

THE UNITED REPUBLIC OF TANZANIA



Comprehensive Food Security and Nutrition Assessment Report

*Coordinated by the National Food Security Division - Ministry of Agriculture and Disaster Management
Department-Prime Minister Office.*

IPC  **Integrated Food Security Phase Classification**
Evidence and Standards for Better Food Security and Nutrition Decisions

Prepared by the Tanzania Food Security and Nutrition Analysis System Team- MUCHALI Tanzania

Dodoma

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Food and Agriculture
Organization of the
United Nations



TANZANIA

CONSECUTIVE PROLONGED DRY SPELLS, PESTS AND DISEASES DRIVE FOOD INSECURITY IN SOME RURAL AREAS OF TANZANIA

IPC ACUTE FOOD INSECURITY ANALYSIS NOVEMBER 2021 - SEPTEMBER 2022 Issued February 2022

CURRENT SITUATION NOVEMBER 2021- APRIL 2022		
437,000 13% of the population analysed People facing high levels of acute food insecurity (IPC Phase 3 or above) IN NEED OF URGENT ACTION	Phase 5	0 People in Catastrophe
	Phase 4	22,000 People in Emergency
	Phase 3	415,000 People in Crisis
	Phase 2	785,000 People Stressed
	Phase 1	2,182,000 People in food security

PROJECTED SITUATION MAY - SEPTEMBER 2022		
592,000 17% of the population analysed People facing high levels of acute food insecurity (IPC Phase 3 or above) IN NEED OF URGENT ACTION	Phase 5	0 People in Catastrophe
	Phase 4	95,000 People in Emergency
	Phase 3	497,000 People in Crisis
	Phase 2	929,000 People Stressed
	Phase 1	1,997,000 People in food security

Overview

For the current period of analysis (November 2021 - April 2022), about 437,000 people, representing 13% of a population of 3.4 million, are estimated to be experiencing high levels of acute food insecurity (IPC Phase 3 or above). Overall, an estimated 22,000 people (1% of the population analysed) are classified in IPC Phase 4 (Emergency) and around 415,000 people (12% of the population analysed) in IPC Phase 3 (Crisis). Around 785,000 people (23% of the population analysed) are classified in IPC Phase 2 (Stressed). Amongst the 14 councils of Tanzania analysed (12 district councils [DCs] and the rural parts of two town councils [TCs]), four councils (Handeni DC, Longido, Mkinga, and Monduli) are classified in IPC Phase 3 (Crisis), with 20% to 30% of their population experiencing high levels of acute food insecurity (Phase 3 or above). The rest of the councils are classified in IPC Phase 2 (Stressed).

The recent poor harvest resulted in limited food availability and a reduction of casual on-farm labour opportunities related to post-harvest activities. During this period, unusually high commodity prices were recorded in all councils analysed. Some of the households continued to deplete their assets, with the majority of households applying consumption-based coping to moderate large food consumption gaps. Limited casual labour opportunities and high staple food prices were observed in most of the councils analysed, playing a major role in driving food insecurity.

For the projected period of analysis (May - September 2022), the number of people facing high levels of acute food insecurity is expected to increase, representing 17% of the population analysed against 13% in the current period of analysis. This is due to anticipated inadequate rainfall, which is expected to be normal to below normal. This is likely to contribute to low production of food crops and livestock, which will in turn lead to decreasing food stocks available at household level, as a majority of households depend on rain-fed farming and agro-pastoralism. As a consequence of low production, prices are also projected to increase and will negatively impact food access. It is projected that about 497,000 people (14% of the population analysed) will be in Crisis (IPC Phase 3) and about 95,000 people (3% of the population analysed) will be in an Emergency situation (IPC Phase 4). Around 929,000 people (26% of the population analysed) are projected to be in a Stressed situation (IPC Phase 2). The situation is projected to deteriorate for three councils (Korogwe TC, Mwanga and Same), which will go from IPC Phase 2 in the current period to IPC Phase 3 in the projected period. The four district councils of Handeni, Longido, Mkinga and Monduli will also remain classified in IPC Phase 3 (Crisis).

