

# Zanzibar universal social pension: baseline survey



*April 2017*



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**HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.**

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Front cover photo: Ben Small/HelpAge International  
*Ernestina, 88, was the first woman to receive the universal pension in Zanzibar – she uses the money to fund her juice business.*

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## Executive summary

This report documents the findings of a baseline survey conducted in Zanzibar by the ESRF on behalf of HelpAge International. As well as providing a baseline for researching the impact of the Zanzibar Universal Pension Scheme (ZUPS), the survey also gives a sense of the situation of older people aged 70 and over in Zanzibar.

A total of 251 people aged 70 years and over, from all five regions of Zanzibar were interviewed on issues ranging from living arrangements, income and expenditure, food consumption and nutrition, health and wellbeing.

### Key findings

#### Socio-demographic characteristics

Survey respondents were 54 per cent male and 46 per cent female. 65 per cent of respondents were aged between 70 and 79 years old, 29 per cent between 80 and 89 years old and 8 per cent above 90 years old. Eighty-eight per cent of people surveyed lived in rural areas and 12 per cent in urban areas (Kusini Unguja and Kusini Pemba).

Educational level was very low among respondents with 94 per cent of respondents unable to read or write, compared to a literacy rate of 80 per cent in the overall population.

Marital status varied significantly between male and female respondents, with men nearly six times more likely to be married than women, and women 3.5 times more likely to be widowed than men.

The vast majority of respondents lived in multi-generational households, with 57 per cent of them living with their children and 60 per cent living in households with at least one grandchild. One quarter (24 per cent) of respondents live in skipped-generation households (with grandchildren but without children), which is a situation experienced by nearly a third of female respondents.

#### Material wellbeing

The average income per capita is TSh32,612 (US\$14.60) a month, considerably below the official Zanzibar basic needs poverty line of TSh53,37<sup>1</sup> (US\$23.90). Household income is highly volatile with the percentage of households with income per capita below TSh20,000 (US\$8.95) increasing nearly 20 per cent on lean months.

The most important source of income and material support for respondents is their families, particularly their children; however the support provided by family members was neither regular nor large with about two-thirds of respondents receiving on average about TSh4,160 (US\$1.86) per month from family members, which is less than 8 per cent of the Zanzibar Poverty Line.

Agriculture, fishing and sale of products were also important sources of income for older people in Zanzibar, which indicates that a significant proportion of them are still economically active. The existing pension system makes a very limited contribution to respondents' income with only 14 per cent of survey respondents receiving a pension.

Over three-quarters (76 per cent) of respondents or their spouses own the house they live in. However, ownership of other assets is much more limited with only 24 per cent respondents owning other property including land (shamba), livestock, and bicycles. There was a strong gender bias in property ownership, with men owning 85 per cent of all assets.

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<sup>1</sup> Exchange rate: USD1 = TSh2,234

Food made up the vast majority of respondents' expenditure (74 per cent), followed by health, clothing, household bills, caring for grandchildren (particularly school-related expenses), investment in agriculture and transport. There was little variation between sex and areas of residence.

A third of respondents (33 per cent) also reported giving money or buying things for family members in the previous year, particularly to their children and grandchildren.

The results paint a picture of high food insecurity among older people. Despite spending the majority of their income on food from local markets, a large proportion of older people were unable to meet their food requirements, with 55 per cent eating only two meals a day or less and 53 per cent saying they were normally not satiated after a meal.

### **Health and wellbeing**

Nearly half of respondents reported being either often or always sick in the previous month. A similar picture emerged when respondents were asked to consider their health status over the last year, with 53 per cent of them reporting being either always or often sick in the previous 12 months. Unsurprisingly, levels of sickness increased significantly with age. People aged 80 and over are 25 per cent more likely to feel often or always sick than people aged 70-79. The most common diseases among respondents are cardiovascular diseases (29 per cent), respiratory diseases (9 per cent), and diabetes (8 per cent).

When very sick, the majority of respondents (84 per cent) go to a primary health care unit (dispensary), 6 per cent seek natural healers, 3 per cent visit the pharmacy to buy medicine. Other approaches included going to a hospital or calling a doctor to attend them at home.

The payment of user fees, cost of medicine and travel-related difficulties represent the biggest barriers to accessing health care according to respondents. Despite legislation in Zanzibar which waives the cost of consultation fees in public health facilities to older people, 21 per cent of respondents paid for consultation fees the last time they saw the doctor.

A significant share of survey respondents reported high levels of disabilities compared to the overall population of Zanzibar's older people. This is not surprising since the risk of disability is highly correlated to ageing.

The majority of respondents (75 per cent) said they participate most of the time or quite often in household decision-making. However, there is significant variation in the decision-making participation of male and female respondents – male respondents were more likely to participate in household decision making than women, even more so when decisions involved household spending.

### **Zanzibar Universal Pension**

A quarter of people interviewed (25 per cent) were not aware that the Government of Zanzibar was about to start providing a universal pension. Of those who were aware of the pension scheme, 79 per cent had been informed by the Shehia (ward level administrative unit in Zanzibar).

Respondents expect the universal pension scheme to improve their situation at least a little, 73 per cent of respondents expected their situation to improve a little with the new pension and 23 per cent expect their situation to improve significantly with the new pension. Over a third of respondents said they would use the pension income to buy more food; 19 per cent would prioritise health expenses, and 20 per cent said they would invest in their livelihoods such as business, agriculture and fishing.

# 1. Introduction

This report documents the findings of a baseline survey conducted in Zanzibar by the Economic and Social Research Foundation (ESRF) on behalf of HelpAge International. The survey aimed to describe the status of people aged 70 and over prior to the start of the Zanzibar Universal Pension Scheme (ZUPS) and, as such, serve as a basis for assessing the potential impacts of the pension scheme on older people in Zanzibar.

A total of 251 people, from all five regions of Zanzibar, were interviewed on issues including living arrangements, income and expenditure, food consumption and nutrition, health and wellbeing.

The survey was carried out as part of the project *Better Health for Older People Programme* being implemented by HelpAge International in Ethiopia, Mozambique, Tanzania and Zimbabwe with funding from the UK Department for International Development (DFID). It aims to improve access to health and care services for poor older women and men and their households, making them less vulnerable to illness and worsening poverty.

## 1.1 Zanzibar Universal Pension Scheme (ZUPS)

Zanzibar is an archipelago of islands off the coast of East Africa with a population of 1,303,569.<sup>2</sup> It has a political union with Tanzania, but has its own elected government, which is responsible for its policies.

In response to the high levels of vulnerability faced by older people in the country and in recognition of the low number of people eligible for contributory pensions, in 2014 the Zanzibar Government approved a social protection policy that recognised the need for a universal pension scheme in Zanzibar to guarantee income security in old age.<sup>3</sup>

In mid-2015, the government announced the introduction of the Zanzibar Universal Pension Scheme (ZUPS), under which Zanzibari residents aged 70 and above would receive a monthly non-contributory pension of TSh 20,000 (US\$8.95). The benefit is equal to about half the food poverty line (TSh 38,070, US\$17) and 37 per cent of the basic needs poverty line (TSh 53,377, US\$23.90), as defined by the Household Budget Survey (HBS) in 2014/15.<sup>4</sup>

The Government of Zanzibar allocated TSh6.5 billion (US\$2.909 million) in 2016/17 for the implementation of the scheme, which is approximately 0.24 per cent of the country's GDP. The Zanzibar Universal Pension Scheme is the first universal cash transfer scheme in East Africa fully funded by the government<sup>5</sup>. The Ministry of Empowerment, Social Welfare, Youth, Women and Children is responsible for overseeing the overall implementation of the scheme, which is operationalised at the local level through the Shehias (local administrative structures).

The first payment of the ZUPS was made to recipients in all districts of Zanzibar in April 2016.

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<sup>2</sup> National Bureau of Statistics (NBS) and Office of Chief Government Statistician (OCGS), 2013. The 2012 Population and Housing Census. Dar es Salaam, Tanzania: NBS and OCGS.

<sup>3</sup> Daniel, S., et al (2010) Achieving income security in old age for all Tanzanians. Available at: <http://www.pension-watch.net/knowledge-centre/?guid=4cd9c14151bb5&order=n>

<sup>4</sup> Household Budget Survey 2014/15 Income and Income Poverty Preliminary Results. Available at: [www.ocgs.go.tz](http://www.ocgs.go.tz)

<sup>5</sup> Kenya and Uganda both have non-contributory social pension schemes in place, however, the Kenya scheme is means-tested and the Uganda scheme – while universal – is targeted to certain districts and heavily donor funded.

## 1.2 Baseline Survey

### Study objectives

The purpose of this survey is to provide an effective baseline for future studies on the impact of the Zanzibar Universal Pension Scheme on older people's wellbeing and access to health services. This study is part of a broader research project aimed at producing learning and evidence on the links between social protection, particularly social cash transfers, and access to health services in Ethiopia, Mozambique, Tanzania and Zimbabwe. The objectives of this survey are:

- To collect information on the current situation of selected indicators related to the welfare of older people and their households.
- To assist in producing learning and evidence on the links between social protection, particularly social cash transfers, and access to health services in Zanzibar.

### Conceptual framework

Evidence from international literature demonstrates that social pensions can have a wide range of impacts on older people, their households, communities, as well as national level development indicators.<sup>6</sup> This survey focuses primarily on people aged 70 and over and their households and investigates three potential impact areas: material wellbeing, food security and nutrition, and health and wellbeing. For each of these areas, a series of indicators have been selected for data collection and benchmarking. These are widely used indicators and, where possible, consistent with existing national surveys such as the Household Budget Survey.

*Table 1 : Impact areas and indicators*

Impact areas	Indicators
<b>Material wellbeing</b>	Monthly income (individual and household) Sources of income Family support Asset ownership Perception of economic status Areas of expenditure
<b>Food security</b>	Number of meals Sources of food Type of food consumed Level of satisfaction
<b>Health and wellbeing</b>	General health status (self-reported) Distance/time to the nearest health facility Cost of consultation/medication Disability (Washington group/self-reported) Psychosocial wellbeing (self-reported)

<sup>6</sup> Hofmann, S. et al(2008) 'Salt, Soap and Shoes for School: Evaluation Report'. Available at <http://www.pension-watch.net/knowledge-centre/?guid=4fb0d2ecb389a&order=n>: Hofmann, S. and Heslop, M. (2014) 'Towards universal pensions in Tanzania Evidence on opportunities and challenges from a remote area, Ngenge ward, Kagera'. Available at <http://www.pension-watch.net/knowledge-centre/?guid=530dc17d73c9a&order=n>



## 2. Sampling and Data Collection

The field work was carried out in both islands of Zanzibar (Unguja and Pemba) just before the first payment of the Zanzibar Universal Social Pension was made.

