
Policy Implications for Old People's Social Protection: A Case of Kawe Ward in Kinondoni District, Dar es Salaam

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ABSTRACT

This paper examines the existing policy and its link to the current social protection of the old in Kawe Ward of Kinondoni District. The study upon which this paper is based involved a random sampling of social welfare officers, the elderly, youth, officers from the ward office as well as non-governmental organisations and governmental officials. About 200 respondents comprising 82 males and 118 females took part in the study. The study used both qualitative and quantitative methods of data collection such as structured questionnaires, in-depth interviews, narratives, and documentary reviews. These respondents were examined and subjected to statistical tests such as chi-square at a 0.05 level of significance and two-tailed test. The study findings reveal that old men are aware of the existing National Aging policy and its effects as opposed to older women who suffer disadvantages even when it comes to the acquisition of valuable information about these policies. The study revealed further that, National Aging Policy (2003) which is related to the provision of old people social protection in contemporary Tanzanian society was well known by government officials at different levels municipal, ward, and street levels. However, inadequate funding crippled the effective implementation of the much-needed interventions that could otherwise make a difference in the lives of the old people.

Key words: Old People, Policy Implications, Kawe Ward

1. INTRODUCTION

Growing old is compounded by a multifaceted process of physical, psychological and social change which is beyond human control (Mario, 2007, Maro, 2010). Over 67 percent of old people are located in rural areas engaging themselves in agricultural activities while others are involved in unpaid work such as caring for children or grandchildren (HAI, 2009). In that, policies responsible for comprehending the state of affairs of the aged are inclusive. On the whole, contemporary society encompasses some challenges and complexities, which the aged experience in different ways. Variations stem from socio-economic characteristics, previous

employment history, gender, geographical location, and other circumstances that encompass the living environment. In this regard, the aged differently experience the risks, socio-economic inequalities, and vulnerability that are closely linked with the ongoing changes in the contemporary society. Basically, the rising inequality, risk, and vulnerability have led to the expansion of a set of instruments broadly classified under the heading of social protection. In this paper, social protection entails a collection of programmes that address risk, vulnerability, inequality and poverty through a system of transfers whether in cash or in kind (Barrientos and Hume, 2010).

African countries generally have pension schemes, which operate under daunting challenges, with many of these funds largely excluding the poorest people in the society from their coverage (Parker and Serrano, 2000; Hickey and Bracking, 2005). Therefore, the issue of social protection in Africa is fraught with controversy. In Tanzania, a strong social protection policy framework is emerging in the form of the National Strategy for Growth and Reduction of Poverty, NSGRP or MKUKUTA, as it is known by its Kiswahili acronym (2005) and the 2003 National Old Age Policy. These policy documents provide a range of provisions including the implementation of free access to healthcare services for poor older people.

Specifically, the National Aging Policy of 2003 clause 3.1 provides for directives on how to improve the provision of health services to older people. More emphasis is on free medical services for the aged, though in practise, the provision of free medical care to this segment of the population has generally proved a failure. The Legal and Human Right Report (2011) illustrates further that the Ministry of Health and Social Welfare reaches only 6,582 aged persons hosted in 17 centres. More significantly, health care service provision poses challenges in Tanzania because of the limited resources available to support health care systems. In reality, there is an increasing demands resulting from growth in communicable, non-communicable and other emerging diseases (Tanzania Demographic and Health Survey, 2010).

Similarly, under the natural law school of thought of human rights, the central idea in natural law is the fact that human rights are the rights people have by virtue of being humans (Dembour, 2006). These rights include social and economic rights. Social rights include rights to social provisions such as medical services whereas economic rights include the right to work, the right to own property, the right to self-determination and the right to a decent life (Legal and Human Right Report, 2012). Article 11 (1) of the current Constitution of the United Republic of Tanzania

(URT) underscores the appropriate provision of a person's right to work, the right to self-education and social welfare in old age, sickness, disability or any other cases of incapacity. In this regard, the question of social protection for the old people is a human rights issue as stipulated in the Tanzania constitution (URT, 1977) and in various policies such as the Social Security Policy (2003) and the National Ageing policy (2003). In other words, despite shortcomings in the country's protection of the aged particularly those outside the formal system, Tanzania generally recognises human rights as a fundamental and inalienable right for all and sundry, including the aged, and is enforceable by the existing law (URT, Constitution, 1977).