Key Drivers



Erratic rainfall

Prolonged dry spells and erratic rainfall contributed to failure in crop and livestock production, including pasture and water availability for livestock.



Pests and diseases

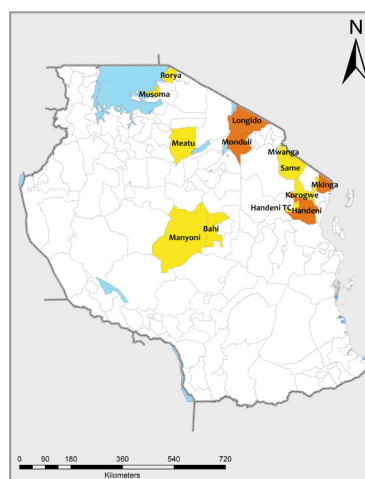
Crop pests and livestock diseases in the 2020/21 planting season led to decreased production in both the Masika and Msimu seasons.



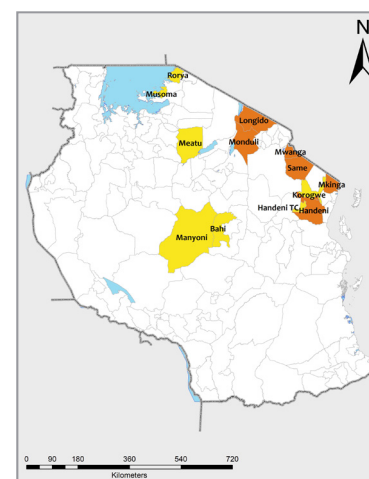
High prices

The changes of nominal prices for both crops and livestock affected terms of trade, which were unfavourable to both farmers and livestock keepers. This resulted in lower purchasing power for both crop producers and pastoralists.

November 2021 - April 2022

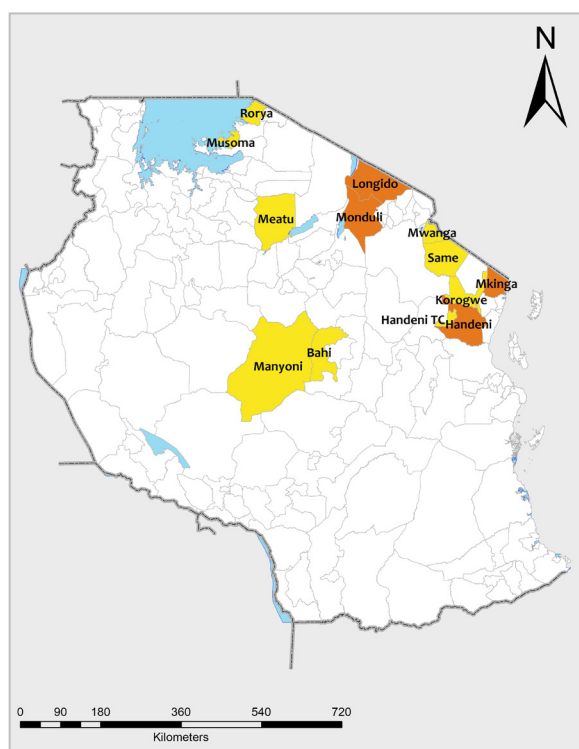


May - September 2022



1 - Minimal 2 - Stressed 3 - Crisis 4 - Emergency 5 - Famine

CURRENT SITUATION MAP, POPULATION TABLE AND OVERVIEW (NOVEMBER 2021 - APRIL 2022)



Key for the Map

IPC Acute Food Insecurity Phase Classification

(mapped Phase represents highest severity affecting at least 20% of the population)

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine
- Areas with inadequate evidence
- Areas not analysed

