



## Executive Brief: **Tanzania** Comprehensive Food Security and Vulnerability Analysis

### Overview, scope and methods

In Tanzania, food security is defined predominantly by the developmental issues that face most Sub-Saharan countries. Issues of infrastructure, economic and agricultural policy, governance, education and provision of health care play pivotal roles in household food security. Tanzania is a politically stable country and the biggest and constant threat to food security is the generalized poverty that exists throughout the country. Reoccurring droughts (and flooding in certain locations) also add to the vulnerability.

Although a substantial amount of data is available in Tanzania, some gaps have been identified in terms of understanding household food security and vulnerability. Existing reports focus predominantly on poverty, poverty alleviation and nutrition, and the data available doesn't adequately identify the nature and degree of vulnerability that the households are exposed to.

While the Comprehensive Food Security and Vulnerability Analysis (CFSVA) provides information in general on food security and nutritional status in rural Tanzania, it also documents resource allocation and what is accessible to rural households (including livelihood and income earning activities), coping mechanisms, the educational, health and social context, the future risks to food insecurity and the degree of vulnerability of households and its geographic distribution.

The CFSVA is based on field surveys done at household and community level in rural areas and on secondary data analysis. A total of 2,772 rural households were interviewed in all the regions of Tanzania mainland and Zanzibar, in December 2005 through January 2006. The nutritional status of 2,353 women and 1,939 children was determined. The study took place during the traditional hunger season and an ongoing drought which may have influenced some results.<sup>1</sup>

WFP conducted the CFSVA in collaboration with the National Bureau of Statistics and the Food Security Information Team (FSIT), which is coordinated by the Government, and brings together Government key Departments and partners from some UN agencies and NGOs. The CFSVA was prepared under the umbrella of the Strengthening Emergency Needs Assessment Capacity (SENAC) project and was made possible through funding and support of the Humanitarian Aid Department of the European Commission.<sup>2</sup>

### How many people are food insecure?

15% of the rural households are food insecure.

15% are vulnerable to becoming food insecure.

5.6% of children under 5 are wasted or too thin for their height, a sign of acute malnutrition.

34.3% of children under 5 are stunted or too short for their age, a sign of chronic malnutrition.

21.1% of children under 5 are underweight.

#### Definitions used in this study:

**Food insecurity**<sup>1</sup> exists when people do not have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.

**Vulnerability**<sup>2</sup> describes the level of risk for future food insecurity. It is the full range of factors that place people at risk of becoming food insecure. The degree of vulnerability of individuals, households or groups of people is determined by their exposure to the risks factors and their ability to cope with or withstand stressful conditions.

<sup>1</sup> FAO (2002), *The State of Food Insecurity in the World 2001*

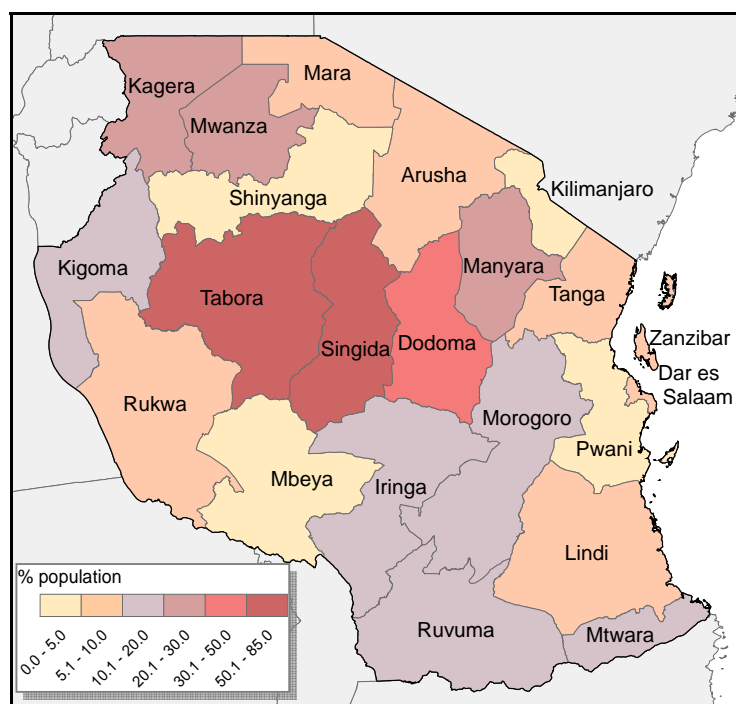
<sup>2</sup> FIVIMS (FAO Food Insecurity and Vulnerability Information and Mapping System) definition.

