

# Action needed for Tanzania's older people in crisis



## Key messages

- **The food, fuel and finance crisis has substantially worsened the well-being of older people in Tanzania.**
- **Most older people in our study had poor food consumption and a lack of diversity in their diet, with women registering especially low scores.**
- **64 per cent of older people reported that both diversity and quantity of food available to them and their households had declined due to the crisis.**
- **The poor diet and reduced food consumption can be explained by the challenges of producing enough food; rising food prices; and falling incomes.**
- **To mitigate the effects of the crisis, older people and their households have been compelled to eat cheaper food and smaller portions, as well as reduce the number of meals eaten per day.**
- **The respondents also reported increased health spending, higher energy costs, and restricted access to financial services.**

The global food, fuel and finance crisis has aggravated an already difficult situation for many older people in Tanzania. Though triggered initially by the COVID-19 pandemic and Russia-Ukraine war, in Eastern Africa, the situation has been exacerbated by climate related disasters such as drought and floods, and civil conflict, in addition to other local challenges. The crisis has led to escalating prices for basic food commodities, fuel and fertilisers as well as persistent inflation, with governments struggling to withstand growing economic pressures.

People living on low incomes - especially women – have been especially vulnerable to worsening nutrition and health.

In the economic sphere, by July 2022, global market prices had stabilised, but they still remain high and have not translated into lower inflation rates.<sup>1</sup> Therefore, it is expected that the situation will continue driving food insecurity and extreme poverty. Older men and women, especially in low and middle-income countries such as Tanzania, have been particularly badly hit by rising oil and food prices, and by inflation.

Data from Tanzania's National Bureau of Statistics show that as of September 2022 the year-to-year increase in National Consumer Price Index (NCPI) for food and non-alcoholic beverages was 8.3 per cent, while during the same period the NCPI for housing, water, electricity, gas and other fuels increased by 3.2 per cent.<sup>2</sup> In addition to maize and dry bean prices rising<sup>3</sup>, overall wheat production for 2022 is expected to fall because of insufficient rainfall.<sup>4</sup>

The effects of both price increases and fertiliser demand shocks on Gross Domestic Product (GDP) in Tanzania have been significant. GDP growth rate decreased from 5.8 per cent in 2019 to 4.3 per cent in 2021.<sup>5</sup> Budget deficits also widened and reached 3.4 per cent of GDP in 2021, compared to 0.8 per cent in 2020. While Tanzania has achieved some success in poverty reduction in the last decade, it was estimated that due to COVID-19 approximately one million people have fallen back into poverty.<sup>6</sup> The current crisis is putting a further strain on people's income and livelihoods.

In line with universal trends, Tanzania is experiencing rapid aging of its population. Life expectancy in Tanzania rose from 43 years in 1960 to 66 years in 2020.<sup>7</sup> Today, approximately 2.95 million Tanzanians – the equivalent of five percent of the total population – are aged 60 and above, and this number is projected to further increase.<sup>8</sup>

Since they have less income, older people are at greater risk of falling into poverty than the general population, and more at risk of having a disability. While both older women and men often struggle to maintain their livelihoods, older women are particularly vulnerable to economic shocks due to the existing gendered inequalities in accessing the labour market. In addition, gendered patterns of resource sharing within the household can put older women at a disadvantage.

Evidence suggests that while the proportion of older people with non-communicable diseases, including cardiovascular diseases, has been growing, access to treatment remains a challenge.<sup>9</sup> In addition, only a small proportion of older people receive a pension from a contributory scheme, with most relying on support from informal social networks, mainly family, to survive. Older people are indeed three times more likely than the national average to receive monetary transfers from family members.<sup>10</sup>

Zanzibar is the only part of the country that offers social protection to older people through its Zanzibar Universal Pension Scheme (ZUPS). The ZUPS covers only those aged 70 and above and offers a small pension at around US\$9 a month; nevertheless, it offers much needed help to older people in meeting their basic needs, particularly in enhancing their food security and dietary diversity.<sup>11</sup>