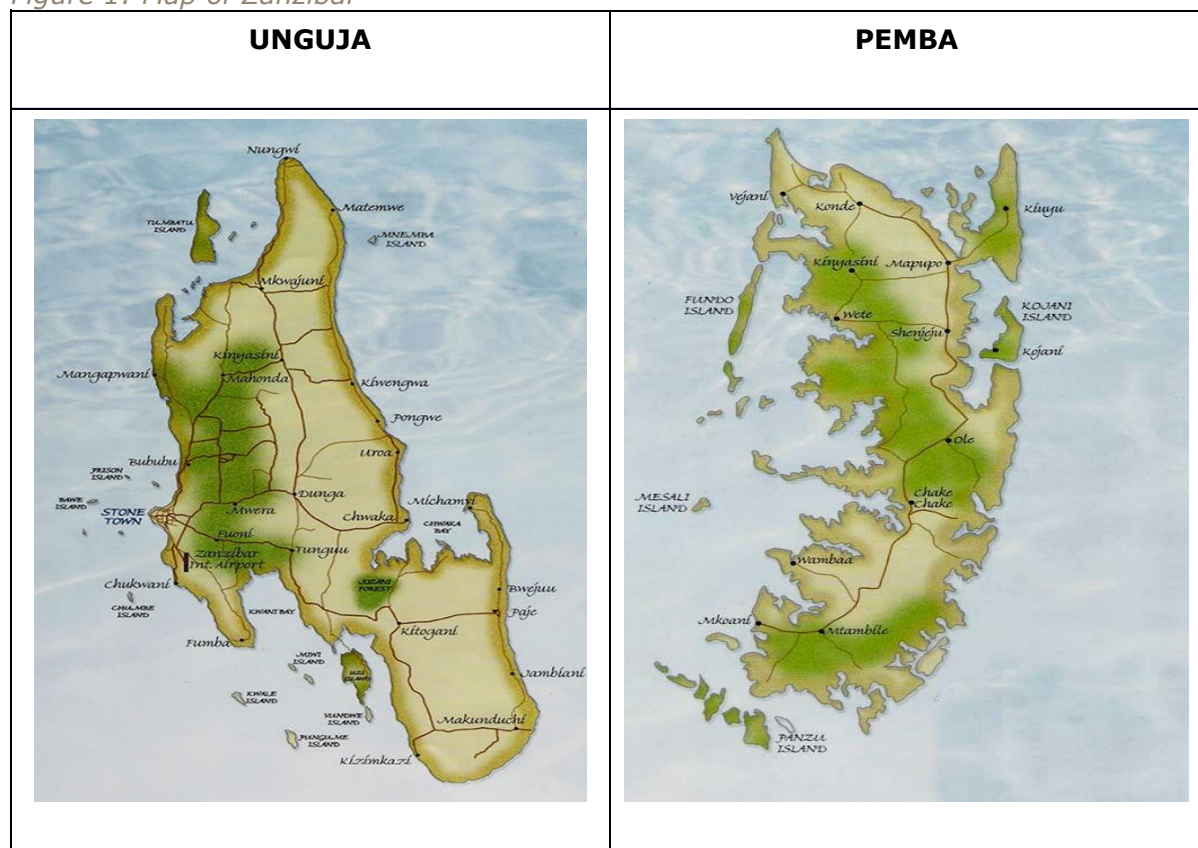
### Team composition

The survey was conducted by the Economic and Social Research Foundation under the leadership of Dr Festus Limbu, as team leader, and John Kajiba, as field data manager. The field work was carried out by a team of five enumerators and two field supervisors.

### Location

The survey covered all five regions of Zanzibar, namely Kaskazini Unguja, Kusini Unguja, Mjini Magharibi, Kaskazini Pemba, Kusini Pemba. In each region, the survey was conducted in one district (total of 5 out of 11 districts), covering a total of 19 shehias.

Figure 1: Map of Zanzibar



### Timeframe

Sampling, tool development and field testing took place in March 2015. The field survey was conducted from 12 - 20 April 2016.

### Sampling

According to the 2012 Population and Housing Census, there are 25,161 people aged 70 years and above in Zanzibar. The sample size of 251 people is therefore equivalent to one per cent of the total population, giving the survey a 6 per cent margin of error within a 95 per cent confidence level, assuming that the population is normally distributed with 50 per cent proportions.

The sample was selected using a cluster (or multi-stage) sample technique. One district was randomly selected in each of the five regions (5 out of 11 districts); and in each of these districts, three shehias were randomly selected (except for the larger and densely populated west district where seven shehias were selected), with a total of 19 shehias selected - 13 in Unguja and 6 in Pemba.

A list of registered people 70 and over in the selected shehias was provided by the Ministry of Youth, Employment, Women and Children Development. This list contained 21,279 people. Researchers used Microsoft Excel to randomly select 251 survey respondents from this list. A replacement list of potential respondents was also drawn in case people in the sample could not to be reached.

The fact that all individuals in the survey sample were eligible to receive the pension (though not all respondents will necessarily opt in for the benefit) imposes important limitations on the approaches available for evaluation of the pension scheme in the future using this baseline data. Given the universal roll out of the scheme, as well as time and resource constraints, adequate procedures for the establishment of a suitable control group were not possible. As such, while the current study provides an adequate presentation of initial dynamics, follow up analysis will require methods designed to accommodate the inherent barriers imposed by the roll-out of the programme.

### Survey instrument

A structured questionnaire was used to collect information from older people in Zanzibar. The questionnaire consisted of 84 questions divided into seven modules: A) socio-demographic characteristics of respondents; B) household composition; C) income; D) expenditure; E) food consumption and nutrition; F) health and wellbeing; and G) access to water. The questionnaire was digitalised and saved in the individual tablets used by enumerators for data collection.

### Data collection

The field survey took place between 12 and 20 April 2016 and covered 13 shehias in Unguja (Unguja North, Unguja South and Unguja West) and 6 shehias in Pemba. The research team interviewed a total of 251 people, as shown in the table below. The information collected during the interviews was inserted directly into tablets by enumerators.

*Table 2: Survey respondents*

<b>Region</b>	<b>District</b>	<b>Shehia</b>	<b>No. of Respondents</b>
Unguja North/ Kaskazini Unguja	North A	Muwange	14
		Fukuchani	17
		Mkokotoni	18
Mjini Magharibi/ Unguja West	West	Kiembe Samaki	9
		Dole	8
		Kinuni	10
		Magogoni	10
		Kama	10
		Bumbwisudi	10
		Dimani	12
Kusini Unguja/ Unguja South	Central	Uzini	15
		Kidimni	10
		Uzi Ng'ambwa	18

<b>Total Unguja</b>			<b>161</b>
Kaskazini Pemba/ North Pemba	Wete	Mjini Ole	15
		Kizimbani	15
		Fundo	15
Kusini Pemba/ South Pemba	Mkoane	Stahabu	15
		Mkungu	15
		Makombeni	15
<b>Total Pemba</b>			<b>90</b>
<b>TOTAL</b>			<b>251</b>

### 2.7 Data analysis

The data recorded by enumerators into their tablets was exported, synchronised and analysed by ESRF researchers using the statistical package SPSS. The data has been disaggregated by sex, age group and area of residence (urban/rural). Descriptive analysis of the data is presented and discussed in Section 3.

## 3. Survey Findings

### 3.1 Socio-demographic characteristics

This section offers a snapshot of the survey respondents' social and demographic profiles, including age, sex, marital status, educational attainment, as well as their living arrangements.

#### Respondents profile: Sex, Age and area of Residence

According to the 2012 Census, there are 1,303,569 people in Zanzibar, of which 58,311 or 4.5 per cent are people over the age of 60. Of these, 49 per cent are women and 51 per cent are men, but the proportion of women tends to increase at older age groups.

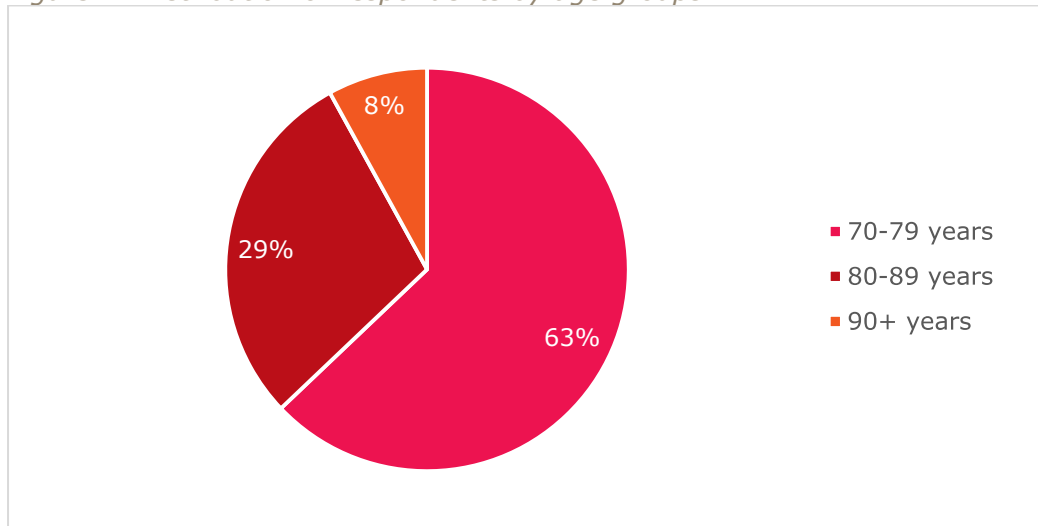
Table 3: Population of older men and women in Zanzibar

	Male	Female	Total
60-64	11,409 (52.8%)	10,176 (47.2%)	21,585
65-69	6,161 (53.2%)	5,404 (46.8%)	11,565
70-74	5,833 (49.6%)	5,920 (50.4%)	11,753
75-79	2,669 (53%)	2,367 (47%)	5,036
80+	3,815 (45.6%)	4,557 (54.4%)	8,372
Total 60 and over	29,887 (51.2%)	28,424 (48.8%)	58,311 (4.5% of population)
Total 70 and over	12,317 (48.8%)	12,884 (51.2%)	25,161 (1.9% of population)

Source: National Bureau of Statistics (NBS) and Office of Chief Government Statistician (OCGS), 2013. The 2012 Population and Housing Census. Dar es Salaam, Tanzania: NBS and OCGS.)

This survey was applied to people aged 70 years and over, in line with the eligibility of the ZUPS. 65 per cent of respondents were between 70 and 79 years old, 29 per cent between 80 and 89 years old and 8 per cent above 90 years old. Of the 251 people interviewed, 54 per cent were male and 46 per cent female. In terms of area of residence, 88.4 per cent of respondents lived in rural areas and 11.6 per cent in urban areas (Kusini Unguja and Kusini Pemba).

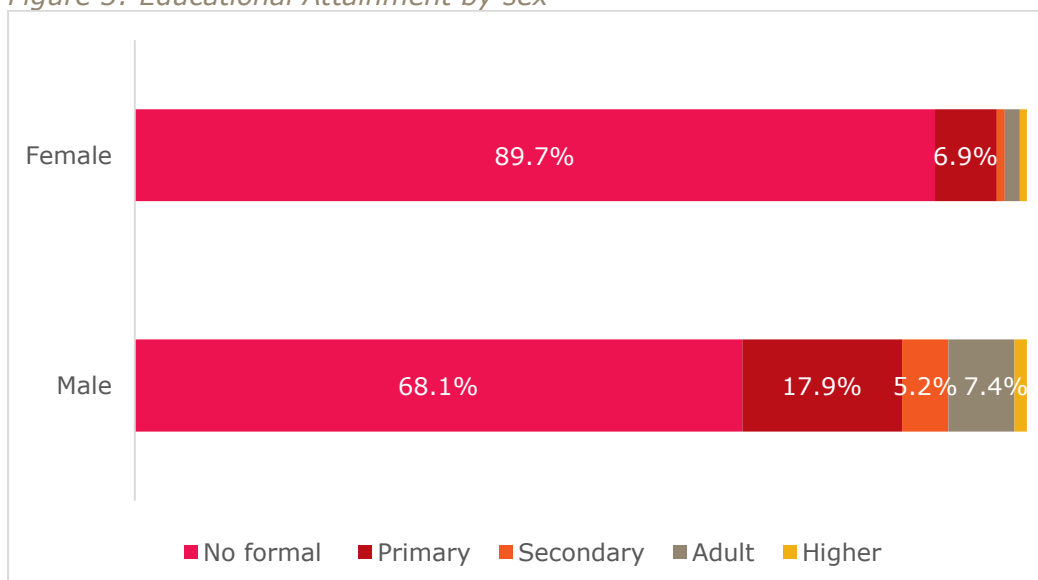
Figure 2: Distribution of respondents by age groups



### Levels of education

Educational level was very low among respondents. Over three-quarters (78 per cent) had no formal education and 94 per cent could not read or write, compared to a literacy rate of 80 per cent in the overall population.<sup>7</sup> This has important implications for the well-being of older people, as it affects their ability to access information and relate to others in the community, including government officials. It is also an important consideration in designing appropriate mechanisms to implement a cash transfer such as a social pension. As shown in Figure 3, women tended to have lower levels of education than men. Nine in ten older women have never been to school, and only seven per cent of females attended primary school compared to 18 per cent of males.