Evidence Level

** Medium

District / Town Council	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Bahi DC	287,901	201,531	70	71,975	25	14,395	5	0	0	0	0	2	14,395	5
Handeni DC	330,411	181,726	55	82,603	25	66,082	20	0	0	0	0	3	66,082	20
Handeni TC	96,993	67,895	70	24,248	25	4,850	5	0	0	0	0	2	4,850	5
Korogwe DC	297,268	178,361	60	74,317	25	44,590	15	0	0	0	0	2	44,590	15
Korogwe TC	90,458	58,798	65	18,092	20	9,046	10	4,523	5	0	0	2	13,569	15
Longido DC	149,342	59,737	40	44,803	30	37,336	25	7,467	5	0	0	3	44,803	30
Manyoni DC	189,170	151,336	80	18,917	10	18,917	10	0	0	0	0	2	18,917	10
Meatu DC	462,987	324,091	70	92,597	20	46,299	10	0	0	0	0	2	46,299	10
Mkinga DC	138,930	69,465	50	41,679	30	27,786	20	0	0	0	0	3	27,786	20
Monduli DC	195,792	97,896	50	48,948	25	39,158	20	9,790	5	0	0	3	48,948	25
Musoma DC	299,999	209,999	70	75,000	25	15,000	5	0	0	0	0	2	15,000	5
Mwanga DC	159,428	103,628	65	31,886	20	23,914	15	0	0	0	0	2	23,914	15
Rorya DC	377,610	264,327	70	94,403	25	18,881	5	0	0	0	0	2	18,881	5
Same DC	328,065	213,242	65	65,613	20	49,210	15	0	0	0	0	2	49,210	15
Total	3,404,354	2,182,032	64	785,080	23	415,463	12	21,780	1	0	0		437,243	13

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action. Marginal inconsistencies that may arise in the overall percentages of totals and grand totals are attributable to rounding.

For the current period of analysis (November 2021 - April 2022), over 437,000 people (about 13% of the population analysed), representing 12 district councils (DCs) and two town councils (TCs) analysed, are experiencing high levels of acute food insecurity (IPC Phase 3 or above) and are in need of urgent action to save lives and protect livelihoods.

Out of the councils analysed, four are classified in Crisis (IPC Phase 3): Longido, Monduli, Mkinga and Handeni DC. In these areas, between 20% and 30% of the population is experiencing high levels of acute food insecurity (IPC Phase 3 or above), with 5% of the population in Emergency (IPC Phase 4) for the DCs of Longido and Monduli. The key drivers of the situation are prolonged dry spells, crop pests, crop and livestock diseases, poor storage (traditional) of food crop produce, and low purchasing power of the population due to high reliance on subsistence agro-pastoralism as the main livelihood.

The ten remaining councils are classified in IPC Phase 2 (Stressed), with most of the households minimally able to meet adequate food consumption and unable to afford some essential non-food items without engaging in stress coping strategies. However, in these districts, a total population of 4,500 (0.1%) and 245,000 (7.2%) present, respectively, an Emergency (IPC Phase 4) and a Crisis (IPC Phase 3) food insecurity situation. The key drivers of acute food insecurity in these parts of Tanzania include prolonged dry spells and erratic rainfall, which have significantly affected the livelihoods of the majority of the population in these agro-pastoralism areas.

Compared to the previous IPC Acute Food Insecurity Analysis, the current number of highly food insecure people is lower, mainly because the number of areas analysed was higher in 2019, with a difference in population analyses of around 1.4 million. Prolonged dry spells remain a key driver of acute food insecurity for both analyses. In 2019, the analysis indicated that 20% of the population in 16 analysed district councils were estimated to be experiencing high levels of acute food insecurity (IPC Phase 3 or above) in the current period, while in this analysis, 13% of the population is classified in IPC Phase 3 or above in the current period. The projection period of May to September 2022 indicates a deterioration compared to the 2019 analysis: 10% of the population was projected to be facing IPC Phase 3 or above conditions between May and September 2020, while this analysis reported 17% of the population likely to be in IPC Phase 3 or above.