<sup>1</sup> While the study was conducted in the most rigorous manner, some limitations have been acknowledged and taken into consideration when formulating the conclusions. Information on the methodology is available in the first chapter of the report.

<sup>2</sup> The SENAC project aims to reinforce WFP's capacity to assess humanitarian needs in the food sector during emergencies and the immediate aftermath through accurate and impartial needs assessments. The project is funded by internal and external sources, including major donors such as ECHO.

## Where do the food insecure people live?

Map - Proportion of food insecure people in Rural Tanzania



Food insecurity and vulnerability is present everywhere in rural Tanzania but varies regionally. The central band of the country shows the highest proportion of households that are food insecure. In regions such as Dodoma, Singida and Tabora, 45-55% of the households are food insecure.

In Mwanza, Manyara and Kagera regions food insecurity affects between 20 to 30% of the households.

In some areas traditionally considered food secure, the survey has found that a large proportion of the population is food insecure, specifically in Ruvuma and Iringa where 15 % of households are classified as food insecure.

There is also a high rate (between 24 to 27%) of households vulnerable to food insecurity in the regions of Singida, Tabora, Dodoma and Mwanza. In Lindi, 21.4% of the households are vulnerable.

## Who are the food insecure people?

Households were classified in livelihood groups to better assess the food insecurity situation.

| The most food insecure and vulnerable groups   | % of food insecure and highly vulnerable people | % of food insecure people | % of vulnerable people | Location (predominant regions)            |
|--|---|---------------------------|------------------------|---|
| ○ <b>poor income</b> (low income mainly derived from food crop production)   | 46%   | 29%                       | 17%                    | Manyara, Ruvuma<br>Throughout the country |
| ○ <b>small farmers</b> (income mainly coming from food crop production).<br>They represent 20 % of the population                        | 45%   | 26%                       | 19%                    |   |
| ○ <b>wage labourers</b> (income is from agricultural or unskilled labour)  | 42%   | 27%                       | 15%                    | Arusha, Dodoma<br>Tanga                   |
| ○ <b>remittance dependents</b> (mainly rely on food crop production)   | 41.5%   | 24.5%                     | 17%                    |   |
| ○ <b>natural resources dependents</b> (rely mainly on food crop but supplement with income generated from the sale of natural resources) | 39.5%   | 15.5%                     | 24%                    | Pwani, Dodoma                             |

Crop farmers represent 24% of the population. It is the most important livelihood of the country. Most of their income comes from food crop production, supplemented through cash crops and livestock. In this group, 26% are either food insecure or highly vulnerable.

The most food secure groups are salaried, traders, skilled and fisherfolk (representing 13.8% of the population in total). However even in these groups, between 13 to 20% of households are food insecure.

### Food access<sup>3</sup>

Own purchase of food was reported by two thirds of the rural population as the main source of food. This is unusual in a country that depends heavily on agriculture as a source of income. However the data was collected during the traditional hunger season and when the drought had affected around 40% of the households, therefore decreasing the reported reliance on own production.

<sup>3</sup> Access to food is determined by the household ability to obtain food from their own production, purchase, gathering or through transfers such as gifts and exchanges.

Purchase of food is a predominant feature of all consumption groups, livelihoods and regions. In Lindi, Kigoma, Kagera and Iringa the reliance on the purchase of food (55%) is less than the national average and is off set by own production with the notable exception of Lindi where reliance on gifts and food aid is an important source of food. In Tabora and Mtwara, households rely for 10% on other sources of food in addition to their own production and purchase, such as fishing, hunting and gathering.

Nationally only 10.4% of the rural households have “very weak” food access<sup>4</sup>. Kigoma, Singida, Manyara, Tabora and Kagera all have between 20-25% of households with weak food access. Dodoma has the highest proportion of households with very weak food access (38%).

The poor income group has the highest proportion of households with “very weak” access to food (26%). Handicraft, small farmers, Poor Income, wage laborers, natural resource dependents and remittance dependents have less than 20 % of the households with “good” access to food.

| Livelihood groups   | % of rural population with very weak or weak access to food |
|---|---|
| ○ <b>poor income</b>  | 58%   |
| ○ <b>natural resources dependents</b>                                       | 56%   |
| ○ <b>wage labourers</b>   | 56%   |
| ○ <b>small farmers</b>  | 52%   |
| ○ <b>handicraft</b> (food production complemented by handicraft production) | 43%   |
| ○ <b>remittance dependents</b>  | 41%   |

### Food consumption

Generally, diet and crop diversification is poor in all assessed households. Almost 50 % of the population has poor or borderline consumption profiles.