Figure 3: Educational Attainment by sex

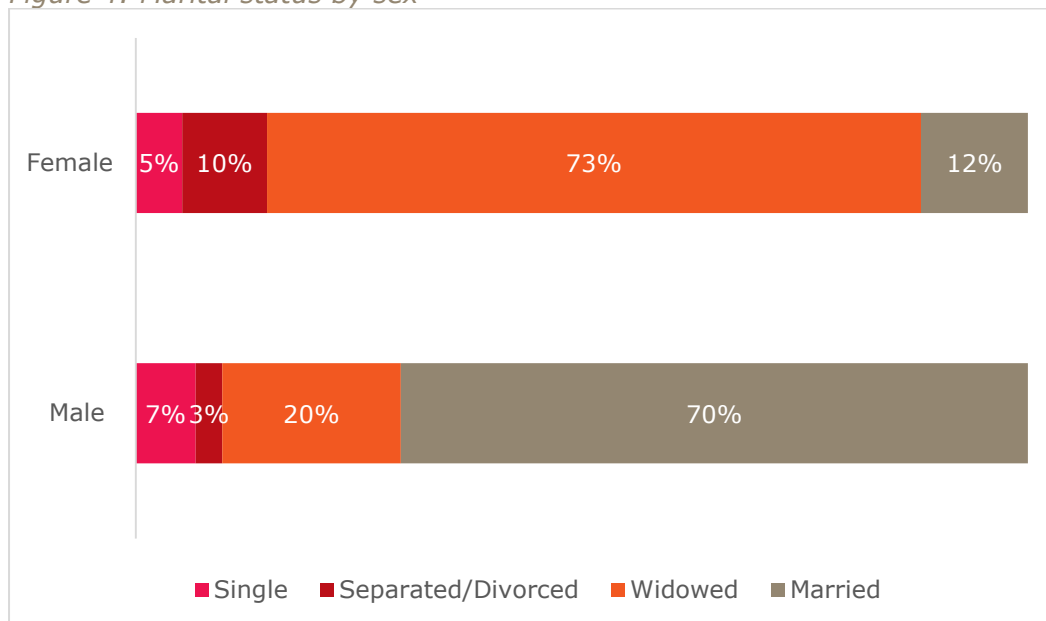


<sup>7</sup> National Bureau of Statistics (NBS) and Office of Chief Government Statistician (OCGS), 2013. The 2012 Population and Housing Census. Dar es Salaam, Tanzania: NBS and OCGS.

### Marital status

Marital status varied significantly between men and women (Figure 4). Older men were nearly six times more likely to be married than older women: while 70 per cent of men were married (including 19 per cent of men who were married to two wives), only 12 per cent of women were married. The vast majority of women in the sample were widowed (73 per cent). The higher levels of widowhood amongst women is due to longer life expectancy, and the fact that wives tend to be – on average – younger than their husbands.

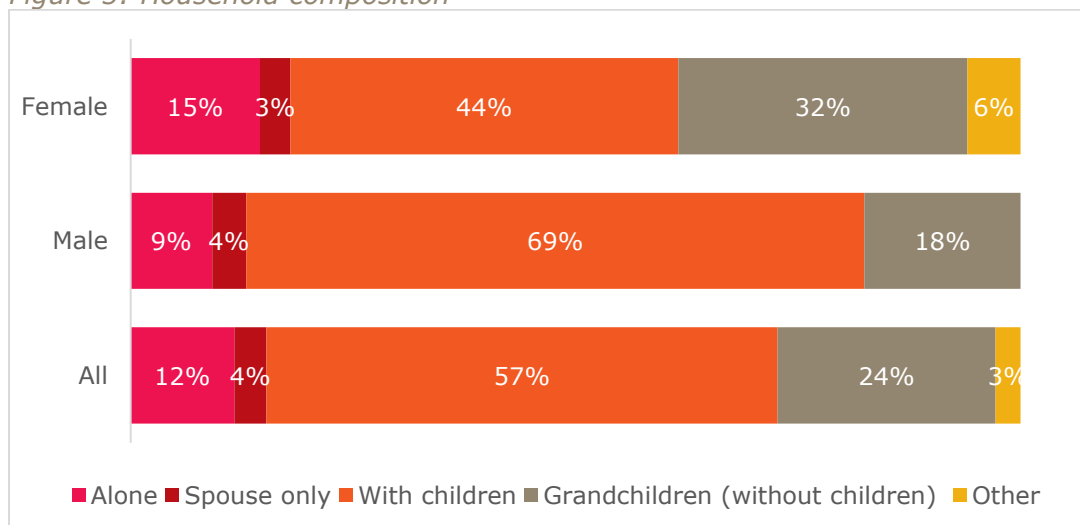
Figure 4: Marital status by sex



### Household composition

As shown in Figure 5, the vast majority of older people lived in multi-generational households. Over half of the respondents (57 per cent) lived with their children and 60 per cent of them lived in households with at least one grandchild. One quarter of respondents lived in skipped-generation households (with grandchildren but without children), which was a situation experienced by nearly a third of female respondents. There were on average 2.6 grandchildren per household and their average age was 13 years old.

Figure 5: Household composition



There were also significant gender differences in terms of the sex of the children respondents are living with. Female respondents were more likely to live with their daughters (60 per cent), 28 per cent of whom were married, 33 per cent single, and 40 per cent were either divorced, separated or widowed. Conversely, male respondents were more likely to live with their sons (56 per cent), who were largely single (78 per cent) and relatively young (the average age of male respondents' children was 24 years old compared to 39 years old for female respondents' children).

Another key difference in male and female respondents' living arrangements is the fact that the vast majority of male respondents (66 per cent) lived with their spouses, compared to only 14 per cent of female respondents. This reflects the findings on marital status in Figure 4 above. Nearly 20 per cent of married men were married to two wives. Also, female respondents' spouses were on average significantly older than male respondents' spouses: 73 years compared to 57 years. Older women were also more likely to live alone than older men: 14.5 per cent compared to 9 per cent. This can have important implications for older people's wellbeing, as spouses can play a major role in supporting each other in old age.

### **3.2 Material wellbeing: income levels, sources of income and asset ownership**

This section presents an overview of respondents and their households' material wellbeing, particularly their income levels, main sources of income and asset ownership.

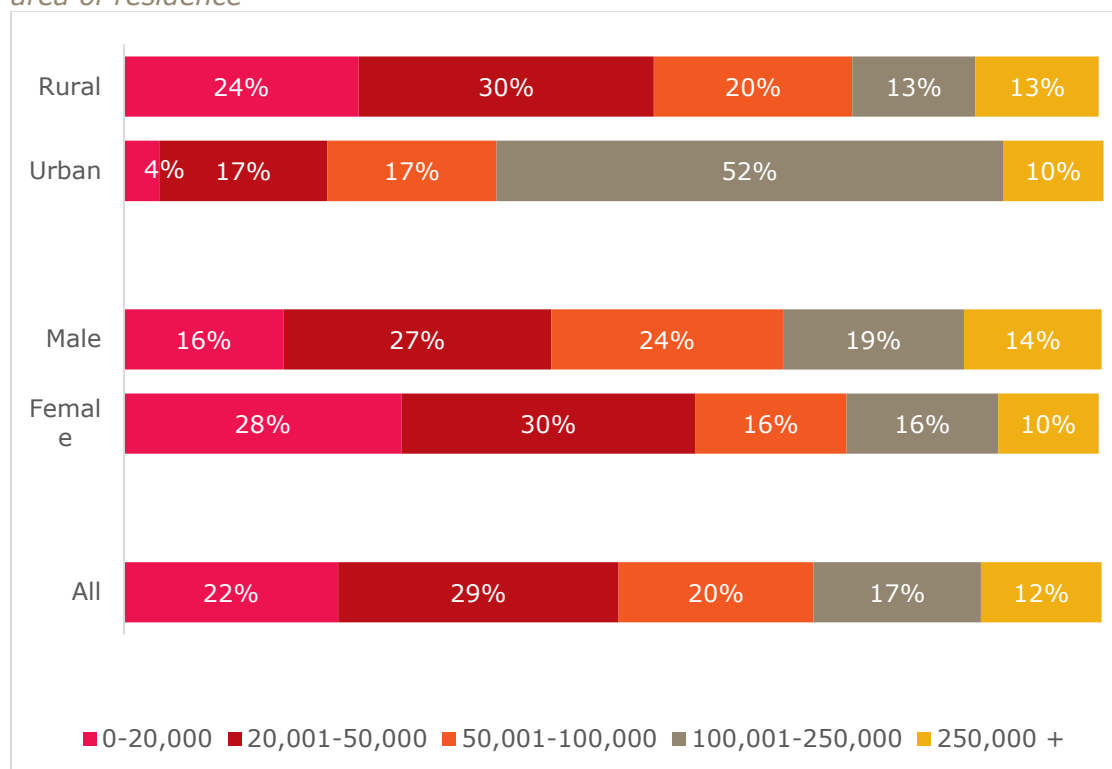
#### **Household income**

In order to establish the level of household income, respondents were asked to estimate their aggregated household income on an average month. This approach is not as rigorous as more detailed inventories of household income and expenditure used in household budget surveys, but nevertheless gives an approximation of the income security of these households.

The mean reported household income for an average month was TSh120,920 (US\$54.11) [median TSh50,000 (US\$22.37); mode TSh30,000 (US\$13.42)]. Overall, 21.9 per cent of respondents' households had a combined income on an average month below TSh20,000 (US\$8.95). Hence, a monthly pension income of TSh20,000 can be expected to virtually double the income of about one-fifth of older people's households.

Substantial differences were apparent according to gender and area of residence, as shown in Figure 6. Over one-fifth of older women reported household incomes on an average month of TSh20,000 or less and a further 30 per cent reported their household incomes to be between TSh20,001 and 50,000. Older men reported relatively higher levels of household income, but still 43.7 per cent of them reported household incomes of TSh50,000 or less.

Figure 6: Estimated aggregate household income on an average month by sex and area of residence



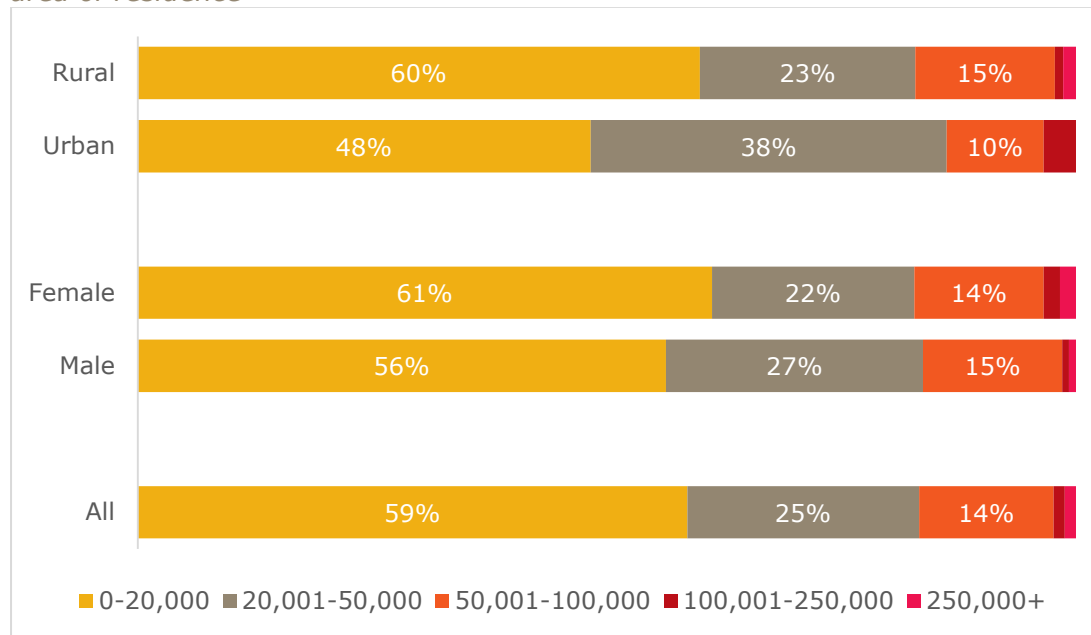
There was also a marked difference between urban and rural households, as shown in Figure 6. Household income in rural areas were on average lower than urban areas, with over half (54.2 per cent) of rural households reporting income below TSh50,000 (US\$22.38) compared to only 20.6 per cent of urban households. The majority of urban households (51.8 per cent) had income between 100,000 (US\$44.75) -250,000 (US\$11.88) on an average month. This is in line with the findings of the Zanzibar Household Budget Survey 2014, which found that the majority of the poor and the extremely poor in Zanzibar live in the rural areas.