## Impact of the food, fuel and finance crisis on older people

To assess the impacts of the food, fuel and finance crisis on the wellbeing of older people in Tanzania, in August 2022, HelpAge International, conducted a mixed-methods study. This involved a survey of randomly selected 413 households with at least one older person (60 years of age or older), conducted in Kigoma, Mwanza, Tanga and Ruvuma regions. The aim of the survey was to quantitatively assess the presumed impacts of the crisis on older people and their households during the six months preceding the survey. In addition, 15 focus group discussions (FGD), six individual in-depth interviews with older people, and 14 interviews with key informants (KI), were carried out. Each FGD had between 8-12 participants, drawn from communities within which the sampled older people live. The KI included national and local decision-makers working on social welfare issues.

The study reveals that the crisis has substantially worsened the well-being of older people in Tanzania. Findings from the household survey show that the crisis has severely affected nearly all households with older people in the survey areas. Specifically, the crisis had negative implications for people's livelihoods, including reduced food availability and access, increased health expenditure, higher cost of energy sources, and restricted access to financial services.

Participants across all 15 FGDs were deeply concerned about the impact of the crisis on their livelihoods, particularly in terms of the worsening food insecurity. Most participants stressed that food availability decreased in their communities as many people stopped farming due to the rising fertiliser costs. A FGD participant from Tanga recounts: *"Older people fail to sustain [their livelihoods] in daily life, due to rising prices, we fail to buy fertilisers ... thus fail in production, [there are] deaths due to lack of food, thefts on farms... For me, I can say if the agricultural inputs cost less, older men and women could somehow sustain [themselves] through farming and reduce hardship"* (FGD1, P1, Tanga, 4 July 2022).

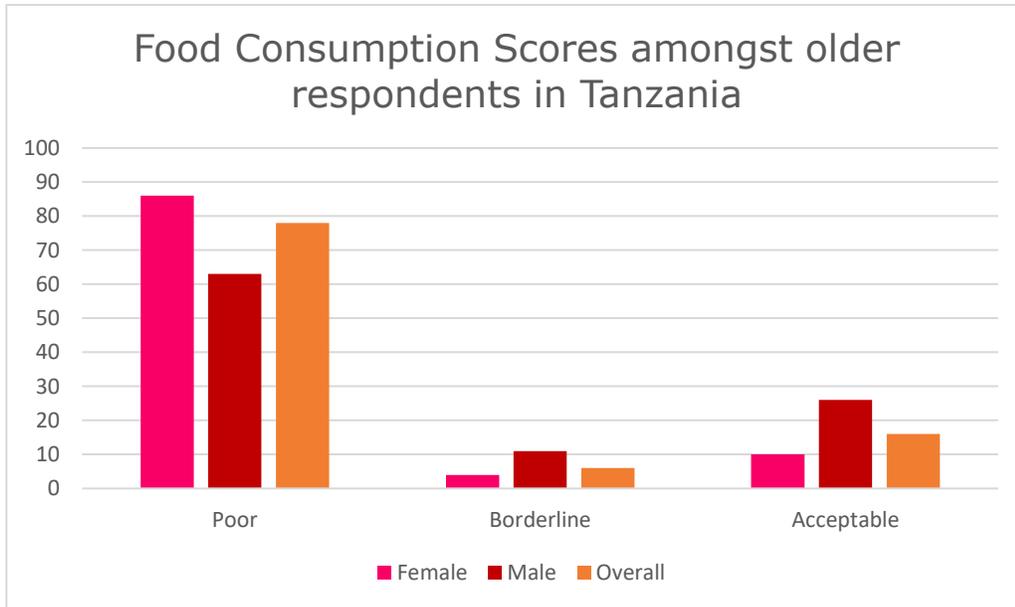
The household survey reveals that 78 per cent of older people in the study areas *registered* poor food consumption, which was measured through the Food Consumption Score (FCS). The FCS was calculated by multiplying the number of days a food commodity was consumed and its relative weight, based on a seven-day recall period. It also found that women tend to be more vulnerable to the effects of the crisis, with 86 per cent registering poor food consumption compared with 63 per cent of men (Figure 1).

