74.125.155.132/scholar?q=cache:4FDijWHVyCcJ:scholar.google.com/+Creating+a+minimum+data+set+on+ageing+in+sub-Saharan+Africa&hl=en&as_sdt=2000

Kpessa, M. (2010). *Poverty & Public Policy.*

Laverack, G. (2001). An identification and interpretation of the organizational aspects of community empowerment. Community Development Journal, 36(2), 134.

Lee, J. (2010). Data sets on pensions and health: Data collection and sharing for policy design. International Social Security Review, 63(3 4), 197-222.

Marsland, R. (2006). Community Participation the Tanzanian Way: Conceptual Contiguity or Power Struggle? [Article]. Oxford Development Studies, 34(1), 65-79. doi: 10.1080/13600810500496053

McShane, S. (Ed.). (2003). Organizational behavior (Canadian edition ed.): McGraw-Hill Ryerson Higher Education publishers;.

Meeks, C., Nickols, S., & Sweaney, A. (1999). Demographic comparisons of aging in five selected countries. Journal of Family and Economic Issues, 20(3), 223-250.

Midgley, J. (1986). Community participation, social development, and the state: Routledge Kegan & Paul.

MoHSW's. (2004). Rapid Appraisal,Analysis and Action planning. Dar es salaam: Ministry of Health & Social welfare services,Government of Tanzania.

NBS. (2008a). Tanzania national cencus projections. Dar es salaam: Nationa Berau of Statistics.

NBS. (2008b). Tanzania National population ptojections. Dar es Salaam.

Nhongo, T. (2002). Paper presented at the 2002 East and Southern Africa Conference on Children affected by HIV/AIDS. Namibia.

Nhongo, T. (2004a). The changing role of older people in African households and the impact of ageing on African family structures.

NHONGO, T. (2004b). HIV/AIDS in an Ageing Society: The Challenge of Care for Older People in Africa. POPULATION AGEING, 93.

Ntozi, J. (1997). AIDS morbidity and the role of the family in-patient care in Uganda. Health Transition Review, Supplement 7, 1-22.

Okojie, F. (1988). Aging in Sub-Saharan Africa: Toward a redefinition of needs research and policy directions. Journal of Cross-Cultural Gerontology, 3(1), 3-19.

Paul, S. (1987). Community participation in development projects: The World Bank.

Powell, J. L., & Cook, I. G. (2009). Global ageing in comparative perspective: a critical discussion. [Article]. International Journal of Sociology & Social Policy, 29(7/8), 388-400. doi: 10.1108/01443330910975696

Rao, D. (2003). *World Assembly on Aging: Discovery Publishing House.*

Rowland, D. (2009). *Global Population Aging: History and Prospects. International Handbook of Population Aging, 37-65.*

Rudra, N. (2002). *Globalization and the decline of the welfare state in less-developed countries. International Organization, 56(02), 411-445. Retrieved from* http://www.jstor.org/stable/3078610

Rwebangira, M., & Afrikainstitutet, N. (1996). *The legal status of women and poverty in Tanzania: Nordic Africa Institute.*

Sanoff, H. (2000). *Community participation methods in design and planning: John Wiley & Sons Inc.*

Simaan, Y. (1993). *What is the opportunity cost of mean-variance investment strategies? Management Science, 39(5), 578-587.*

Smart D, B. S., Andie M,Francesca M.Charlex K,Lara N,Wale O. (2010). *Achieving income in old age for all Tanzanians. DAR ES SALAAM: GOVERNMENT OF TANZANIA.*

Survey, N. h. b. (2007). *House hold budget survey report. Dar es salaam: National Bureau of statistics.*

Tanzania, G. o. t. (2003). *NATIONAL AGEING POLICY*

Tanzania, G. o. t. U. R. o. (2004). *Tanzania Mini-Tiger Plan. Dar es salaam: Government of Tanzania.*