Taking into account household size, the average income per capita on an average month is TSh 32,612 (US\$14.60), considerably below the Zanzibar basic needs poverty line of TSh53,378 (US\$23.88)<sup>9</sup>. Indeed, 83.3 per cent of households have per capita income below this threshold, as shown in Figure 7, although caution should be taken in directly comparing the results here to the Household Budget Survey given the different methodology used. Female respondents' households were more likely to fall into the lower income group (Tsh 0-20,000), despite the fact that men tended to live in larger households (average household size for male respondents was 4.9 compared 3.9 for female respondents).

<sup>9</sup> 2014/2015 Household Budget Survey. The Food Poverty Line is TSh 38,071 per adult, per month.

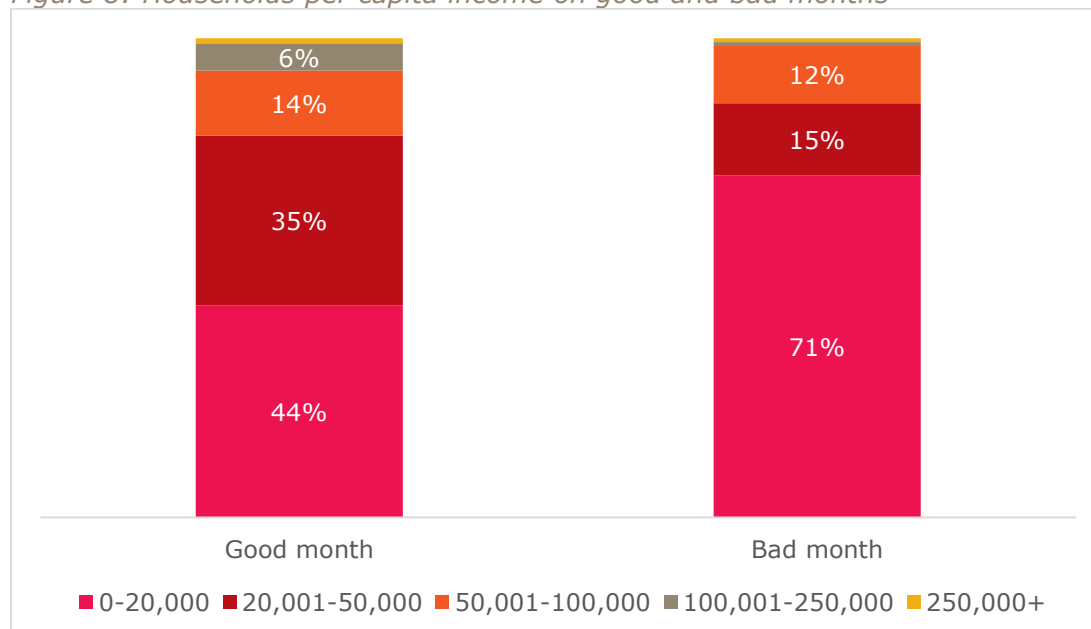


Figure 7: Estimated household per capita income on an average month by sex and area of residence



Given the high levels of informality in the labour market in Zanzibar and the importance of subsistence farming, household income is highly seasonal, varying substantially throughout the year. In order to capture this variation, the survey asked respondents to estimate combined household income on a good month and on a bad month. As shown in Figure 8, volatility was particularly important at the lower end of income distribution. One area to explore in follow up surveys is whether the pension income is able to bring greater stability and predictability to household income, as has been seen with other cash transfers.

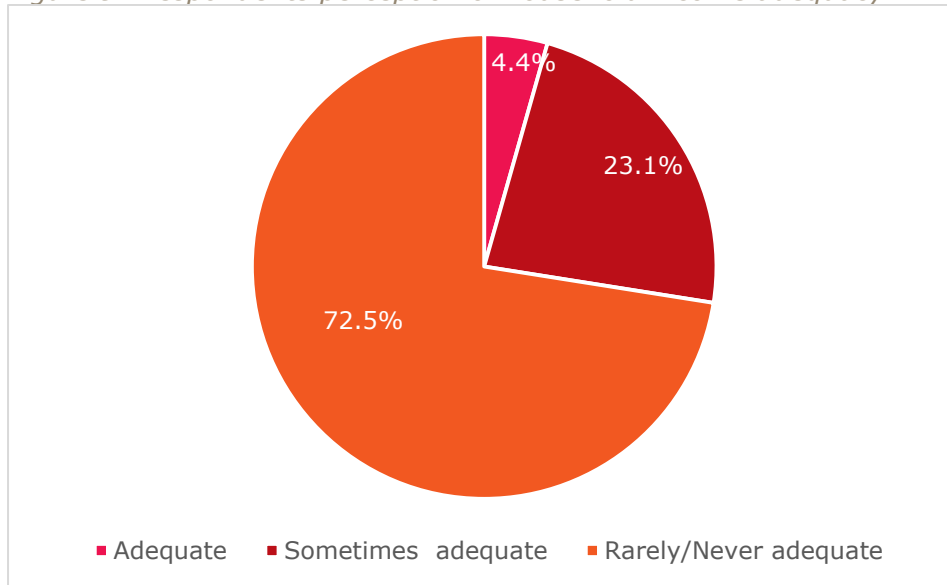
Figure 8: Households per capita income on good and bad months



On a good month, 44 per cent of households have per capita income equal or below TSh20,000. On a bad month, this figure jumps to 71 per cent, with 86 per cent of households reporting per capita income below TSh50,000. Hence, it is not surprising that 72.5 per cent of respondents thought that their household income was rarely or never

adequate to meet household’s daily needs, while only 4.4 per cent of respondents thought that household income was adequate (Figure 9).

Figure 9: Respondents perception of household income adequacy

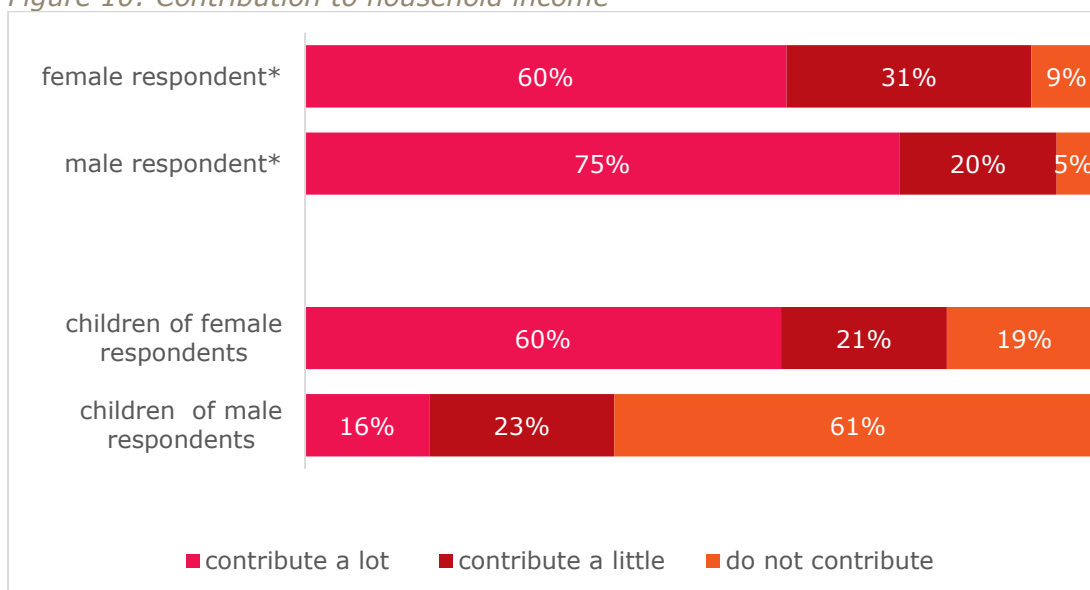


### Contribution to household Income

In order to capture some of the internal dynamics of household income, respondents were asked to rate their own contribution to household income as well as the contribution of different household members. The survey results show differences in the dynamics of male and female respondents’ households, as illustrated in Figure 10.

While both male and female respondents reported making significant contributions to household income, the data suggests that male respondents play a bigger role in securing households’ income compared to female respondents. In female respondents’ households, other family members, particularly their children, made significant contributions to household income, while in male respondents’ households contribution from their children was much more limited. This could be related to the fact that male respondents’ children living in the same household were on average younger than female respondents’ children– 23.5 years compared to 39.4 years.

Figure 10: Contribution to household income



\*Excludes respondents who live alone

Respondents' age also seems to be an important factor in determining the level of their contribution to households' income. The average age of male respondents who contributed "a lot" to household income was 75.9 years; those contributing "a little" were on average 79.4 years; and those "not contributing" were on average 89 years. Similarly, the average age of female respondents who contributed "a lot" to household income was 76.2 year; those contributing "a little" were on average 80.4 years, while those "not contributing" were on average 90.8 years.

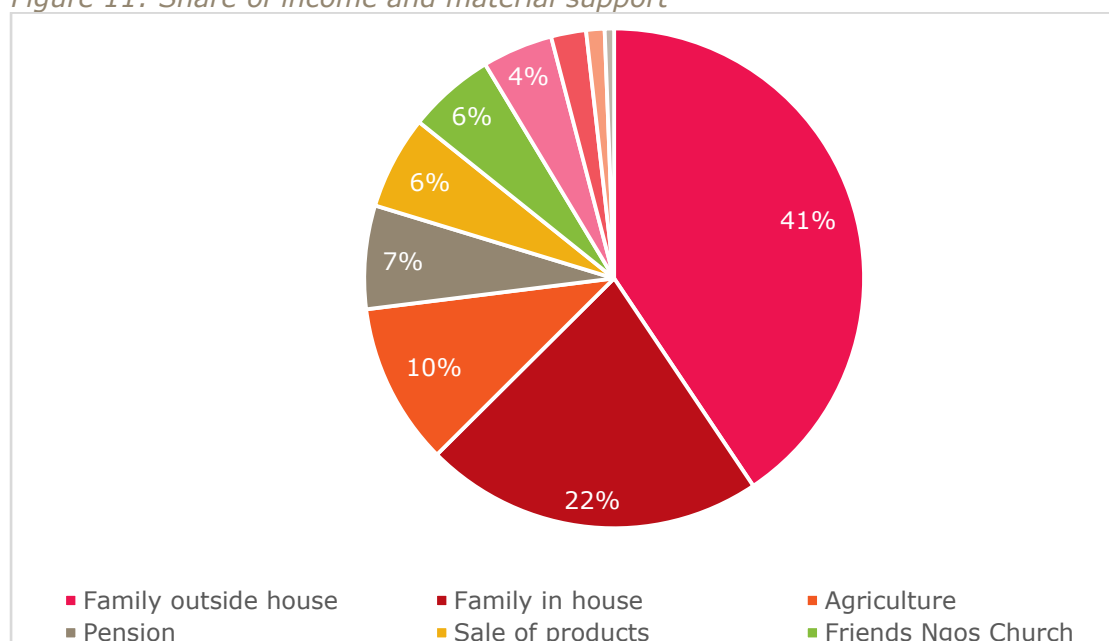
### Individual income

The survey asked respondents to list their main sources of income and material support, and also to estimate the proportion of income and material support received from each source.