As Figure 2 illustrates, 80 per cent of older people in our study had poor dietary diversity. The Diet Diversity Score (DDS) was calculated by summing up the number of different foods consumed by the individual during the previous 24 hours. The following categories were used to assess respondents' dietary diversity: poor ( $DDS \leq 4$ ), medium ( $4 < DDS \leq 6$ ), high ( $DDS > 6$ ).<sup>12</sup> An emerging trend across the countries is that older women are more at risk of negative consequences of the crisis relative to men. Thus, nearly all women reported poor diet, while the percentage of men was significant but smaller (70 per cent). Only 20 per cent of older women experience medium to high DDS, reflecting a good, balanced diet. As good nutrition is vital for health, it is critical that appropriate interventions are implemented to avoid an increase in preventable poor health and illness.

The FCS and DDS present a snapshot of acute food insecurity and malnutrition at the time of this research but in the absence of baseline indicators cannot be solely attributable to the crisis. However, as the subsequent analysis shows, the crisis clearly triggered a decline in food consumption and dietary diversity through different pathways, including the difficulty of producing sufficient food, increased

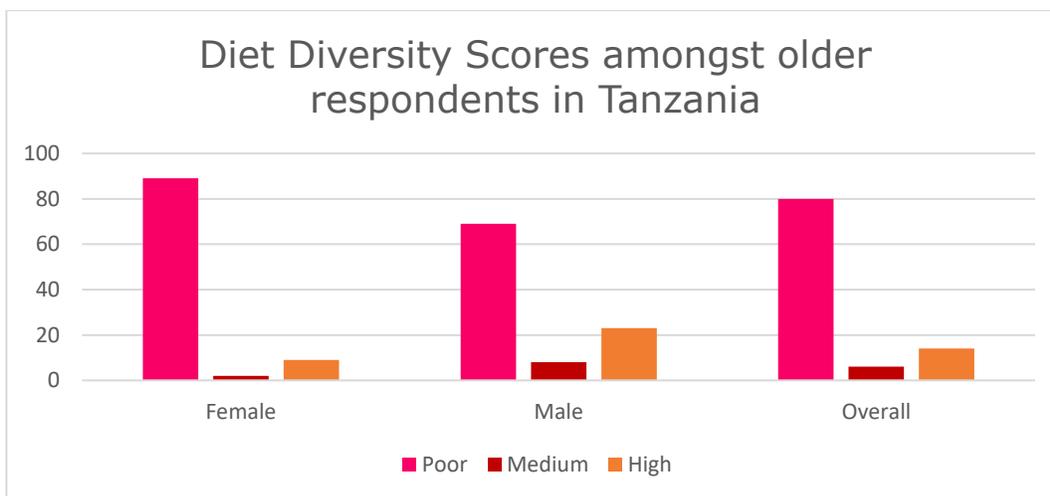
food prices and decreased incomes, and negative coping strategies adopted by households in response to the price rises.

**Figure 1: Food Consumption Scores (FCS) for older people (per cent) in Tanzania**



Note: poor (FCS=1 to 21), borderline (FCS=21.5 to 35) and acceptable (FCS>35)  
 Source: HelpAge International. 2022. [Dataset] Food, fuel and finance crisis: impact on older people (unpublished).<sup>13</sup>

**Figure 2: Dietary Diversity Scores (DDS) for older people (per cent) in Tanzania**



Note: poor (DDS≤4), medium (4<DDS≤6), high (DDS>6)  
 Source: HelpAge International. 2022. [Dataset] Food, fuel and finance crisis: impact on older people (unpublished).<sup>13</sup>

The survey identified the respondents’ perceptions on whether the food and nutrition security situation experienced at the time of the interviews was an improvement or a deterioration compared to six months preceding the survey. For 64 per cent of older

people in the survey areas both diversity and quantity of food available to them and their households had declined.