On the other hand, the protest school of human rights emphasises the question of empowerment. According to Dembour (2006), people live under conditions where their human rights are violated. In view of this reality, empowerment is needed and it is from this empowerment that the old people are usually excluded in contemporary Tanzania particularly if they belong to the informal sector. As such, their rights are being violated. Dembour (2006) argues further that those whose rights are violated must be qualified and educated for them to do something about their situation and to promote a transformation of the society or get rid of problems that keep people down. In this regard, empowerment means making people claim their human rights and understand why and how these rights are violated in addition to grasping how to change the situation for the better. The two schools of thought had been used in a complementary manner. Whereas the former advocates the question of human right as an inalienable right granted to humans by virtue of being human, the latter advocates the question of empowerment for those who are unaware of their rights and entitlements.

Older people throughout the world and Tanzania in particular face a variety of challenges that include discrimination, lack of access to free medical care, lack of social security protection, targeted violence, social exclusion, and limited ability to earn adequate income through work and parental care responsibilities especially grandchildren (HAI, 2009). This study therefore, intends to comprehend the policy implication of social protection for old people in Kawe Ward. This is because little is known on policy implication regarding social protection for the elderly in Kawe Ward. Older people are aware of the prevailing Aging policy; however, little is known on the implication of the prevailed Aging policy (2003). In this regard, policy implication will be comprehended by looking at the rights and entitlement of various services, which have been stipulated in the Aging policy (2003).. this study specifically seeks to describe the awareness on the entitlements and rights

among the old people in Kawe Ward within Kinondoni District and to explain the awareness among old people of the existence of the National Ageing policy (2003), which is responsible for the provisioning of social protection.

2. METHODOLOGY

The study was conducted in Kawe Ward of Kinondoni District in Dar es Salaam region. Kawe Ward was selected for the following reasons. First, it is quite a large ward, featuring both low and high-density areas, representing residents of all classes. This composition facilitated the use of simple random sampling of the respondents. Second, the area has all features of the city that include high cost of living, since all basic needs and commodities have to be purchased. As such, they are highly involved in the informal kind of employment such as food vending, masonry, and casual labouring. In other words, the study area had mixed grill of the aged population. Third, this research did not intend to sample household randomly across the whole of Dar es Salaam, as it would be difficult to study the entire city. Instead, Kawe Ward was chosen as a representative research site. It is sufficiently wide to incorporate the poor, middle, and the rich older people. In addition, some non-governmental organisations (NGOs) dealing with older people operate in the area; therefore, these NGOs were of crucial importance in accessing information related to them. Help Age International is one such NGO, which took part in the current study. It was purposefully selected as it deals with old people internationally; second, the NGO is located in Kinondoni District, where the study was conducted. Therefore, purposive sampling was used in the selection of Help Age International as an NGO. Generally, the heterogeneity nature of older people found in the area is another reason that made the study area an ideal choice for this particular research. In all, a sample of 200 older people was selected from three different streets - Ukwamani, Mzimuni, and Mbezi Beach Street. The resultant sample comprised 82 male and 118 female respondents. These respondents were selected using simple random sampling as it free from bias and each sample had an equal chance of being selected. Moreover, four social welfare officers, four local government leaders, representatives from Help Age International and the Ministry of Health and Social Welfare (MoHSW) were selected using purposive sampling as they are dealing with matters for old people nationally and internationally. Key informants were interviewed personally since the researcher wanted to have an in depth understanding of the topic under study.