The districts analysed have a high reliance on rain-fed subsistence agriculture, as it is their main livelihood. The most common shocks reported across the districts were a prolonged dry season and low purchasing power of the population due to lack of income from cash crops. Additionally, a majority of the districts reported the price for staple food commodities to be another key driver for food insecurity that limits households' purchasing power.

According to the National Sample Census of Agriculture 2019/20 (NSCA), nearly eight million households in Tanzania were involved in agricultural activities, which represents 65.3% of the total number of Tanzanian households. The majority (65%) was engaged in crop farming, while 33% of the households were active in both crops and livestock keeping. Smallholder farmers dependent on rainfall for irrigation dominate the agriculture sector. The recent consecutive below normal rains have exacerbated an already fragile situation and in the current period of analysis, the majority of the households are mainly dependent on markets. Additionally, it is estimated that 49.5% of households lost 0-30% of their crops due to hazards such as prolonged dry spells and crop pests. About 33.7%, 9.5% and 7.4% of households lost, respectively, 31-60%, 61-90% and more than 90% of their crops due to hazards.

Thus, during the current analysis period (November 2021 - April 2022), **food availability** is mainly influenced by the 2020/21 season's low production of food crops. The final crop forecast report identified 17 councils in eight regions to have low food crop production, one of the drivers exposing the vulnerable segment of the community to food and nutrition insecurity. Due to poor harvest, it is estimated that 75.35 percent of households in surveyed councils have run out of food stocks. On average, 90% of the households in all 14 councils reported using traditional storage mechanisms, which affected the stocks levels and would only last less than three months. Moreover, only 10% of the households reported improved storage mechanisms, with the highest proportions in Same, Korogwe and Meatu respectively.

Therefore, 25.5% of households are using food coping strategies ($rCSI > 19$) and 20% have a borderline Food Consumption Score, while another 8% have a poor Food Consumption Score. The most vulnerable group is the one that has run out of food stocks.

In terms of **food access**, the nominal price of food commodities such as staple food crops and livestock in all surveyed areas were unstable. The prices of staple food crops show increasing trends for all district councils, whereas the price for livestock showed a decreasing trend, especially in Rorya and Monduli. The increasing price trend for food crops is indicative of a low supply of food from producers, whereas decreasing livestock prices are linked to the deterioration of livestock condition caused by inadequate pasture and water.

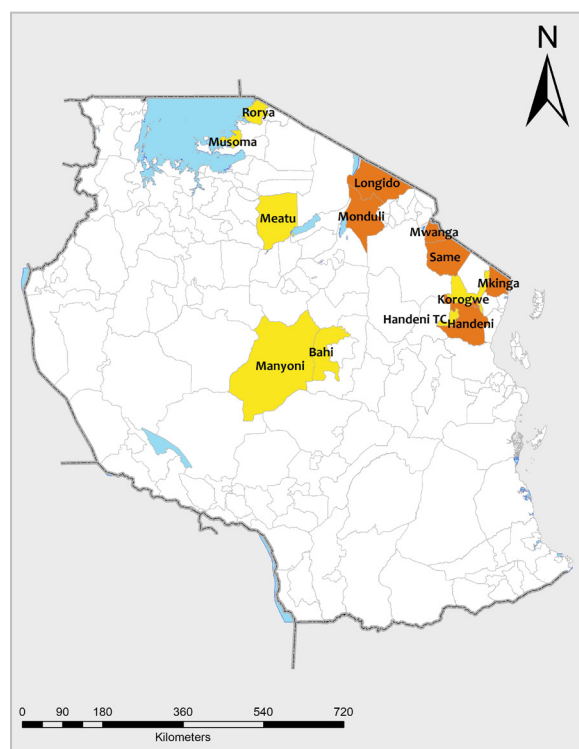
The continued macroeconomic difficulties, the exceptionally high prices of essential food items and low household income has reduced the purchasing power of poor households and access to food from market. The unusually high prices of commodities further exacerbated food access and availability for the poor households already living below the poverty line. The main staple food crop prices (increasing at 3.5 percent monthly) have also contributed to erosion of the purchasing power of households.