Figure 11 shows the aggregated figures for income and material support from the various sources. The most important source of income and material support for respondents was their family. Respondents estimated that nearly two thirds of their income and material support is provided by family members - 22 per cent provided by family members who live in the same household, and an additional 41 per cent provided by family members living outside their household.<sup>10</sup>

Agriculture, fishing and sale of products were also important sources of income for respondents, which indicates that a significant proportion of people aged 70-plus are still economically active.

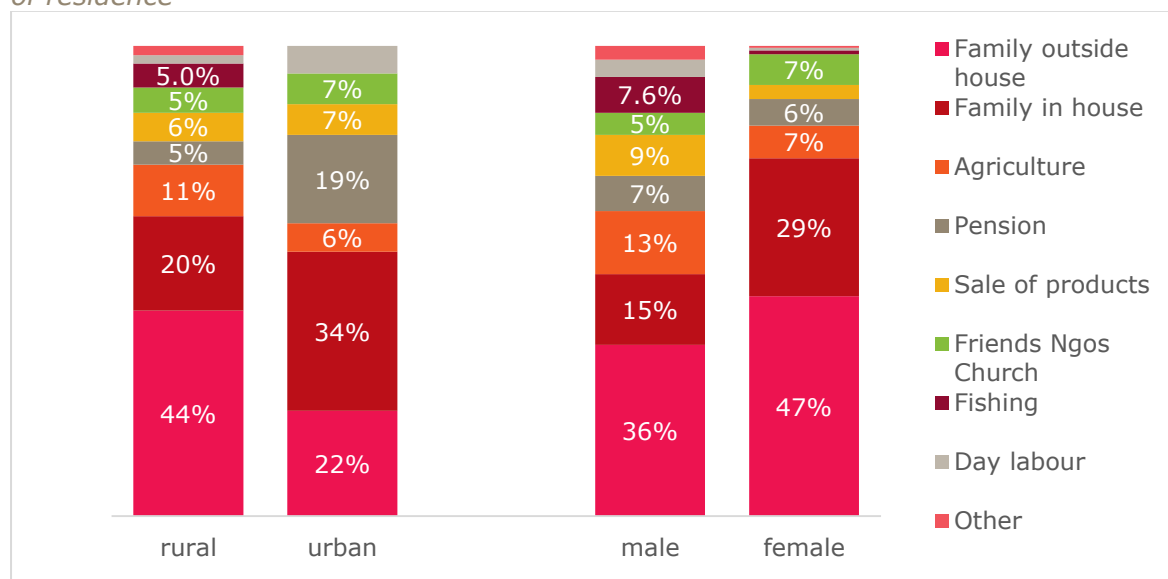
Figure 11: Share of income and material support



Further analysis of respondents' income sources shows considerable gender and location differences, as shown in Figure 12. Women seem to be more dependent on their families than men. Three quarters (76 per cent) of female income was linked to family support, while 51 per cent of male's income came from this source. Conversely, men appeared to be more economically active, with income from agriculture, sale of products (agricultural and industrial products), fishing, day labour and employment accounting for more than a third of their income (34 per cent) and only 11 per cent of women's income.

<sup>10</sup> It is important to take into consideration that the more informal intra-household exchanges of material support, such as sharing a meal, might be underreported by survey respondents.

Figure 12: Share of income and material support from different sources by sex and area of residence

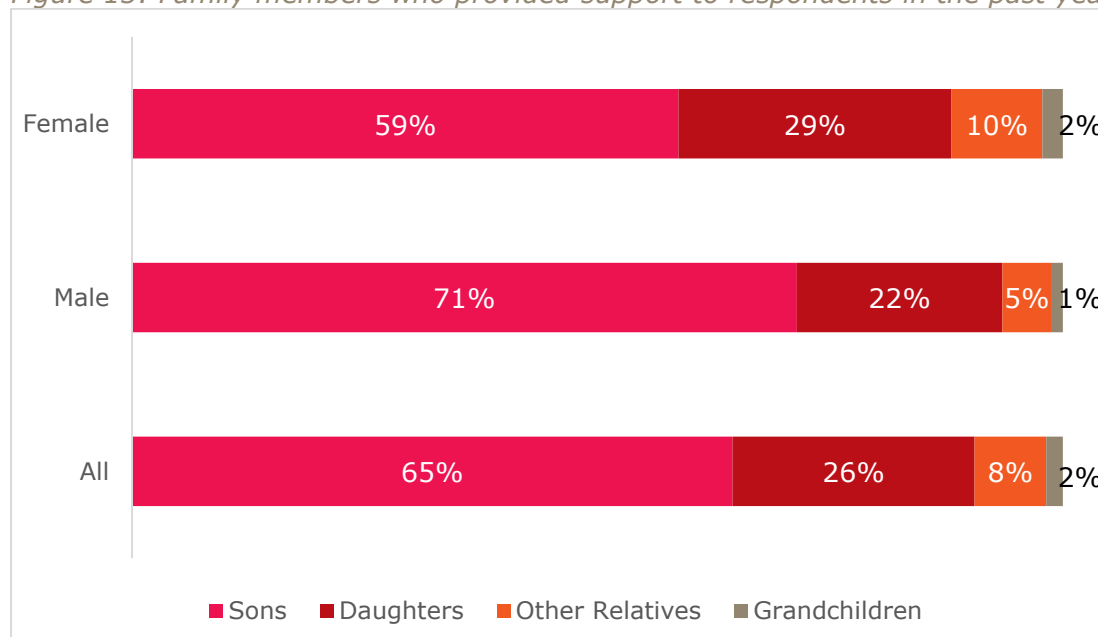


### Family support

As illustrated by Figure 11, family members are the most important source of financial and material support (such as food and clothing) to older people. 67 per cent of people surveyed reported receiving some kind of income and material support from family members in the past year. The majority of family members who provided support to respondents resided either in the same households or nearby 60 per cent of those living outside respondents' households resided in the same shehia, and 25 per cent resided outside the shehia but in Zanzibar. Only 13 per cent resided in Tanzania ainland and 2 per cent in other countries.

Women were more likely to report receipt of income support from family than men (79 per cent versus 57 per cent respectively). As illustrated in Figure 12 above, this income also made up a larger share of income for women than it did for men. Typically, support came from respondents' children (90.5 per cent), but other relatives (7.7 per cent) and grandchildren (1.8 per cent) also contributed (Figure 13).

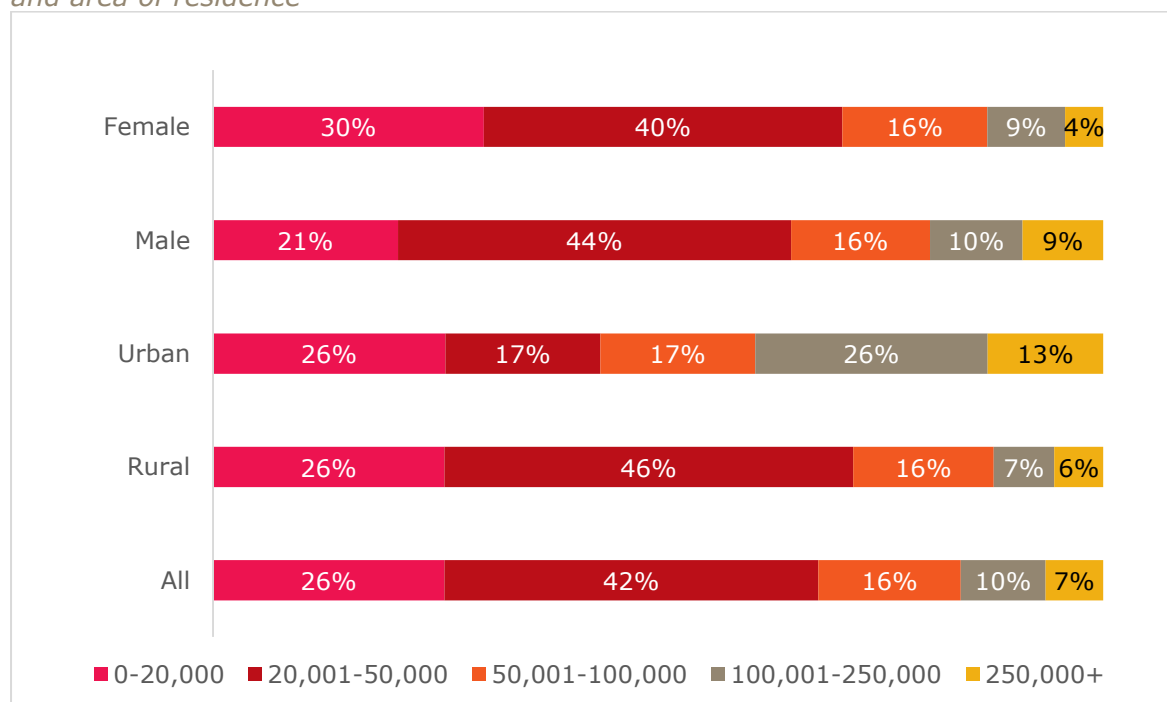
Figure 13: Family members who provided support to respondents in the past year



The amount of income and material support provided by family members was neither regular nor large. Asked about the frequency of this support in the past year, over half of those who received support responded that the support they received was not regular, while 23.7 per cent reported receiving support once a week, and 20.1 per cent received support once a month in the past year.

About two-thirds of respondents reported receiving less than TSh50,000 from family members in the past year. This amounts to a monthly contribution of about TSh4,160, which is less than 8 per cent of the Zanzibar Poverty Line. Although respondents living in urban areas tended to receive on average larger amounts of income support from family members, the most common value of transfers (mode) was the same -TSh50,000- for older people living in both rural and urban areas.

Figure 14: Volume of resources received from family members in the past year by sex and area of residence



### Existing pensions

Zanzibar runs a system of contributory pensions covering those employed in the public and formal sectors, which covers about 16 per cent of the population.<sup>11</sup> The government of Zanzibar also runs a small cash transfer scheme for vulnerable groups, including older people, which pays TSh5,000 a month.<sup>12</sup> The low coverage of the existing pension system before the introduction of the ZUPS was reflected in the survey; only 14 per cent of survey respondents received a pension, with pension income accounting for only 7 per cent of the income of all respondents surveyed.

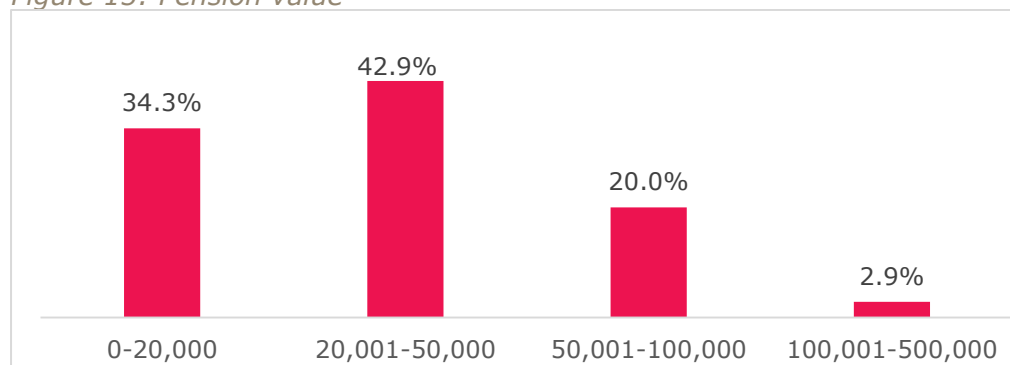
Pension recipients were two-thirds male and one-third female and had higher levels of education than other respondents - half of pension recipients have some kind of formal education, compared to only 22 per cent of all respondents. Pension value ranged widely

<sup>11</sup> According to the 2012 census, 13.6 per cent of population are covered by the Zanzibar Social security Fund (ZSSF), 1.2 per cent are covered by the National Social Security Fund (NSSF), 0.7 per cent by the Public Service Social Fund (PSSF), 0.3 per cent the Parastatal Social Fund, and 0.1 per cent by the Local Authorities Pension Fund.