Tanzania, G. o. t. U. R. o. (2006). *Joint Assistance strategy for Tanzania. Dar es salaam: Government of the United Republic of Tanzania.*

Tanzania, G. O. T. U. R. O. (September, 2003). *NATIONAL AGEING POLICY. MINISTRY OF LABOUR, YOUTH DEVELOPMENT AND SPORTS*

TANZANIA, T. U. R. O. (July 2009). *TASAF II PROJECT OPERATIONAL MANUAL*

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Tanzania, U. R. o. (2 July 2008). HIGH-LEVEL SEGMENTOF THE ECONOMIC AND SOCIAL COUNCIL ANNUAL MINISTERIAL REVIEW. New York: ECOSOC Chamber UN Headquarters

Tanzania, U. R. o. (2 July 2008). HIGH-LEVEL SEGMENTOF THE ECONOMIC AND SOCIAL COUNCILANNUAL MINISTERIAL REVIEW

New York: UN Headquarters ECOSOC Chamber.

Tanzania, U. R. o. (2005). The Tanzania Development Vision 2025

Dar es salaam: Vice President's Office.

Tanzania, U. R. o. (October 2008). REGIONAL WORKSHOP ON AGEING AND POVERTY COUNTRY POSITION PAPER. Dar es salaam.

TGN. (2009). Who cares for us,Time use study of Upaid Care Work in Tanzania. Dar es salaam: Tanzania Gender Net Work Program.

Tyers, R. (2005). Ageing and slower population growth: effects on global economic performance.

UN. (1994). The Elderly and the Family in Developing Countries, Occasional Papers. New York.

UNAIDS. (2008). Report on the Global HIV/AIDS Epidemic. GENEVA: UNAIDS.

UNAIDS. (2010). UNGASS2010Progress reporting,Tanzania mainland.http://data.unaids.org/pub/report/2010/tanzania 2010 country progress report.

UNDP. (2001). Human Development Index for Tanzania. New York: United Nations.

UNDP. (2010). Human Development Report, 2010 Overcomming barriers;human mobility and developmen. New York.

Unicef. (2006). Africa's Orphaned and Vulnerable Generations:Children Affected by Aids: Unicef.

Urassa, M., Boerma, J., Ng'weshemi, J., Isingo, R., Schapink, D., & Kumogola, Y. (2004). Orphanhood, child fostering and the AIDS epidemic in rural Tanzania.

Urassa M, T. B. J., Ng'weshemi J, Isingo R, Schapink D & Kumogola Y (1997). Orphan hood, child fostering and the AIDS epidemic in rural Tanzania. Health Transition Review Supplement 7(2), 141-153.

van Dullemen, C. (2006). Older People in Africa: New Engines to Society? [Article]. NWSA Journal, 18(1), 99-105.

Vos, R., Ocampo, J., & Cortez, A. (2009). Ageing and development: United Nations Publications.

Walker, A. (2005). 25th volume celebration paper Towards an international political economy of ageing. Ageing and Society, 25(06), 815-839.

Welfare, D. o. S. (2006). National Coasted Plan of action 2007-2010 for Most Vulnerable children. Dar es salaam: Ministry of Health and Socail welfare,Government of the United of Tanzania.

WHO. (2002a). Impact of AIDS on Older People in Africa Zimbabwe Case Study.

WHO. (2002b). Impact of AIDS on Older People in Africa, Zimbabwe Case Study, 2002.United Nations Occasional Papers (1994) The Elderly and the Family in Developing Countries, . New York: UN.

WHO. (2005). Tanzania: Summary Country Profile for HIV/AIDS Treatment Scale-Up.

WHO. (2002c). Impact of AIDS on Older People in Africa, Zimbabwe Case Study.

Zimmer, Z., & Dayton, J. (2005). Older adults in sub-Saharan Africa living with children and grandchildren. [Article]. Population Studies, 59(3), 295-312. doi: 10.1080/00324720500212255