Data collection and data analysis

The questionnaire, in-depth interviews, and documentary review were used to collect requisite data. Questionnaires were used because it is a quick and efficient way of obtaining large amount of information while in depth interviews were used to key informants so as to gain deep understanding of the topic under study. Documentary reviews were carried out so as to validate the collected information. A pilot study was carried out prior to the main data collection to test the validity and reliability of the research instruments. Both primary and secondary data were collected. The main source of data and information for this study was primary data collected at three different levels - the household, street, and municipal levels. In all, three data collection instruments were used to facilitate the primary data collection process, that is, structured questionnaires, focus group discussion, and in-depth interview guides. Structured questionnaires were used because the tool enables the researcher to collect information from primary source, which were old people within the study area.

Data obtained through questionnaire were cleaned and missing data were removed, other data were coded, summarised and fed into the computer using the SPSS software. Chi-square test was carried out to establish the level of significance in the differences ascribed to the resulting responses meaning the difference between categorical variables in the sample whereas data from in-depth interviews were coded into themes in accordance with the specific objectives of the study. Eventually, the findings were presented using simple frequency tables coupled with narrative presentation.

3. RESULTS AND DISCUSSION

Table I presents the socio-demographic characteristics of respondents within the study area. In this study, the total number of cases was 200 for each variable, although some data are missing for each of the variables. However, the aggregate results show a reasonably accurate description of the topic under study. There were more respondents in the 60- 65 age group than was the case in the remaining two age groups. The age groups in this study represented different categories of older people with diverse needs, challenges, and risks. Due to biological changes, which accompany the ageing process, a certain decline in physiological functions and abilities can lead to more dependency and vulnerability with the advancing age (Spitzer, Rwegoshora and Mabeyo, 2011).

In this study, the educational level of the respondents was investigated based on the assumption that there is a correlation between the educational level and economic status of an older person or household headed by the older person. This is in line with the findings reported by the Tanzania Human Development Report (2017) whereby education was considered as one of the major drivers of human development that plays a key role in building human capability as well as development of skills and technological capabilities in the workforce. It has been reported further (World Social Situation Report, 2018) that, education as one of the social protection aids has an impact on the well – being of beneficiaries especially when good quality service and labour market opportunities are made available.

Findings in Table I revealed further that more female respondents (39%) than male (10%) had not been to school. Gender gap in terms of educational level had been noted in the study area, particularly among the older generations of residents. Whereas some (21.5%) relied on petty trading, a significant number (43.5%) were engaged in other activities such as casual labour and begging and some depending on remittances from relatives.

Table I: Socio-demographic characteristics of respondents

Respondents Characteristics	Gender		Total
	Female (n)	Male (n)	
Age groups			
60 - 65	77 (39%)	44 (21.5%)	121 (60.5%)
66 – 71	13 (6.5%)	13 (6.5%)	26 (13%)
72+	28 (14%)	25 (12.5%)	53 (26.5%)
	118 (59.5%)	82 (40.5%)	200 (100%)
Education Level			
Not gone to school	39 (19.5%)	10 (5%)	49 (24.5%)
Primary level	68 (34%)	54 (27%)	122 (61%)
Secondary level	11 (5.5%)	18 (9%)	28 (14.5%)
	118 (59.5%)	82 (40.5)	200 (100%)
Occupation			
Petty traders	28 (14%)	15 (7.5%)	43 (21.5%)
Employed	19 (9.5%)	51 (25.5%)	70 (35%)
Others	71 (35.5%)	16 (8%)	87 (43.5)
	118 (59.5%)	82 (40.5%)	200 (100%)

Marital status			
Married	60 (30%)	76 (38%)	136 (68%)
Widow/er	58 (29%)	6 (3%)	64 (32%)
	118 (59.5)	82 (40.5%)	200 (100%)
Religion			
Christian	44 (22%)	29 (14.5%)	73 (36.5%)
Muslim	74 (37%)	53 (25.5%)	127 (62.5%)
	118 (59.5%)	82 (40.5%)	200 (100%)

Source: Survey Data, 2015

For those aged 66 - 71 years, 11 percent were employed as security guards and 13 (6.5%) relied on other casual jobs for survival. For those aged 72 years and above, 17 (8.5%) relied on petty trading, 14 (7%) were engaged in other jobs, and 10 (5%) were formally employed. In this study, there were more Muslims irrespective of their age group (63%) who participated in the study than was the case with Christians (37%).