<sup>12</sup> Social Protection Policy: Responses to Older People's Needs in Zanzibar. HelpAge International Tanzania. 2009.

from TSh5,000 to TSh230,000 per month, with a median value of TSh40,000, and accounted on average for 46 per cent of the income of those who received it.

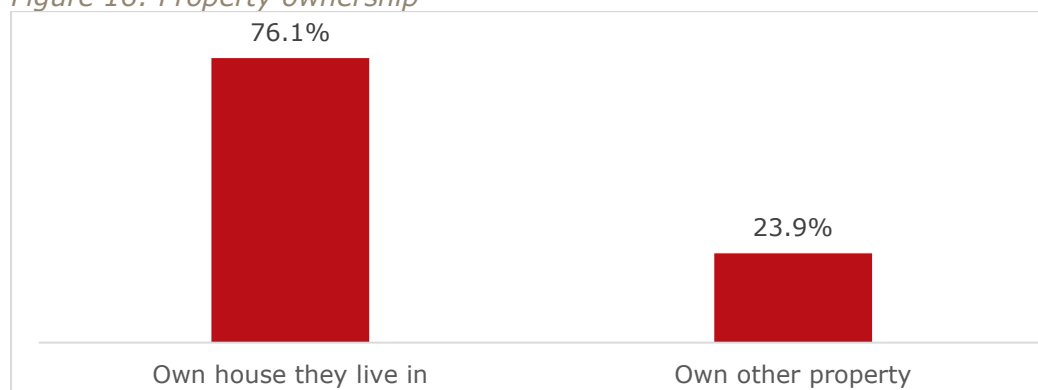
Figure 15: Pension value



### Property ownership

A large proportion of respondents or their spouses (76 per cent) owned the house they lived in. Those who did not, lived in houses owned by other relatives. In relation to the quality of houses, 57 per cent of the interviewed lived in cement blockhouses roofed with iron sheets, 20 per cent lived in non-blockhouses that are roofed with iron sheet, and 16 per cent lived in thatched houses. Nearly three-quarters (73 per cent) of respondents had access to piped water. This is in very much in line with the housing situation of the overall population. The 2012 census indicated that 81 per cent of households in Zanzibar had roofs made from iron sheets or other modern materials and that 75 per cent of Zanzibari households had access to piped water.

Figure 16: Property ownership



Ownership of other assets was much more limited. Only about 24 per cent respondents owned other property: 47 per cent of them owned a plot of land (*shamba*), 17 per cent owned livestock, and 13 per cent owned a bicycle. There was a strong gender bias in property ownership, with men owning 85 per cent of all assets.

### Perception of economic status

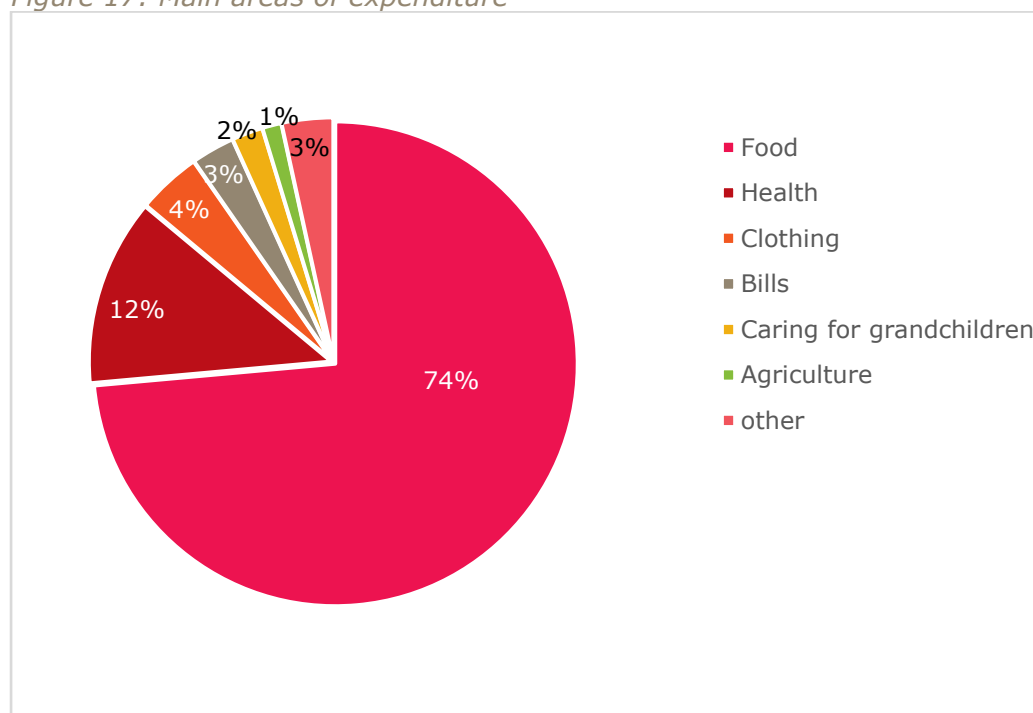
Respondents were asked to compare their economic status with others of similar age in their communities. 41 per cent of respondents considered their status to be below average and an additional 38 per cent felt their status is much worse relative to others in the community. Only 17 per cent of them thought their status was similar to the average and 4 per cent felt their economic status was much better than others of similar age in their communities.

### 3.3 Expenditure

Respondents were asked to rank their main areas of expenditure. Food was ranked as a major area of expenditure by 97 per cent of respondents and health by 59 per cent of them. Other key areas of expenditure mentioned by respondents included clothing (24 per cent of respondents), household bills - electricity, water, communication (19 per cent), and school fees (8 per cent).

Respondents were also asked to estimate the share of income they spent in the various expenditure items. As shown in Figure 17, food made up the vast majority of respondents' expenditure (74 per cent), followed by health, clothing, household bills (electricity, water, communication), caring for grandchildren (particularly school related expenses), investment in agriculture and transport. There was very little variation between male and female respondents and between people living in rural or urban areas. Although the share of income spent on grandchildren seems low (2 per cent) it is worth noting that other items, particularly food, may be shared with other household members including grandchildren.

Figure 17: Main areas of expenditure



#### Monetary and material support to family members

Respondents were asked if they have provided support to family members in the past year. Over half (53 per cent) of males and 33 per cent of females reported giving money or buying things for family members in the past year, particularly to their children and grandchildren. 30 per cent of those who provided support did so once a week, and a further 30 per cent provided support one a month. A further 17 per cent provided support only once or twice a year, while 20 per cent reported providing support on irregular basis.

Contributions were small – 54.3 per cent gave a total of less than TSh20,000 to family members in the past year, 26 per cent gave between TSh20,001 and TSh50,000, and 19 per cent gave over TSh50,000.

### 3.4 Food security and nutrition

This section presents the results on respondents' main sources of food and eating patterns, including quantity and quality of meals. The results show high levels of food insecurity among older people.

#### Main sources of food

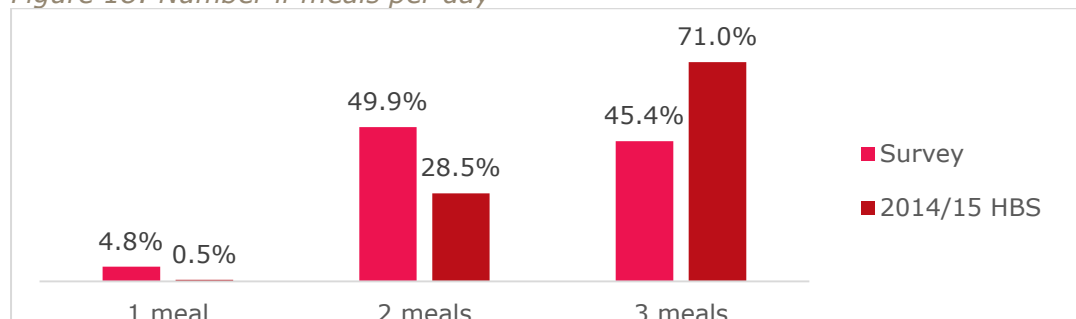
For the vast majority of respondents (92 per cent), their main source of food was local markets. Other primary sources of food included neighbours, friends, government and NGOs (5 per cent of respondents), and own production (3 per cent of respondents). Also, 22 per cent of older people said they complemented the food they bought from the market with their own food production and 7 per cent with food provided by friends, government and NGOs.

Even though older people spent a great proportion of their limited and unreliable income on food (see section 3.3), most were still unable to afford to buy sufficient food. Only 0.4 per cent of respondents thought that food prices in the last twelve months were affordable; the vast majority, thought food was expensive (35.1 per cent), a bit expensive (8 per cent) or too expensive (56.6 per cent). As a result, a large proportion of older people were unable to meet their food requirements.

#### Number and quality of meals

Survey respondents were asked how many meals per days they normally had. Nearly half (45 per cent) of older people reported eating three meals a day; about half ate two meals a day, and 5 per cent of respondents ate only once a day. These figures suggest that older people are more vulnerable to food insecurity compared to the general population (as measured in the Household Budget Survey 2014/15), as shown in Figure 18.

Figure 18: Number of meals per day



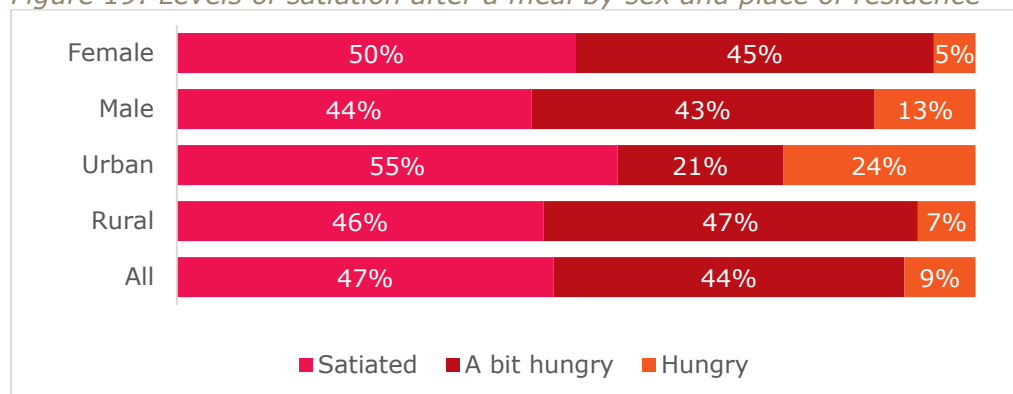
Survey respondents were also asked about the types of food they eat on a regular basis. Rice, ugali (stiff porridge) and cassava were respondents' staple foods. Fish (including dagaa) and beans were also part of their diet. Consumption of meat, eggs and milk was very limited.

#### Satiation

Over half of the respondents (53 per cent) said they were still normally not satiated after their meals. This proportion is even larger in rural areas, as illustrated in Figure 19.



Figure 19: Levels of satiation after a meal by sex and place of residence



When asked to assess the levels of satiation of other household members after a meal a similar picture emerged: 50 per cent of respondents thought family members were usually satiated after a meal; while 43 per cent thought that they are normally a bit hungry and 7 per cent thought household members are still hungry after meals.

### 3.5 Health and wellbeing

This section presents the results on older people’s self-reported health status, including disability levels and psycho-social wellbeing, as well information on respondents’ access to health services. The health sector in Zanzibar has four levels of delivery - there are 133 Primary Health Care Units (dispensary), 3 Primary Health Care Centres (PHCC), District hospitals (in Pemba) and one referral hospital in Unguja.