Food consumption is the poorest in the central regions of Tabora (64%), Singida (62%) and Dodoma (48%)<sup>5</sup>. Regions in the central belt and most of the coast have high frequency of borderline consumption patterns with Mtwara (42%), Dar es Salaam (39%), Iringa (37%) and Mwanza (36%) with higher levels.

Wage laborers, poor income, small farmers and remittance dependents have the highest frequency of households that have poor food consumption patterns. 50-60% of the households in the livelihoods remittances dependents, wage laborers, agro-brewers, small farmers, poor income and natural resource dependents fall into the categories of “poor” or “borderline”.

| Livelihood groups   | % of rural population with poor or border line consumption |
|---|--|
| ○ <b>remittance dependents</b>  | 61%  |
| ○ <b>wage labourers</b>   | 59,5%  |
| ○ <b>Agro- brewers</b>  | 56%  |
| ○ <b>small farmers</b>  | 53,8%  |
| ○ <b>poor income</b>  | 53,6%  |
| ○ <b>natural resources dependents</b>                                       | 51%  |
| ○ <b>handicraft</b> (food production complemented by handicraft production) | 45%  |
| ○ <b>Agro-pastoralist</b>   | 42,8%  |
| ○ <b>Crop farmers</b>   | 41,7%  |
| ○ <b>Petty traders</b>  | 40%  |

### What are the underlying causes of food insecurity?

The causes of food insecurity and vulnerability are mainly related to developmental issues such as low productivity, rising and widespread poverty, limited investment, high transportation costs, inadequate expert advice and technologies suitable for diverse environments, lack of competitive markets for agriculture, demographic growth with a high dependence ratio, poor credit systems for farming small holders, etc. Environmental issues such as soil degradation, deforestation, pest outbreak and drought add to the problems.

<sup>4</sup> This classification was obtained by combining indicators on food expenditure as proportion of total expenditures, size of agricultural land accessed, number of months the household harvest normally last, proportion of consumed food obtained from own production, purchase, hunting/fishing and gathering and gifts and food aid.

<sup>5</sup> The profiling of households into food consumption groups is based on information collected on diet diversity (number of different foods from different food groups consumed) and the consumption frequency.

Drought is the most significant shock experienced in Tanzania. It affects about 45% of the population. Over 80% of the population interviewed in Mara, Singida, Dodoma and Pwani experienced a drought over the previous year. High food prices are the second most important shock and are reported by 12% of the population.

The survey has particularly shown the link between food insecurity and education, health care access and water and sanitation issues.

**Education** is a key area in the reduction of poverty and vulnerability. The general level of education is poor. 27 % of household heads have had no formal education and only 40% have completed primary school. 52% of the female headed households have no schooling.

**Health care access:** it is poor throughout the country. An average of only 35 % of villages have a health care facility, with the majority of villagers needing to travel 2-6 km and over 40% of the villages needing to travel more than 6 km to reach a facility.

**Water and sanitation issues:** many households use water from unprotected sources. An average of 40% of households still use water from unsafe sources exposing themselves to outbreaks of water borne diseases. The use of unsafe water is linked to geographic location rather than livelihood strategy.

## Recommendations

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**Below are recommendations on the areas that need to be considered by both WFP and other humanitarian actors when tackling food insecurity.**

**Impact assessment of programming:** Further investigate how programming has impacted food security in specific contexts/regions/districts and provide lessons learned.

**Integrated approach to food security and education:** The lack of education plays a vital role in food insecurity. Nutrition and hygiene should be incorporated into the basic curriculum in schools, providing basic life skills and agricultural knowledge through farmers groups and extension services.

**Integrate specific food security indicators and health data into an Early Warning System (EWS):** There is currently enough information available in Tanzania to provide the basis for an effective EWS. A platform for analysis and effective dissemination of the data collected (climatic, cereal prices, livestock body condition, etc) is required. Some components need strengthening to provide information suitable for this type of system. Livelihood zones based on information from the CFSVA and partners could be the basis of such a system.

**Improving access at household level:** in particular through better market access and market functioning.

**Diet and crop diversification:** Although large scale production and large numbers of small farms producing crops such as maize contribute to food security, mono cropping or poor diversification is problematic. Policies for national crop production should also consider household needs and food security issues.

**Drought response system:** As droughts have limited food access by reducing the duration of harvest, it is important to consider appropriate rapid responses to drought situations.

**Nutrition:** Child and women's nutrition should be addressed. Although national interventions are targeting the prevention of diseases such as malaria, the importance of health issues should not be forgotten.

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