Older people - in general and in Tanzania specifically - are less likely than younger people to be able to produce enough food for their consumption. This is due to several factors, including the high costs of agricultural inputs and tools, and reduced physical strength or ill-health. Therefore, they are more likely to rely on family and relatives and be exposed to market dynamics, including price rises and food shortages.

The crisis has pushed up the cost of agricultural inputs and led to a decline in agricultural production in the study areas, as the following quotes from survey respondents (SR) illustrate: *"It [high prices] affected agricultural inputs like seed and fertilisers, thus I cut my production into half an acre instead of one acre"* (SR1, Ruvuma, 5 July 2022); *"The harvest was poor and prices are too high for other commodities"* (SR2, 7 July 2022). The fall in agricultural outputs was exacerbated by drought.

The analysis of the main sources of food consumed by older people suggests that 61 per cent of respondents relied on buying food products for their own consumption. This level of dependency made them especially susceptible to price hikes in major food commodities.

To withstand the impacts of the crisis and cope with increasingly limited resources, older people are adapting and using various coping strategies. A rising cost of living means that older people are often compelled to reduce the quantity of food consumed or buy lower quality food. SR3 highlighted: *"I have stopped using cooking oil and [I am] reducing the quantity of food [I eat]"* (SR3, Mwanza, 14 July 2022).

The most frequently used coping mechanisms reported in the study involved eating cheaper (and often less nutritious) food (90 per cent), reducing the number of meals eaten per day (85 per cent) and eating smaller meal portions (84 per cent) (Table 1). These coping mechanisms have a detrimental impact on people's health and overall well-being. They put older people at an even greater risk of diseases as a result of not getting the nutrients they need, thereby lowering their immunity.

The qualitative interviews revealed that in some instances older people were compelled to sell or contemplated selling their assets to maintain their livelihoods, as is the case of respondent A in Mwanza region. He mentioned that he had already sold his cattle to buy food and considered selling his land to be able to access health services.

Health care related expenditure for older people is a key aspect of any household budget in Tanzania. The study found that 35 per cent of households in Tanzania experienced an increase in the household health expenditure in the past six months, a pointer to the stress that older people have experienced, potentially affecting their health and wellbeing. As one policy-maker (KI1) suggested: *"If you don't have money, you die. You almost spend Tshs.100,000 [US\$42] on health services"* (KI2, Tanga, 5 July 2022).

In terms of energy access, prices of cooking fuels had increased in the previous six months, and some 23 per cent of respondents switched their cooking fuel source from electricity and gas to firewood and other less expensive sources. In addition, over 14 per cent of the respondents indicated that they had to switch their energy source for lighting to a cheaper one. Other ways of dealing with the high energy prices involved reducing transportation and devices that depend on energy use. As for example, one respondent D from Mwanza region stopped using his motorcycle and started using a bicycle.

**Table 1: Coping mechanisms adopted by households to deal with impacts of the crisis in the past six months**

Coping mechanisms	Percentage
Using less expensive food	90
Reducing number of meals eaten per day	85
Reducing food quantities eaten per meal	84
Borrowing food from friends	54
Restricting food consumption for the sake of children	54
Buying food in credit	50
Skipping food entire day	49
Gathering wild fruits	32
Sending family members to eat elsewhere/beg for food	27
Switching sources of cooking energy	23
Switching sources of lighting energy	14
Obtaining relief food from government	9

Source: HelpAge International. 2022. [Dataset] Food, fuel and finance crisis: impact on older people (unpublished).<sup>13</sup>