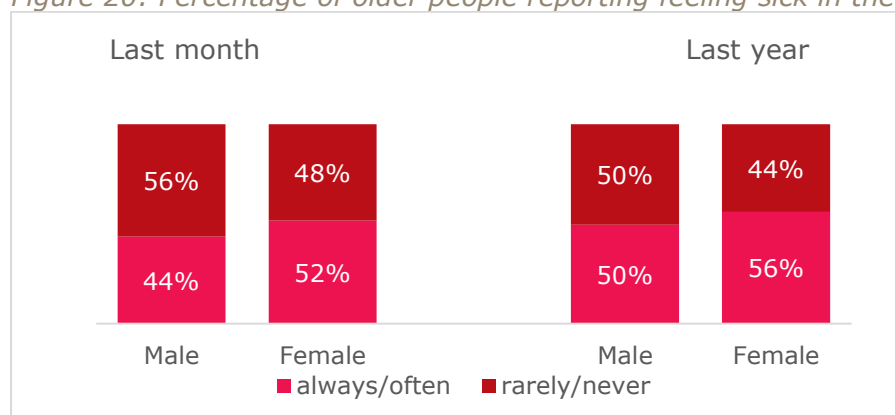
#### Self-reported health status

Respondents were asked to describe their general state of health<sup>13</sup>; specifically, people were asked how often they felt sick in the previous month and also in the previous 12 months.

Nearly half of respondents reported feeling often (29 per cent) or always (18 per cent) sick in the previous month. A similar picture emerged when respondents were asked to consider their health status over the last year; 53 per cent of older people reported they were always or often sick in the previous 12 months.

Female respondents were more likely to report feeling sick in both timeframes, as shown in Figure 20.

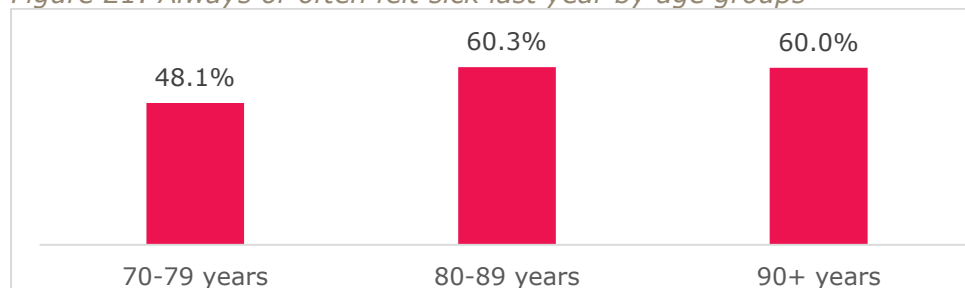
Figure 20: Percentage of older people reporting feeling sick in the last month by sex



<sup>13</sup> Obtaining objective measures of health was beyond the scope of this survey.

As expected, the percentage of people reporting feeling either always or often sick increased significantly with age. People aged 80 and over were 25 per cent more likely to feel often or always sick than people aged 70-79 (Figure 21).

Figure 21: Always or often felt sick last year by age groups



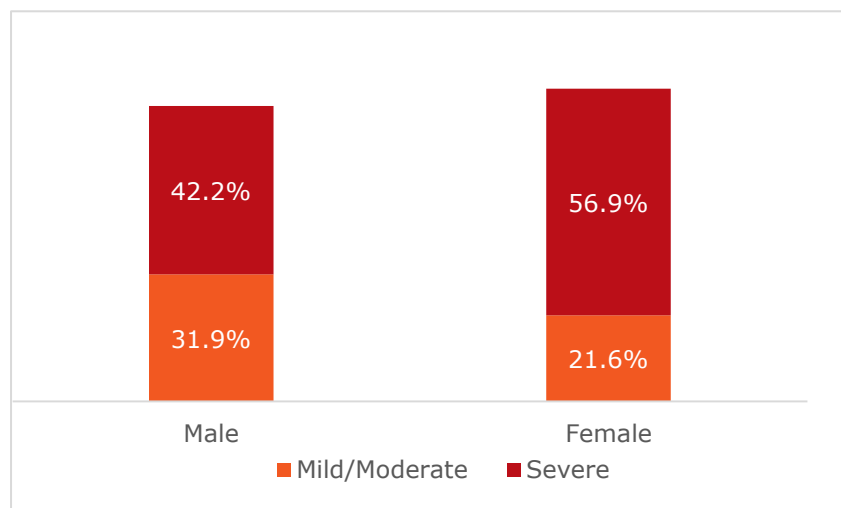
The most common diseases among respondents were cardiovascular diseases (29 per cent), respiratory diseases (9 per cent), and diabetes (8 per cent). The high proportion of older people reporting being often or always sick in the past 12 months, possibly indicates significant higher levels of chronic diseases, which are not yet diagnosed. In low-income contexts with weak health systems like Zanzibar, it is common for chronic disease not to be diagnosed.

### Disability

In order to assess levels of disability among respondents, this survey used the "Washington Group on Disability Statistics" short set of questions covering six domains of functioning: seeing, hearing, walking, cognition, self-care, and communication<sup>14</sup>.

Risk of disability is highly correlated with age; hence, it is not surprising that prevalence of disability was high among respondents, as shown in Figure 22.

Figure 22: Prevalence of moderate and severe disability by sex<sup>15</sup>

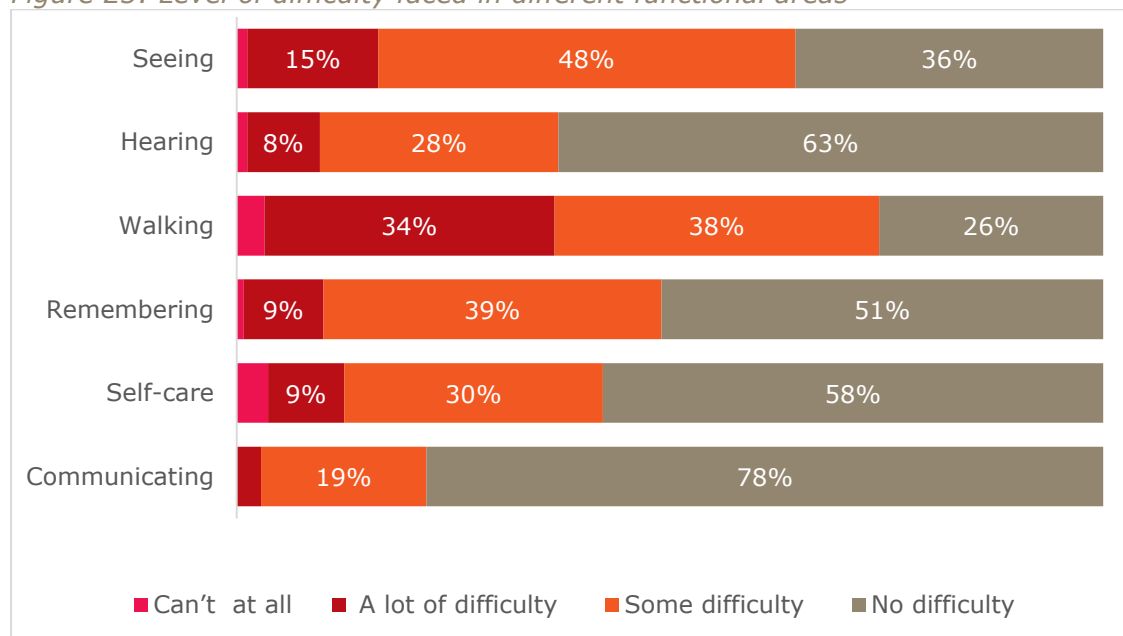


<sup>14</sup> [www.washingtongroup-disability.com](http://www.washingtongroup-disability.com)

<sup>15</sup> Mild or moderate: This is the group has some difficulty in more than one functional domain [i.e. at least 2], but does not have a lot of difficulty in any one domain. Severe: This group has a lot of difficulty or cannot do an activity in at least one functional domain.

Particular difficulties were experienced in walking and seeing. A third of people interviewed (34 per cent) reported having a lot of difficulty walking or climbing steps and a further 3 per cent reported being unable to walk or climb steps at all. Nearly half of respondents had some difficulties seeing (even when wearing glasses), while 15 per cent had a lot of difficulty and 1 per cent were blind. This is considerable higher compared to the overall population of Zanzibar<sup>16</sup>.

Figure 23: Level of difficulty faced in different functional areas



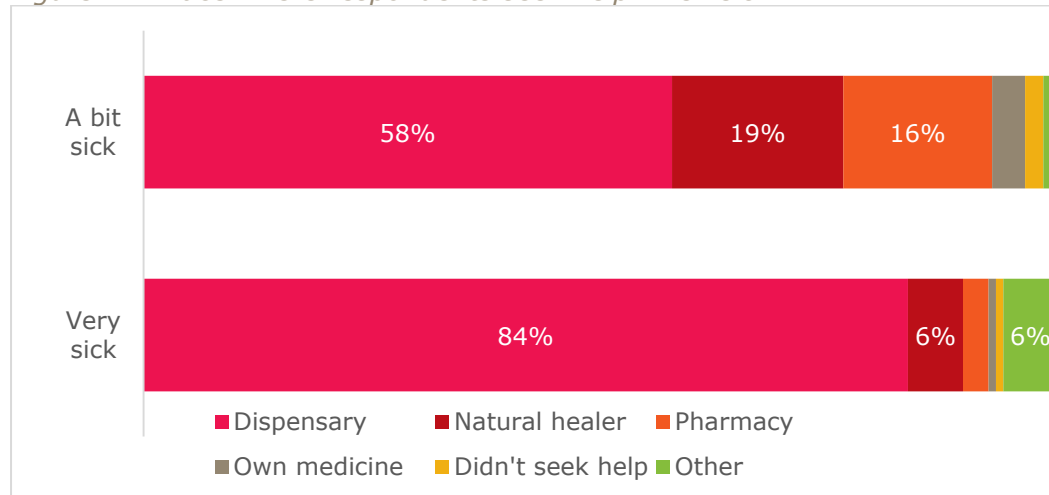
### Access to health care

Respondents were asked where they usually look for help when sick. When only a bit sick, 59 per cent go to a Primary Health Care Unit (dispensary), 19 per cent go to a natural healer, 16 per cent buy medicine at a pharmacy, 4 per cent depend on own remedies or remedies from friends, while 2 per cent do not seek help at all.

When very sick, the majority of respondents (84 per cent) go to a Primary Health Care Units (dispensary), 6 per cent seek natural healers and 3 per cent visit the pharmacy to buy medicine. Other strategies mentioned included going to a hospital or calling a doctor to attend them at home.

<sup>16</sup> According to the 2012 census, 2.13 per cent of the population had disabilities related to seeing, 1.18 per cent related to hearing, 0.89 per cent related to walking, 0.83 per cent related to remembering, and 0.58 related to self-care. Levels of disability were significantly higher among survey respondents.

Figure 24: Place where respondents seek help when sick



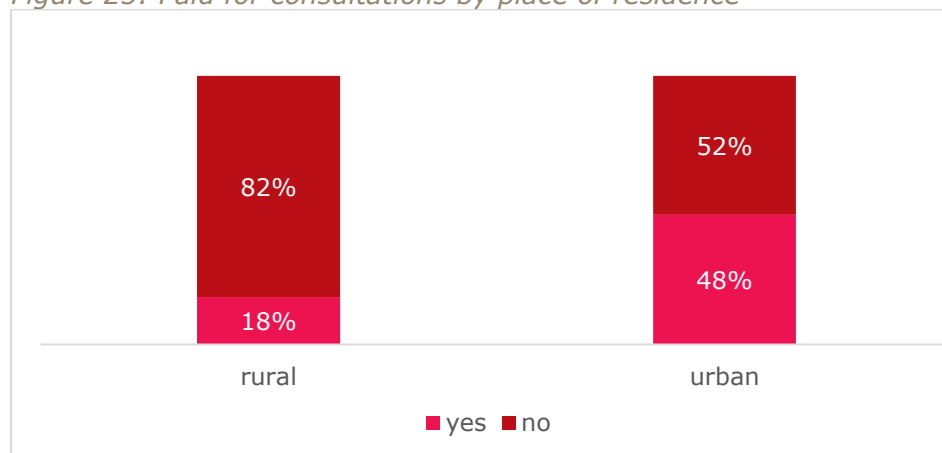
The majority of respondents were within a reasonable distance from health facilities. Over half of respondents (53 per cent) had to travel less than 500 metres to reach a health facility, 16 per cent had to travel between 500 metres and 1 kilometre, 19 per cent had to travel between 1 and 2 kilometres, and 12 per cent had to travel more than 2 kilometres to the nearest health facility. It is worth noting that for 8 per cent of the respondents, the nearest health facility was private.

