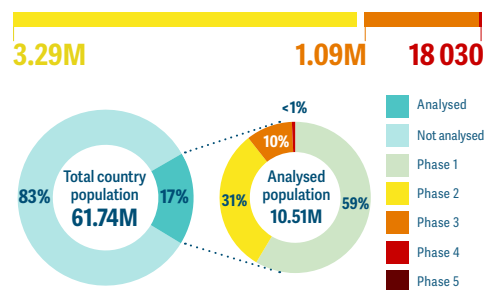


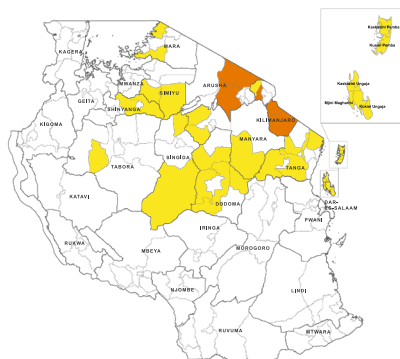
United Republic of Tanzania

ACUTE FOOD INSECURITY PEAK 2022/23

1.11M people or **10%** of the analysed population in IPC Phase 3 or above, October 2022–February 2023



IPC acute food insecurity situation, October 2022–February 2023



1 - Minimal (Green), 2 - Stressed (Yellow), 3 - Crisis (Orange), 4 - Emergency (Dark Red), 5 - Famine (Red), Not analysed (White)

The boundaries and names shown and the designations used on these maps do not imply official endorsement or acceptance by the United Nations. Source: United Republic of Tanzania IPC TWG, December 2022.

Food crisis overview

Out of the 1.1 million people facing Crisis or worse (IPC Phase 3 or above) in October 2022–February 2023, 964 000 were in 28 analysed districts of the centre, north and northeast Tanzanian mainland and 147 000 in five districts of Zanzibar (IPC, December 2022). This acute food insecurity is attributable to price shocks and dry spells. The highest severity was observed in Longido and Monduli districts, each having 25 percent of their population in IPC Phase 3 and an estimated 18 000 people in Emergency (IPC Phase 4).

Improvement projected for 2023

From March–May 2023, the number of people in IPC Phase 3 was projected to decrease to 990 000, with no populations in IPC Phase 4. Almost a third of the 150 000 people in IPC Phase 3 in Zanzibar were expected to be in the Kaskazini region of Pemba island (IPC, December 2022). Msimu and Masika rains were expected to improve food availability, pasture condition and water availability for the projected period (IPC, December 2022).

Acute food insecurity since 2016

The country has been identified as a food crisis in the GRFC for the past seven years, and as a major food crisis three times – in 2019, 2020 and 2022 (GRFC, April 2022).

Drivers of the crisis, 2022–23

Weather extremes Households in Zanzibar and the mainland were affected by prolonged dry spells and erratic rains in the October–December 2021 Vuli and in the March–May 2022 Masika seasons. This resulted in reduced harvests and insufficient regeneration of rangeland, leading to poor livestock body condition, which diminished their market value, reducing household incomes. Faster-than-usual food stock depletion, low purchasing power, high prices

of food commodities and reduction in casual on-farm labour opportunities on the mainland contributed to food insecurity (IPC, December 2022).

Economic shocks Prices of key food commodities in Zanzibar, which is a net importer, continued to increase from January 2022 due to the poor Vuli harvest. By October 2022, staple food prices had doubled year-on-year, with the average consumer price of maize in October 2022 150 percent higher. Some 90 percent of households in Zanzibar reported spending more than half of their household income on food (IPC, December 2022).

High demand for staple food in neighbouring countries was likely to keep prices high until March 2023 (before green consumption from Msimu harvest) since the country is a key regional exporter (IPC, December 2022).

NUTRITION

Low national prevalence of wasting among children under 5 years (3 percent) masks high regional disparities. The prevalence was higher in Zanzibar at 8.2 percent, and the northern mainland zone at 4.8 percent. In Kaskazini Unga in Zanzibar, the prevalence reached 10 percent. Stunting levels are 'very high' at about 30 percent, with 9 percent severely stunted (DHS, January 2023).

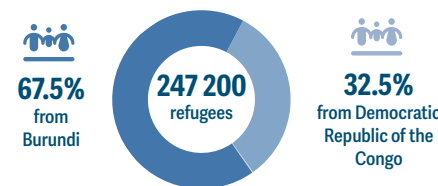
Only 19 percent of children aged 6–23 months met the Minimum Dietary Diversity (MDD) requirements, although 64 percent of infants under 6 months were breastfed (TDHS, January 2023).

In 2020, around 54.7 percent of rural households at national level had unimproved sanitation access, 45.4 percent had access to drinking water and 16.1 percent practised open defecation (JMP, 2020).

Anaemia prevalence among women of reproductive age was 38.9 percent in 2019 (WHO, 2019), which is considered a moderate public health problem, while anaemia among children under 5 years was a severe public health problem at 56.1 percent (WHO, 2019).

DISPLACEMENT

Refugees from neighbouring countries



Source: UNHCR, December 2022.

Refugees Most refugees reside in two large camps in the northwestern Kigoma region, while others are in smaller settlements, rural villages in Kigoma and urban settings. Since 2017, just over 145 000 Burundians have been assisted to return to Burundi (UNHCR, December 2022).

All refugee households in camps rely on WFP assistance as their main source of food (SENS, October 2021). In 2021, the food ration provided was reduced to 68 percent of the recommended 2 100 kilocalories per person per day. While most refugees had acceptable food consumption in camps, 18.5 percent had borderline and 4.6 percent poor. On average, 75.8 percent of households reported using negative coping strategies to access nutritious foods (SENS, October 2021).

While wasting prevalence among refugee households was low, stunting prevalence remained 'very high', averaging 38.1 percent, with 11.8 percent of children under 5 years suffering severe stunting (SENS, October 2021).

Anaemia levels were a severe concern among refugee children under 5 years (42.2 percent) – though it was not clear why since 70–80 percent of them were eating iron-rich foods. However, newly weaned infants tend to be fed maize porridge alone, which may contribute to the high levels of anaemia. On average, 80 percent of infants under 6 months were exclusively breastfed, meeting UNHCR targets (SENS, October 2021).