Social protection – one response to HIV with a special focus on older people
Background: Kagera Region, Tanzania
one of the first areas severely hit by HIV/AIDS. Prevalences of up to 18% in 1990.

• up to 50% of all orphans / vulnerable children in Sub Saharan Africa grow up with their grandparents.
• HIV is a livelihood crisis which affects entire families and entire communities.
• Older people are usually among the most vulnerable.
2003 Start of Kwa Wazee (Kiswahili: 'for older people')

A Case Study (2003)

Survey (2007) with 108 older people

672 total of own children $\bar{\sigma}$ 6.2
376 children still alive $\bar{\sigma}$ 3.5
95 children who support $\bar{\sigma}$ 0.9
Kwa Wazee Pension Scheme

2003: Start of Pilot with Social Pensions in Muleba District with less than 100 beneficiaries

2016: 1100 pensions (7 US$ a month)
       650 child supplements (4.50 US$ a month)

maizeflour (5 kilograms), rice, sugar (1 kilogram each) dried fish, small dried fish, tomato (pieces) kerosene, cooking oil, salt, bar of soap

Cash transfers are adjusted to rising prices based on a foodbasket
Profile of Kwa Wazee

- learning laboratory for new approaches with vulnerable people
- research on the living conditions of ultra poor older people in rural settings.

Studies
2008 ‘Salt, soap and shoes for school’
2008 ‘Living with Bibi’
2012 ‘Social cash transfer plus: Capability approach by Amarty Sen
2014 ‘Towards universal pensions in Tanzania’
Impact of pensions on older people and grandchildren in care

2008

• cash transfers on average almost double the household income
• significantly more food and more varied nutrition, more household essentials
• better protection against crisis
• reciprocity instead of begging
• stabilized health

For children it also meant improved school access – more time to play

2014 (in slightly more deprived villages)

Results of 2007 largely confirmed. Pensions make 40% of all income

• more spending on investments and household assets
• clear indications of better social inclusion and support of local economy

failure of targeting processes
Impact of pensions on the psychological wellbeing

- rarely anxious
  - Control Group: 11%
  - Project Group: 44%

- rarely stressed
  - Control Group: 24%
  - Project Group: 52%

- rarely lonely
  - Control Group: 37%
  - Project Group: 56%

- rarely crying
  - Control Group: 54%
  - Project Group: 63%

- wishing to see nobody
  - Control Group: 3%
  - Project Group: 4%

- rarely bad sleep
  - Control Group: 35%
  - Project Group: 54%

- often confident
  - Control Group: 30%
  - Project Group: 46%

- proud about coping
  - Control Group: 20%
  - Project Group: 52%

- able to solve problems
  - Control Group: 41%
  - Project Group: 45%
stabilized livelihood and psychological disposition facilitate selfhelp initiatives and successful complementary programms

peer networks

neighbourhood groups for older people and for their grandchildren

- savings – investments – mutual support – social inclusion

preventive health measures access to health care, self protection

training of health-assistants in the neighbourhood groups

facilitate access to health services
Conclusions from the Kwa Wazee Pilot 2003–2016

• In a HIV context – and more generally – Social Pensions are the single most important component for the social protection of older people and their dependents.

• Beneficiaries of the support of older people are also vulnerable children in their care and family and community, both socially and economically.

Challenges

• In a context of widespread poverty methods to make a division of ultra poor and poor through means testing fails for practical and ethical reasons.

• Older people who are HIV positive are not sufficiently reached regarding statistics – prevention campaigns – stigma.

• Issues remain: violence and witchcraft accusations against older people, landgrabbing, discrimination in health services.
some good news for older people from Tanzania

Thank you

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