Old People's Awareness of Rights and Entitlements

This study assessed the link between the existing policies and social protection provisions for old people. The study also determined whether the National Aging Policy (2-003) responsive and sensitive to the provisioning of social protection to old people, engenders the fulfilment of obligations and realisation of the corresponding rights and entitlements by ensuring that they were also known to the old people, the targeted beneficiaries. To grasp the findings further in Table 2 the Chi (X^2) test was performed to determine whether there was any significant difference in the reported frequencies concerning the old people's awareness of their rights and entitlements using selected characteristics of the respondents.

Table 2: Old People's Awareness of their Rights and Entitlements

Characteristics of Respondents	N	Male			P-value	N	Female		
		Aware of rights and entitlements %	Not Aware of rights and entitlements %				Aware of rights and entitlements %	Not aware of right and entitlements %	P-value
Age group									
60- 65	43	18.6	81.4		76	10.5	89.5		
65 – 71	14	15.4	84.6	.082	14	0	100	.010	
72+	25	8.0	92.0		28	7.1	92.9		
Education									
Not gone to school	10	0	100		39	10.3	89.7		.503
Primary	54	11.1	88.9	.007	68	7.4	92.6		
Secondary	18	38.9	61.1		11	18.2	81.8		
Occupation									
Petty traders	15	13.3	86.7		28	7.1	92.9		
Employed	51	13.7	86.3	.536	19	10.5	89.5	.898	
Others	16	25.0	75.0		71	9.9	90.1		
Marital status									
Married	76	17.1	82.9		60	11.7	88.3		
Widow/er	6	0	100	.342	58	6.9	93.1	.284	
Religion									
Christian	29	24.1	75.9		44	9.1	90.9		
Muslim	53	11.5	88.5	.300	74	9.3	90.7	.611	

Source: Survey Data, 2015

The results presented in Table 2 reveal that there was a highly significant difference in age group analysis only for the female gender. Despite their age difference, the female gender agreed they did not know their rights as well as their entitlements in various services provided in the society (Male p-value .082; Female p-value .010). However, there was no significant difference that emerged during the analysis of their occupation, education, marital status, and religious affiliation for both genders. In terms of gender differences, the findings show that older men (50%) were more knowledgeable than was the case with their female counterparts (25.6%). Despite residing in the urban setting, the elderly respondents in this study lacked ample

knowledge generally of their rights and entitlement to various services.

Generally, data from the FGD revealed that rights and entitlements stipulated in the prevailed policies are not known by the elderly people in the study area. This is in line with the lack of awareness on the rights and entitlements due to lack of education. This was confirmed during FGD whereby, one male respondent from Mzimuni Street had this to say,

I only know the right of getting free medical service for which in most cases I find no medicine in nearby health centres. However, I do not know any other right or entitlement (FGD/Old Man/Kawe ward: Survey Data, 2015).

Another female respondent from Ukwamani Street had this to say during the FGD:

We only hear about the rights and entitlements [for the aged] on radio and television; however, in the actual implementation we hardly see the tangible benefits. The leaders in this area do not educate us on our respective rights neither do they tell us anything about entitlement (FGD/Old Woman/Kawe ward: Survey Data, 2015).

A male youth, who took part in the FGD, said,

We have heard of old people's rights and entitlements; however, the actual implementation remains rather abysmal. The government has to educate old people on their rights and entitlements for better results to be obtained. Older people need to be given due respect and their rights should be duly recognised for their needs to be met in our society (FGD/Male youth/Kawe ward: Survey Data, 2015).

Essentially, the study findings show that old people were not fully aware of their rights and entitlements despite these being stipulated in various official policies. As such, there was a need for educational intervention and awareness raising campaigns that concurrently target old people as well as the general public on the issues of rights and entitlements as well as the corresponding legislations among old people. Similar findings were obtained by Spitzer and Mabeyo (2011) in their study which found that only 11 percent of the 400 respondents interviewed in Kineng'ene reported being aware of their rights and entitlement to various services whereas the overwhelming majority (89%) were completely unaware of the existing political instruments and how they affected their lives.