Based on the FSMS data, collected during the November to December 2021 period, household food consumption is inadequate in all the councils, with more than 20% reporting a borderline Food Consumption Score (FCS) and 8% reporting a poor FCS. Around 65% of the surveyed households reported consuming three to four food groups, indicative of IPC Phase 3 (Crisis). Based on the reducing Coping Strategy Index ($rCSI$), around 57% of the households were applying negative food coping strategies, with more than 20% of households reporting around three days of employing food based coping strategies. For the Household Hunger Scale module, 20% of the surveyed reported to have used some form of hunger-based coping strategies.

Food utilization: Most of the rural population had access to water sources, spend less time to fetch water, have toilets and use soap at critical times. In addition, the practice of exclusive breastfeeding is high among lactating women and has improved food security among households. However, this is not the case in some areas like Longido, that had limited access to safe and clean water sources and low coverage of improved toilets.

Finally, across the councils, there was some form of support from the government in mitigating the severity of food insecurity, with the impact of the assistance more pronounced in some of them. Three types of assistance were reportedly in the form of farm inputs such as seeds, fertilizers and pesticides in above 90% of households in seven out of 14 councils. Two councils reported receiving pesticides: Longido (60% of households) and Meatu (92% of households). Out of the 14 districts, 50% of the surveyed households in Korogwe TC reported receiving fertilizers.

PROJECTED SITUATION MAP AND POPULATION TABLE (MAY - SEPTEMBER 2022)



Key for the Map

IPC Acute Food Insecurity Phase Classification

(mapped Phase represents highest severity affecting at least 20% of the population)

- 1 - Minimal
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Evidence Level

** Medium

District / Town Council	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Bahi DC	296,231	177,739	60	88,869	30	29,623	10	0	0	0	0	2	29,623	10
Handeni DC	342,637	154,187	45	85,659	25	85,659	25	17,132	5	0	0	3	102,791	30
Handeni TC	99,257	54,591	55	29,777	30	14,889	15	0	0	0	0	2	14,889	15
Korogwe DC	303,110	166,711	55	90,933	30	30,311	10	15,156	5	0	0	2	45,467	15
Korogwe TC	90,458	45,229	50	27,137	30	13,569	15	4,523	5	0	0	3	18,092	20
Longido DC	156,986	47,096	30	39,247	25	54,945	35	15,699	10	0	0	3	70,644	45
Manyoni DC	196,455	117,873	60	49,114	25	29,468	15	0	0	0	0	2	29,468	15
Meatu DC	482,835	386,268	80	72,425	15	24,142	5	0	0	0	0	2	24,142	5
Mkinga DC	146,424	80,533	55	29,285	20	29,285	20	7,321	5	0	0	3	36,606	25
Monduli DC	204,286	81,714	40	81,714	40	30,643	15	10,214	5	0	0	3	40,857	20
Musoma DC	309,639	201,265	65	92,892	30	15,482	5	0	0	0	0	2	15,482	5
Mwanga DC	162,682	81,341	50	40,671	25	32,536	20	8,134	5	0	0	3	40,670	25
Rorya DC	392,067	235,240	60	117,620	30	39,207	10	0	0	0	0	2	39,207	10
Same DC	335,133	167,567	50	83,783	25	67,027	20	16,757	5	0	0	3	83,784	25
Total	3,518,200	1,997,354	57	929,126	26	496,785	14	94,935	3	0	0		591,720	17

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action. Marginal inconsistencies that may arise in the overall percentages of totals and grand totals are attributable to rounding.