The hikes in interest rates due to the state of the economy had negative implications for older people’s financial inclusion. Only a third of all older people interviewed had a bank account, of whom 45.4 per cent indicated an increase in their bank charges. A relatively small share of the respondents (16 per cent) had an active credit/loan. This reflects wider challenges that older people face in accessing sources of finance. A FGD participant in Kigoma, Tanzania stated: *“We aren’t getting any loans because we are considered to be too old to service loans and we cannot repay”* (FG2, participant A, Kibondo Kigoma region, 4 July 2022). The crisis, however, further constrained access to credit as nearly half of the respondents reported an increase in interest rates on credit/loan. This is likely to put further financial pressures on their households and undermine their livelihoods.

The qualitative findings corroborate the rise in the cost of borrowing, as exemplified in this *quote* by an 80-year-old retired civil servant in Magu (KI2), Mwanza region: *“The interest rates have risen as banks have to make profits. This has made some of us fear applying for loans for fear of our things being auctioned”* (Respondent A, Magu, 13 July 2022). This story cut across all the FGDs, during which respondents highlighted the impact of increased interest rates on the ability of older people to access credit.

## Recommendations

The Tanzania research shows that the food, fuel and finance crisis has had a profoundly negative impact on older people’s well-being in the study areas, particularly affecting their food security and nutrition, the use of energy, the cost of health care, and access to credit. In the absence of a social safety net and additional sources of income, many people are entirely reliant on their families to maintain their livelihoods. To alleviate the accelerating poverty amongst older people in Tanzania, specific policy and programmatic changes are needed. Based on the

research findings we recommend the following actions to be taken as a matter of priority.

1. Most older people in Tanzania, particularly those outside the formal economy, are not covered by any form of social protection, and are finding it particularly difficult to deal with the impact of the crisis. Access to social protection can ensure that people's basic sustenance and health related needs are secured. Specifically, global evidence suggests that social pensions that offer non-contributory cash transfers to older people can strengthen their income security, access to services, voice and dignity. The positive experience in establishing universal social pensions in Zanzibar through ZUPS provides a good example of how governments can support older people. An impact evaluation of ZUPS suggests positive improvements in older people's lives.<sup>11</sup> The Tanzanian government should consider using the ZUPS model in establishing a universal social pension to ensure basic subsistence in old age and provide a safety net for people in times of crises.
2. The crisis demonstrates that when the cost of agricultural production rises, older people struggle to produce enough food to meet their consumption needs. The Tanzanian government should strengthen and expand the existing subsidy programmes targeting inputs for agricultural production to make them widely affordable to older people. The government should consider introducing shock-responsive subsidies for agricultural inputs that can be activated during times of crises when the cost of inputs rises.
3. The study findings show that due to skyrocketing food prices older people struggle to buy enough nutritious food. The Disaster Management Department under Prime Minister's Office should provide food subsidies to ensure older people's food security and adequate nutrition during times of crisis. This may entail, for example, purchasing selected food commodities from farmers at competitive prices and setting up discount schemes for affected households.
4. To mitigate the negative impacts of the COVID-19 pandemic, the Bank of Tanzania revised its monetary policy and set up new monetary policy targets. In continuation of these efforts, the Tanzanian government through the National Price Commission in coordination with the Bank of Tanzania, should further enhance efforts to contain food price inflation through market price regulations.
5. The study results showed that a significant proportion of households with older people have experienced rising fuel prices and consequently had to switch their energy sources. In May 2022, the Tanzanian government announced fuel subsidies to reduce escalating fuel prices. To minimise the negative effects of the rising fuel costs on older people, the government should undertake an analysis of the current fuel prices and introduce further regulations.
6. To mitigate the adverse impacts of shocks on older people, the government and other development partners should support livelihood diversification of older people to ensure that when one source of income is affected, they still have alternative ways of earning an income. This can be achieved through provision of start-up capital and training for older people on alternative income-generating activities. The Tanzanian government should instruct district councils to allocate 2 per cent of the existing revolving loan funds for older people to enable their engagement in income-generating activities.
7. As our evidence suggests, currently older people have limited access to credit, which intensifies individuals' vulnerability to shocks and reduces their resilience. The government should consider developing a national financial inclusion strategy that provides a road map to providing older people, among other disadvantaged groups, with non-discriminatory access to credit and financial services.

8. As in many other countries, policy relevant evidence in Tanzania is limited by available data. The National Bureau of Statistics should therefore develop and share guidelines on age and gender data disaggregation to enable data collection and analyses for different age groups. This would generate further evidence focusing on older people which can be used to support policy change.
9. This study was limited to four regions in Tanzania. To capture further evidence on the impact of the compounding crises on older people, it is recommended that research institutes in collaboration with NGOs conduct further, more detailed research on this topic, in particular on the islands of Zanzibar and gender and urban-rural differentials.

## Endnotes

<sup>1</sup> UN Global Crisis Response Group on Food, Energy and Finance (2022) Brief No.3 *Global impact of war in Ukraine: Energy crisis*, August 2022, [https://news.un.org/pages/wp-content/uploads/2022/08/GCRG\\_3rd-Brief\\_Aug3\\_2022\\_FINAL.pdf?utm\\_source=UNITED+NATIONS&utm\\_medium=BRIEF&utm\\_campaign=GCRG](https://news.un.org/pages/wp-content/uploads/2022/08/GCRG_3rd-Brief_Aug3_2022_FINAL.pdf?utm_source=UNITED+NATIONS&utm_medium=BRIEF&utm_campaign=GCRG).

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<sup>3</sup> Alliance for a Green Revolution in Africa (AGRA). 2022. *Food Security Monitor*, Edition 25

<sup>4</sup> FAO. (2022). *Crop Prospects and Food Situation – Quarterly Global Report No. 2*, July 2022. Rome, available at: <https://doi.org/10.4060/cc0868en>, (16/10/2022)

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<sup>7</sup> The World Bank. (2022). *World Development Indicators*. <https://databank.worldbank.org/source/world-development-indicators>

<sup>8</sup> Mboghoina, T. & Osberg, L. (2020). *Social Protection of the Elderly in Tanzania: Current Status and Future Possibilities*, Special Paper 10/5 Dar es Salaam, REPOA.

<sup>9</sup> Ganka, I.K. (2022). The Dangers of Being Old in Rural Tanzania: A Call for Interventions for Strengthening Palliative Care in Low-Income Communities, *Frontiers in Aging*, [www.frontiersin.org/articles/10.3389/fragi.2022.888396](http://www.frontiersin.org/articles/10.3389/fragi.2022.888396), doi: 10.3389/fragi.2022.888396.

<sup>10</sup> HelpAge International (2019). *Tanzania Gender Policy Brief*, available at: [https://socialprotection.org/sites/default/files/publications\\_files/Tanzania per cent20Country per cent20Brief per cent20- per cent20Op.pdf](https://socialprotection.org/sites/default/files/publications_files/Tanzania per cent20Country per cent20Brief per cent20- per cent20Op.pdf), (28/09/2022).

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<sup>12</sup> Food and Agriculture Organization. *Guidelines for measuring household and individual dietary diversity*. [Internet]. Rome (Italy): FAO; 2011. [Cited 2016 May 24]. Available from: [http://www.fao.org/fileadmin/user\\_upload/wa\\_workshop/docs/FAO-guidelines-dietary-diversity2011.pdf](http://www.fao.org/fileadmin/user_upload/wa_workshop/docs/FAO-guidelines-dietary-diversity2011.pdf).

<sup>13</sup> HelpAge International. 2022. [Dataset] 'Food, fuel and finance: impact on older people in Tanzania' (unpublished).

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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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