In terms of time required to reach the nearest health facility, 22 per cent of respondents were less than a 15-minute journey away, 51 per cent were between 16 and 45 minutes from a health facility, while 28 per cent of respondents had to travel over 45 minutes to reach the nearest health facility. Despite the relative proximity of health care facilities, travel related difficulties are one of the key barriers identified by respondents to accessing health care, as shown in Figure 26.

### Health expenditure

A fifth of respondents (21 per cent) reported paying for consultation fees the last time they saw the doctor, either because they attended private health facilities or because they were charged fees at public facilities, despite legislation in Zanzibar which waives the cost of consultation fees in public health facilities to older people. The average amount paid was TSh11,285 (median: TSh5,000; mode: TSh5,000).

Figure 25: Paid for consultations by place of residence



Regarding medication, only about 5 per cent of respondents reported receiving free medication after their consultation, while the vast majority of people (80 per cent)

reported buying the prescribed medication. Respondents estimated spending on average TSh27,865 on medication per month (median: TSh9,000; mode: TSh5,000).

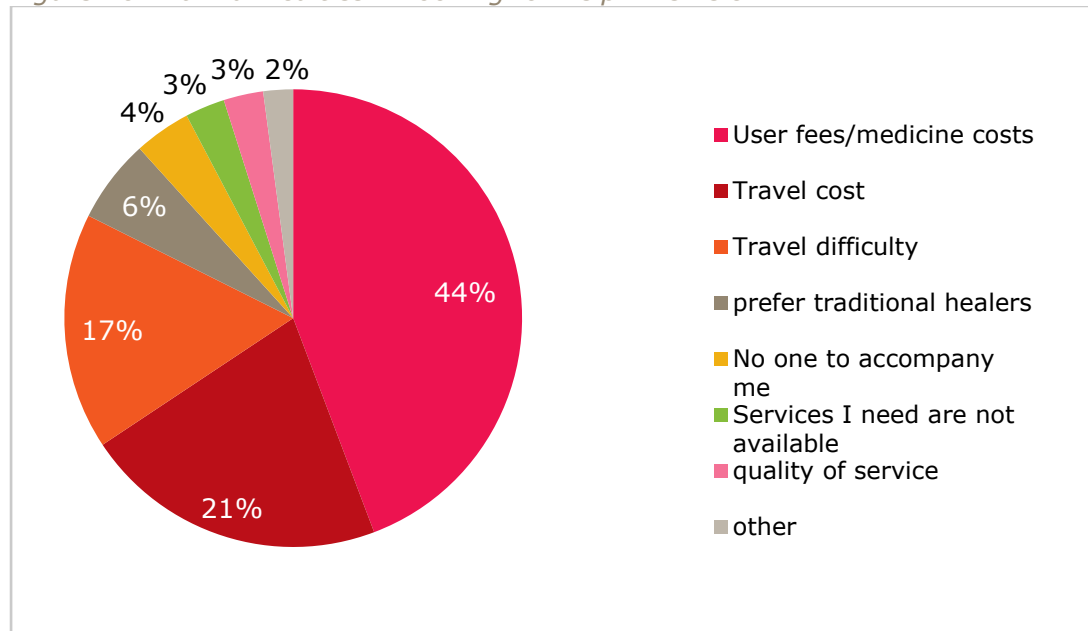
15 per cent of respondents reported not buying the medication prescribed by doctors. The main reasons provided for that were lack of availability of prescribed medication, lack of trust in the medication prescribed, the high cost of medication, and the receipt of medication from children/family members.

**Barriers to access**

Survey respondents were asked to list the top three difficulties they face when looking for help when sick. As shown in Figure 26, costs associated to payment of user fees, medicine and travel were the most important barriers to access. As discussed in section 3.3, expenditure on health represents older people’s second large spending category, only behind food.

The fact that a total of 38 per cent of respondents reported travel cost or difficulty as the main barrier in accessing health is striking given that most individuals live relatively close to health facilities. One important factor here may be that disability issues make travelling even relatively short distances challenging. Another factor may be that the “nearest” health facilities described above are not necessarily those which are needed.

*Figure 26: Main difficulties in looking for help when sick*



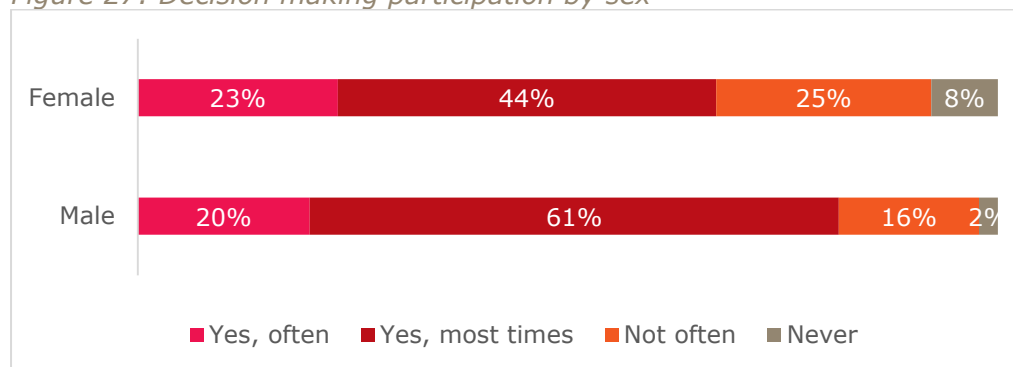
**Psycho-social support**

Respondents were asked about who they had turned to for support the last time they had a serious problem. About 78 per cent of respondents turned to their children for support when they needed. Other sources of support included other family members and neighbours.

**Decision making**

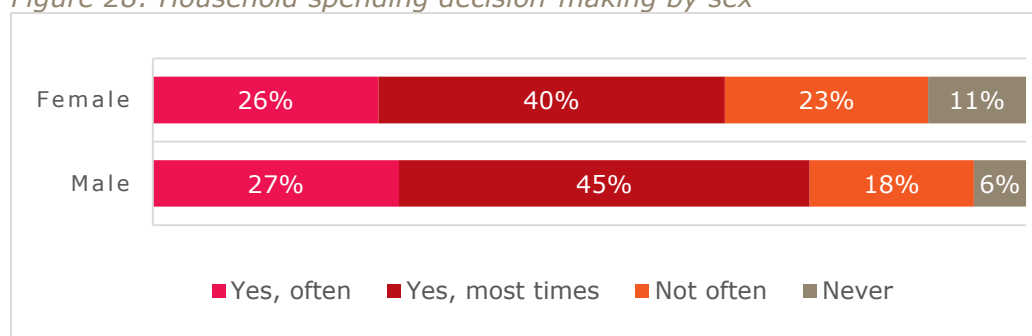
Respondents were asked if they participate in household decision making. 75 per cent of them responded they participated most of the time or quite often in household decision making. However, the data has shown significant variation in the decision making participation of male and female respondents within their households. While 61 per cent of male respondents said they participate in household decision making most of the time, only 44 per cent of female respondents said that was the case.

Figure 27: Decision making participation by sex



Also, when asked specifically about their participation on decisions regarding household spending, while 72 per cent of male respondents said they participate either often or most of the time in household spending decisions, 66 per cent of female respondents said so. 34 per cent of female respondents either never or not very often make decisions on household spending, compared to 24 per cent of male respondents.

Figure 28: Household spending decision-making by sex



### 3.5 Zanzibar Universal Pension

#### Awareness

A quarter of people interviewed for this survey were still not aware that the Government of Zanzibar was about to start providing a universal pension. 79 per cent of those who were aware of the pension scheme had been informed by the Shehia, 15 per cent found out about the scheme through the media, 3 per cent through public meetings and 3 per cent through friends.

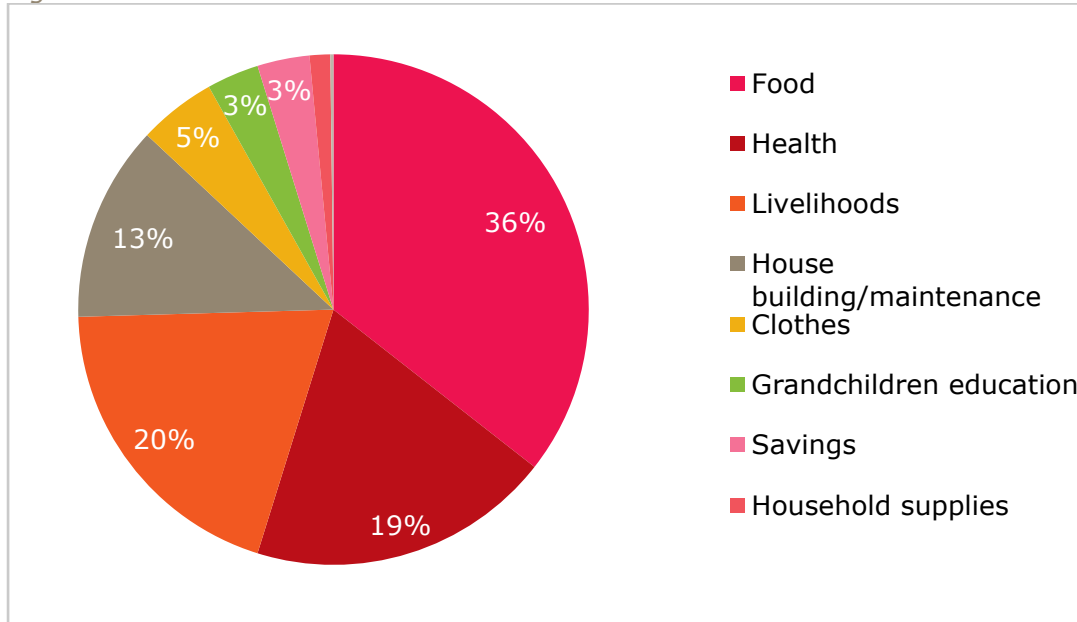
#### Expectation of impact on well-being

The vast majority of respondents expected their economic and overall wellbeing to generally improve with the universal pension. 73 per cent of respondents expected their situation to improve a little, 23 per cent expected their situation to improve significantly, 1 per cent believed their situation would stay the same and 4 per cent didn't know whether the pension would bring about any changes to their situation.

#### Use of pension money

Respondents were asked to which areas they would allocate most of the pension income. Over a third of respondents (36 per cent) said they would prioritise buying more food; 19 per cent would prioritise health expenses, and 20 per cent said they would invest in their livelihoods (business, agriculture, fishing). Other priorities included house building and maintenance (12%), buying clothes (5 per cent), grandchildren education (3 per cent), savings (3 per cent), household supplies (1 per cent), and paying off debt (0.2 per cent).

Figure 29: Priorities for extra income



## Conclusion

The purpose of this survey was to collect information on situation of older people and their households in Zanzibar before the introduction of the Zanzibar Universal Pension Scheme. We hope this study will provide a useful baseline for future studies aimed at producing evidence and learning on the social pension in Zanzibar.

Ben Small/HelpAge International




**An older man in Zanzibar collects his pension in Stone Town.**

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