Old People Awareness of the Existing Aging Policy

Out of 200 respondents, only 35.6 percent acknowledged being aware of at least one policy that targeted old people whereas the majority (64.4%) were in the dark. Variations between male and female gender were apparent. The Chi (X^2) test was further performed to determine whether there was any significant difference in the reported frequencies concerning the old people's awareness of the existing policies using a select of characteristics of the respondents.

Table 3: Old People's Awareness of the Existing Aging Policy Using Selected Characteristics

Characteristics of Respondents	n	Male			Female			
		Aware of the Existing Policies %	Not Aware of the Existing Policies %	P-value	n	Aware of the Existing Policies %	Not Aware of the Existing Policies %	P-value
Age group								
60 -65	43	37.2	62.8		76	50	50	
65 – 71	14	46.2	53.8	.724	14	14.4	84.6	.021
72+	25	32.0	68.0		28	25	75	
Education								
Not gone to school	10	20	80		39	28.2	71.8	
Primary	54	38.9	61.1	.509	68	44.1	55.9	.156
Secondary	18	42.4	57.6		11	54.5	45.5	
Occupation								
Petty traders	15	26.7	73.3		28	32.1	67.9	
Employed	51	39.2	60.8	.672	19	47.4	52.6	.557
Others	16	37.5	62.5		71	40.8	59.2	
Marital status								
Married	76	38.2	61.8		60	50	50	
Widow	6	16.7	83.3	.281	58	29.3	70.7	.017
Religion								
Christian	29	37.9	62.1		44	40.9	59.1	
Muslim	53	36.5	63.5	.741	74	39.8	60.2	.503

Source: Survey Data, 2015

Table 3 shows that there was a highly significant difference in the age group analysis for the female gender only. Despite their age difference, the female respondents

admitted of not being aware of the existing National Aging Policy (2003), and how it functions in the contemporary Tanzania (Male p-value .724; Female p-value .021). A minor significant difference was also found on the variable of marital status whereby the majority of the old women - regardless of their marital status - admitted of not being aware of the existing policies and their effects (Male p-value .281; Female p-value .017). These findings signify that there was a gender gap between male and female old people, with old men being more knowledgeable than old women in the study area are; hence, the former were more aware of the policies in place than was the case with their women counterparts. These findings were further supported by the information obtained from in-depth interviews with key informants.

For example, one Help Age International official said,

A lot of interventions have been initiated by the [Tanzania] government to assist old people in Tanzania. However, the problem is that many government officials, especially at the ward, village and street levels do not implement them properly due to lack of a law to enforce the existing policies in the contemporary society. In this regard, it becomes hard for them to fulfil their responsibilities in relation to the provisioning for old people in the respective area [Kinondoni District].

Policies are available, however, they are in books with little implementation on the ground (IDI/HelpAge International: Survey Data, 2015)

Similarly, another key informant from Kinondoni Municipality had this to say,

At the level of the municipality, we are all familiar with the existing policies related to old people's provisions; however, the problem is scarcity of resources, which is beyond our capability to implement it (In-depth interview with Officer from Kinondoni Municipality: Survey Data, 2015).

These findings were further supported by the information obtained from in-depth interview with the representative of the Commissioner of Social Welfare Department of the MoHSW, who said:

The implementation of the National Ageing Policy (2003) involves the central government, local government authorities, voluntary agencies, families, and villages. As ageing is a crosscutting issue, it involves a number of stakeholders in its implementation. Starting with the central government, their main task is

to supervise and co-ordinate services provided to old people; enact laws that safeguards the welfare of old people; ensure old people's participation in the community; encourage local government authorities and voluntary agencies to take responsibility of providing care and support to old people.

Second are local government authorities, which include respective councils, ward and village/street offices. Their task involves assessing old people's needs in society; providing care and protection for old people in the community and institutions; ensuring the provision of basic needs for old people. Third, the central role has to be played by respective families in a community. Finally, voluntary agencies are also responsible for the providing social protection of old people.