PROJECTED SITUATION OVERVIEW (MAY - SEPTEMBER 2022)

The projection period (May - September 2022) corresponds to the main lean season for most of the areas analysed. During this period, the number of highly food insecure people is expected to increase significantly in all areas of the analysed councils. The councils will experience inadequate rainfall, which will affect crop growth and increase crop pests such as ants, Fall Armyworm and rodents, as well as reduce availability of water and pasture for livestock. Some pastoralists may migrate to other areas looking for water and pasture, which may lead to conflicts. There will be an increase in the number of people facing high acute food insecurity in many councils. The prices of food are projected to increase, affecting the inflation rate in the country. It is also expected that food stocks at household level will decrease, leading to a decrease of food access at household level. The expected high prices of cereal and non-cereal food items will continue to reduce purchasing power of poor households and their access to adequate diversified food through May to September 2022. The households depending on agriculture and livestock as their source of food and livelihood are expected to be more affected. Livestock farmers could also be affected due to animal mortalities, poor livestock body conditions and outbreaks of water-borne and animal diseases. This will reduce their purchasing power for food commodities and they may start selling livestock at lower prices.

Seasonal trends and shifts in this period include resource-based conflict, low purchasing power and high food prices as the main drivers of food insecurity during the projection period of May to September 2022. During this period, 437,000 people, representing 17 percent of the total population analysed, are expected to be in IPC Phase 3 (Crisis) or above, with 3% in IPC Phase 4 (Emergency). These people will be in need of urgent action to save lives, protect livelihoods and reduce food consumption gaps.

According to the assumptions mentioned above, all councils are expected to see an increase in the number of people in IPC Phase 3 (Crisis) or above. Three councils, namely Korogwe TC, Mwanga and Same will shift from IPC Phase 2 (Stressed) in the current period to IPC Phase 3 in the projection period.

Food availability during the projection period will decrease compared to the current period of analysis. According to the Tanzania Meteorological Agency (TMA) weather forecast, there is a huge likelihood the majority of the analysed councils will experience inadequate rainfall, resulting in below average rains. The food stocks at household level will have diminished and because of the projected low production of food crops, most of the households will be depending on markets.

Food access is also expected to decline during the projection period due to a decrease in production (supply) while the demand increases. The expected high prices of cereal and non-cereal food items are expected to continue to reduce the purchasing power of poor households and also their access to adequate diversified food through September 2022.

Food utilization: Inadequate rainfall will cause shortages of water for human consumption and water for animals and pasture, especially in areas where pastoral and nomadic communities live. In addition, these communities are likely to be exposed to diseases and health hazards due to poor hygiene/sanitation.

Key Assumptions for the projected period

Rainfall: According to the current Tanzania Meteorological Agency (TMA) weather forecast for unimodal and bimodal areas, the councils will experience inadequate - below average rainfall. This will result in low production of food crops that will be associated with decreasing food stocks at household level.

Food Production: It is projected that the amount of food produced will decrease due to low production related to inadequate rainfall.

Price Trends: The price of food crops is projected to increase due to a decrease in production (supply) while the demand is increasing. Additionally, Tanzania is a food net exporter in East Africa and, with the expected below average production, the staple food prices will increase.

Invasion of Animals: There is a possibility of invasion of wild animals in communities that will cause the destruction of crops, particularly for the districts near the park.

RECOMMENDATIONS FOR ACTION

Response Priorities

In order to address Tanzania's food insecurity in the 14 councils analysed, the following interventions are recommended for the most vulnerable areas:

- Reduce food consumption gaps by improving access to food through appropriate modalities for households in deficit areas by releasing some of the strategic reserves in the markets at subsidised prices. This will allow access to households with low purchasing power and provision of food aid during the period of January to April 2022.
- Engage humanitarian and development partners to provide food relief and livelihood support.
- Promote implementation of climate-smart agricultural practices in crop and livestock production.
- Provide farm inputs (pesticides, fertilizers, early maturity seeds, drought-tolerant seed varieties) to the most vulnerable households for Masika and Msimu season.
- Promote the use of early maturing seeds, disease tolerant seed varieties and drought tolerant seed varieties for Masika and Msimu season.
- Continue monitoring the country's rainfall performance.
- Strengthen the pest and livestock diseases surveillance in all areas.
- Promote climate-smart agriculture and crop diversification amongst smallholder farmers.