Furthermore, the question of social protection of the old person starts from the family level, then to the street, ward, and council, regional and, subsequently, to the national level within the respective ministry. Every aspect has to function properly for the betterment of the old people's welfare and social protection. At the ministerial level, the formulation of the Act, which would enforce policy directives, is in the process as well as the universal pension (In-depth interview with an official from the Ministry of Health and Social Welfare: Survey Data, 2015).

This lengthy statement touches on various issues including matters of policy, rights and entitlements for the old people, which were in the hands of the local governments, respective councils, regional and national authorities within the respective ministry.

The study findings show that elderly males were more familiar with at least a single policy that exists in Tanzania's society than their female counterparts, with the majority of the latter not knowing the existing policies and how they affected their social well-being. It was noted during the study that many of the interventions related to the old people have been initiated by the Tanzania government but lack of funds hindered their effective implementation. Moreover, awareness and knowledge on the existing policies was found to be rather insufficient among old people generally.

These apparent inadequacies call for the promotion of basic human rights and social protection for the old people to ensure that they do not feel marginalised, let alone feel abandoned when society has the obligation of fending for them. Similarly,

the National Ageing Policy (2003) treats old people as custodians of customs and traditions, advisers and child carers. Thus, old people need to be acknowledged as a source of information, knowledge, and experience (National Ageing Policy, 2003). The policy underscores further the fact that, old people have to be recognised as an important resource in national development. thus, they need to be involved in decision-making matters, in addition to providing them with legal protection and allocating them with enough resources to improve social service delivery (*ibid.*). This thrust is in line with MKUKUTA (2005) and the demands of the Legal and Human Right (2012) report. Both strategies call for the provision of free medical services to old people. Theoretically, every Tanzanian citizen aged above 60 years is entitled to appropriate care and medication at all government-run health facilities in the country free-of-charge. In practice, however, several constraints such as poor administrative structures and lengthy procedures, bureaucratic hindrances, unavailability of proper medical services and medication, as well as reluctance of health care personnel and local government officials to deliver adequately medical services to old people make a mockery of this access to free medical services (Spitzer *et al.*, 2009).

Although many policy documents exist for the provisioning of social protection to the old people, old people still constitute an impoverished, neglected, and even excluded lot despite their having played and continued to play a significant role in the socio-economic development of the country (Spitzer and Mabeyo, 2011). Due to the limited scope of formal social security schemes, Tanzania launched the National Social Protection Framework or NSPF (URT, 2008). This national social protection policy blueprint provides a broad framework for an intergraded, multi-sectoral programme of social formal protection, which builds on the existing family and community structures in addition to stressing the central role of the government in a comprehensive national system of social protection (*ibid.*). The NSPF has various linkages with other key policy documents that principally portray Tanzanian's commitment to poverty reduction and the provision of basic facilities for the vulnerable social groups such as the aged citizens.

CONCLUSION AND RECOMMENDATIONS

Conclusion

This study noted that the majority of the old people in the study area were not

aware of their either entitlement or rights in relation to the prevailing National Aging Policy. The problem of lack of awareness on the rights and entitlements related to the prevailing National Ageing Policy (2003) was more pronounced among the female aged persons than was among their male counterparts. It was noted further that, with regard to the National Aging Policy, old men were aware of the policy and its effects as opposed to older women, who suffer disadvantaged with even the acquisition of valuable information. The study noted that, the National Ageing Policy (2003) was well known by key informants such as government officials at different levels, that is, at the municipal, ward and street levels; however, inadequate funding undermined the implementation of the much-needed interventions that could otherwise make a difference in the lives of the old people. It was further noted that, directives provided by the National Ageing Policy are not well-implemented due to lack of effective and proper legislation for enforcing them.

Recommendations

Based on the study findings, it is apparent that there is a need for educational interventions for the old people within the study area. Second, requisite basic knowledge would create awareness among male and female old people on their rights and entitlements related to the National Aging Policy. In addition, there is a need for the enactment of a law specifically targeting fostering proper implementation of directives and policies.

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