Situation Monitoring and Update

The key factors to monitor over the next six months include:

- Seasonal rainfall performance, based on the warmer than usual conditions expected over much of western and southern Tanzania according to the rainfall forecast.
- Crop pests and animal diseases are likely to increase due to prolonged dry spells, contributing to poor crop production.
- Prolonged dry spells (drought) and their impact on food crop production and livestock.
- Household food stocks levels.
- A sharp increase in food prices is expected that will normally affect the poor households.

PROCESS AND METHODOLOGY

The Tanzania Food Security and Nutrition Analysis System Team carried out an IPC Acute Food Insecurity (AFI) analysis to determine the situation across the 14 councils of Tanzania Mainland. The analysis focused on the current period of November 2021 to April 2022 and the projection period of May to September 2022.

The analysis was conducted from the 12th to the 17th of December, 2021, in Morogoro, by participants drawn from the MUCHALI members and other stakeholders at non-governmental organizations (Red Cross, World Vision & Caritas), higher learning institutions (SUA and UDOM) and the United Nations (FAO and WFP). The analysis workshop was facilitated by the Tanzanian Government, FAO, WFP, and the IPC GSU, and was a hybrid format, including both virtual and face-to-face analysis. Analysts were split by district and town councils. Analysis information was processed using the IPC Information Support System (ISS) according to IPC protocols. The analysis workshop was preceded by a three-day IPC Acute Food Insecurity Version 3 Level 1 training from the 9th to the 11th December, 2021, for the Tanzania Technical Working Group (TWG), which comprised of representatives from different agencies.

Sources

The data used for analysis were collected from the councils based on sampling that was guided by IPC protocols based on the IPC Technical Manual Version 3.

The comprehensive FSN assessment carried out in November 2019 provided the most current set of indicators collected through the household survey and the focus group discussion. Other sources of evidence were reports from various sectors, which were drafted prior to this analysis. Some of these reports included from the Tanzania Meteorological Agency (on climate outlook), Household Budgetary Survey (HBS), the Agromet Bulletin, the Rapid Agriculture Survey (2019), Tanzania Disaster Risk Profile (2019), Tanzania National Nutrition Survey (2018) and other sources of secondary data from council level.

The level of evidence of the analysis, as per the IPC protocols, was assessed as Medium (**).

Limitations of the analysis

The analysis encountered the following limitations:

- Inadequate time for data preparation prior to the analysis to ensure analysts had ample time for the analysis.
- Inadequate time for the refresher training and analysis.
- Lack of sufficient contributing factors on production and prices.
- The Livelihood Coping indicator was not used, due to data collection anomalies.

What is the IPC and IPC Acute Food Insecurity?

The IPC is a set of tools and procedures to classify the severity and characteristics of acute food and nutrition crises as well as chronic food insecurity based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures). The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming.

For the IPC, Acute Food Insecurity is defined as any manifestation of food insecurity found in a specified area at a specific point in time of a severity that threatens lives or livelihoods, or both, regardless of the causes, context or duration. It is highly susceptible to change and can occur and manifest in a population within a short amount of time, as a result of sudden changes or shocks that negatively impact on the determinants of food insecurity.

Contact for further Information

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Classification of food insecurity and malnutrition was conducted using the IPC protocols, which are developed and implemented worldwide by the IPC Global Partnership - Action Against Hunger, CARE, CILSS, EC-JRC, FAO, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA, SADC, Save the Children, UNICEF and WFP.

IPC Analysis Partners:

