Between April and September 2020, 135,000 people (12% of the population analysed) face Crisis levels of acute food insecurity (IPC Phase 3) in the 7 districts analysed in Tete and Cabo Delgado provinces. Between October and November 2020, it is estimated that the number of people facing high acute food insecurity (IPC Phase 3 or above) will increase to 285,000 people (26% of the population analysed) in the 7 districts analysed. From April to September 2020, the district of Ibo is in a situation of Crisis (IPC Phase 3) and the rest of the districts are in a situation of Stress (IPC Phase 2). In the lean season, from October to November 2020, all the districts will likely move to IPC Phase 3 (Crisis), with the exception of Namuno and Maravia districts, which will remain in a Stressed situation (IPC Phase 2).

It is estimated that about 27,747 children aged 6-59 months need treatment for acute malnutrition in the 7 districts analysed between April 2020 and April 2021. Of these, 5,958 need treatment for Severe Acute Malnutrition and 21,789 for Moderate Acute Malnutrition. Regarding the severity of the acute malnutrition situation, the situation may deteriorate in two districts (Mágöe and Mutarara) in the seven districts analysed during the April to September 2020 period, and are likely to move to the Alert situation (Phase 2 of IPC AMN). Two more districts (Ibo and Namuno) may move to the Serious situation (Phase 3 of IPC AMN), and the remaining districts, although the situation may deteriorate, may remain in the same phases: IPC AMN Phase 2 - Alert (Cahora-Bassa and Chiúta) and IPC AMN Phase 3 - Serious (Maravia).

Key drivers

Between April and September 2020, rural households will have access to food from their own production (current harvest), food prices will be stable with a tendency to reduce and the impacts of COVID-19 prevention measures are currently minimal in rural areas. The main factors that have led to the increase of people in Crisis (IPC Phase 3) in the period from October to November 2020, are the depletion of food reserves, the increase of food prices and the increase of the impacts of COVID-19.

The effects of COVID-19 on the health system that led to the suspension, restriction and adaptation of various health programs at the country level, as well as the vulnerability that districts were already facing even before the pandemic, were the main factors identified to likely drive the projected deterioration. The situation is expected to continue to deteriorate between October and November 2020. Only the district of Cahora-Bassa may deteriorate into a more severe situation, and the remaining districts are likely to remain in the same phases. In this period, the deterioration is likely to be driven in the large part by the continuing impacts of COVID-19 on health systems, especially as the peak of COVID-19 infections is expected throughout this period. In addition to the already predicted deterioration in acute food insecurity in the projection period, since it is only valid for two months, which are just the beginning of the season, the health risk factors for acute malnutrition may not have deteriorated yet.
ACUTE FOOD INSECURITY CURRENT MAP AND POPULATION TABLE
APRIL - SEPTEMBER 2020

Key for the Map
IPC Acute Food Insecurity
Phase Classification

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Minimal</td>
</tr>
<tr>
<td>2</td>
<td>Stressed</td>
</tr>
<tr>
<td>3</td>
<td>Crisis</td>
</tr>
<tr>
<td>4</td>
<td>Emergency</td>
</tr>
<tr>
<td>5</td>
<td>Famine</td>
</tr>
</tbody>
</table>

Areas not analysed

Evidence Level
** Medium
Area receives significant humanitarian food assistance (accounted for in Phase classification)

> 25% of households meet > 50% of caloric needs through assistance

Population table for the current period: April - September 2020

<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>Total population analysed</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Phase 4</th>
<th>Phase 5</th>
<th>Area Phase</th>
<th>Phase 3+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>#people</td>
<td>#people</td>
<td>#people</td>
<td>#people</td>
<td>#people</td>
<td>#people</td>
<td>#people</td>
</tr>
<tr>
<td>Cabo Delgado</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ibo</td>
<td></td>
<td>20,000</td>
<td>6,000</td>
<td>8,000</td>
<td>6,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Namuno</td>
<td></td>
<td>247,113</td>
<td>197,690</td>
<td>49,423</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>267,113</td>
<td>203,690</td>
<td>57,423</td>
<td>6,000</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>6,000</td>
</tr>
<tr>
<td>Tete</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cahora Bassa</td>
<td></td>
<td>155,251</td>
<td>69,863</td>
<td>44,536</td>
<td>16,701</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Chiuta</td>
<td></td>
<td>111,340</td>
<td>50,103</td>
<td>49,250</td>
<td>22,823</td>
<td>15</td>
<td>15</td>
<td>2</td>
<td>16,701</td>
</tr>
<tr>
<td>Magoe</td>
<td></td>
<td>120,121</td>
<td>48,048</td>
<td>49,250</td>
<td>22,823</td>
<td>15</td>
<td>15</td>
<td>2</td>
<td>22,823</td>
</tr>
<tr>
<td>Maravia</td>
<td></td>
<td>124,953</td>
<td>49,981</td>
<td>56,229</td>
<td>18,743</td>
<td>15</td>
<td>15</td>
<td>2</td>
<td>18,743</td>
</tr>
<tr>
<td>Mutarara</td>
<td></td>
<td>318,634</td>
<td>143,385</td>
<td>127,454</td>
<td>47,795</td>
<td>15</td>
<td>15</td>
<td>2</td>
<td>47,795</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>830,299</td>
<td>361,380</td>
<td>339,569</td>
<td>129,350</td>
<td>16</td>
<td>16</td>
<td>2</td>
<td>129,350</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td>1097,412</td>
<td>565,070</td>
<td>396,992</td>
<td>135,350</td>
<td>12</td>
<td>12</td>
<td>2</td>
<td>135,350</td>
</tr>
</tbody>
</table>

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.
Population table for the projected period: October - November 2020

<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>Total population analysed</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Phase 4</th>
<th>Phase 5</th>
<th>Area Phase</th>
<th>#people</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cabo Delgado</td>
<td>Ibo</td>
<td>20,000</td>
<td>4,000</td>
<td>20</td>
<td>8,000</td>
<td>40</td>
<td>5,000</td>
<td>25</td>
<td>3,000</td>
<td>15</td>
</tr>
<tr>
<td>Namuno</td>
<td>247,113</td>
<td>123,557</td>
<td>50</td>
<td>86,490</td>
<td>35</td>
<td>37,067</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>267,113</td>
<td>127,557</td>
<td>47</td>
<td>94,490</td>
<td>35</td>
<td>42,067</td>
<td>16</td>
<td>3,000</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Tete</td>
<td>Cahora Bassa</td>
<td>155,251</td>
<td>54,338</td>
<td>35</td>
<td>54,338</td>
<td>35</td>
<td>38,813</td>
<td>25</td>
<td>7,763</td>
<td>5</td>
</tr>
<tr>
<td>Chiuta</td>
<td>111,340</td>
<td>38,969</td>
<td>35</td>
<td>38,969</td>
<td>35</td>
<td>27,835</td>
<td>25</td>
<td>5,567</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Magoe</td>
<td>120,121</td>
<td>30,030</td>
<td>25</td>
<td>48,048</td>
<td>40</td>
<td>36,036</td>
<td>30</td>
<td>6,006</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Maravila</td>
<td>124,953</td>
<td>56,229</td>
<td>45</td>
<td>46,233</td>
<td>37</td>
<td>22,492</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Mutarara</td>
<td>318,634</td>
<td>111,522</td>
<td>35</td>
<td>111,522</td>
<td>35</td>
<td>79,659</td>
<td>25</td>
<td>15,932</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>830,299</td>
<td>291,088</td>
<td>34</td>
<td>299,110</td>
<td>36</td>
<td>204,835</td>
<td>25</td>
<td>35,268</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1,097,412</td>
<td>418,645</td>
<td>37</td>
<td>393,600</td>
<td>36</td>
<td>246,902</td>
<td>22</td>
<td>38,268</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

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.
Acute Malnutrition Current Map and Population Table

Current Acute Malnutrition April - September 2020

Projected Acute Malnutrition October - November 2020

Key for the Map
IPC Acute Malnutrition Phase Classification

Population table April - September 2020

<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>Total population</th>
<th>Children 6-59 months</th>
<th>SAM</th>
<th>MAM</th>
<th>SAM</th>
<th>MAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cabo Delgado</td>
<td>Ibo</td>
<td>13,450</td>
<td>2,206</td>
<td>0.80%</td>
<td>5.70%</td>
<td>46</td>
<td>327</td>
</tr>
<tr>
<td></td>
<td>Namuno</td>
<td>223,218</td>
<td>36,608</td>
<td>3.30%</td>
<td>3.70%</td>
<td>3,141</td>
<td>3,522</td>
</tr>
<tr>
<td>Tete</td>
<td>Chiúta</td>
<td>111,340</td>
<td>18,260</td>
<td>0.40%</td>
<td>5.30%</td>
<td>190</td>
<td>2,516</td>
</tr>
<tr>
<td></td>
<td>Magoe</td>
<td>120,121</td>
<td>19,700</td>
<td>0.00%</td>
<td>4.20%</td>
<td>-</td>
<td>2,151</td>
</tr>
<tr>
<td></td>
<td>Marávia</td>
<td>124,953</td>
<td>20,492</td>
<td>2.70%</td>
<td>6.40%</td>
<td>1,439</td>
<td>3,410</td>
</tr>
<tr>
<td></td>
<td>Cahora-Bassa</td>
<td>155,251</td>
<td>25,461</td>
<td>0.70%</td>
<td>7.10%</td>
<td>463</td>
<td>4,700</td>
</tr>
<tr>
<td></td>
<td>Mutarara</td>
<td>318,634</td>
<td>52,256</td>
<td>0.50%</td>
<td>3.80%</td>
<td>679</td>
<td>5,163</td>
</tr>
</tbody>
</table>

Formula: prevalence used to classify phases x # children x 2.6
When comparing the acute food insecurity situation with that of 2018 and 2019, one notes that the number of people in high acute food insecurity (IPC Phase 3 and above) increased in the districts of Magoe, Mutarara and Ibo, and decreased in Cahora Bassa and Chiuta.

### Acute Food Insecurity Map April-Sept 2020

### Acute Malnutrition Map April-Sept 2020

**Key for the Map**

**IPC Acute Food Insecurity Phase Classification**

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

**Evidence Level**

- Medium

**Areas not analysed**

**Key for the Map**

**IPC Acute Malnutrition Phase Classification**

1. Acceptable
2. Alert
3. Serious
4. Critical
5. Extremely critical

**Phase Classification based on MUAC**

- > 25% of households meet 25-50% of caloric needs through assistance
- > 35% of households meet > 50% of caloric needs through assistance

**Area receives significant humanitarian food assistance** (accounted for in Phase classification)
RECOMMENDATIONS FOR ACTION

Acute Food Insecurity:

The priority of the response to the population in IPC Phase 4 (Emergency) should be to save lives and livelihoods. For IPC Phase 3 (Crisis) households, the priority is to reduce consumption deficits and protect livelihoods. At the same time, actions should be considered to reduce risks and protect the livelihoods of the population in IPC Phase 2 (Stressed).

It is recommended that current data collection activities cover these areas of analysis, so that the projected classification can be updated using recent outcome indicators. In particular, for the correct characterization of the impact of population displacement on food insecurity in Ibo and other affected districts of Cabo Delgado, it is recommended that a mechanism be created to provide updated information on the number of displaced people, their location and their living conditions.

The results of the October to November 2020 analysis are based on assumptions about the impact of the measures adopted to control the COVID-19 pandemic, the increase in prices, the level of food reserves in families and population movements. All these are factors that should be monitored to identify the possible need to update the analysis if these assumptions are not verified.

Acute Malnutrition:

During the projection period, the following factors should be monitored:

- The impact of conflict or violence on access to health services and food consumption in Ibo district, including displaced persons;
- As Ibo district has poor sanitation and has contributed to the recent outbreak of cholera, access to safe water and latrines should be monitored to control possible outbreaks of water diseases;
- For the remaining districts, in general, access to health services through monitoring of admissions to the different health and nutrition programs are some important factors to be monitored to inform about the use of health services (for children);
- Since poor sanitation has been frequent in all districts, this is also a risk factor to monitor, especially during the projection period.

Regarding the objectives of the interventions, the following are proposed:

- Short term
  - Design strategic actions to prevent or reduce outbreaks of diarrhoeal diseases and malaria during the rainy season, always aiming at preventing the spread of COVID-19;
  - Ensure the availability of nutritional supplements in districts and health facilities;
  - Promote educational activities related to the correct use of mosquito nets, latrines, drinking water treatment, COVID-19 prevention and good child feeding practices, especially during the period of food deficit;
  - Raise awareness of communities to join health services during the pandemic, respecting prevention measures.

- Medium and long term
  - Improve access to safe water and sanitation in all districts through advocacy to decision makers at district level;
  - Introduce community-based nutritional rehabilitation programmes.
PROCESS AND METHODOLOGY

The Technical Group for Vulnerability Analysis (GAV), coordinated by SETSAN, met virtually between 26 and 29 May 2020 to analyse data on Food and Nutritional Security (SAN) collected in November and December 2019 in the province of Cabo Delgado, districts of Ibo and Namuno and in the province of Tete districts of Cahora Bassa, Chiúta, Mágue, Marávia and Mutarara.

To carry out this exercise, GAV used a Videoconferencing Platform, in order to avoid interpersonal contact, in the face of the Coronavirus Pandemic Prevention Measures (COVID-19).

Although the data collection was done in a different seasonal period, compared to the period in which the analysis was carried out, the data was still valid, so the analysis was retrospective of the period of October 2019 to March 2020, hence the period in which the data was collected. The current situation in this report covers the period of April to September 2020. The projection covers the period of October to November 2020. The results of the retrospective analysis are presented in the annex of this report.

Population data from the 2007 Census projected for 2020 by the National Institute of Statistics (INE) were used to support this analysis. However, in the food security analysis, the population of Ibo is the result of the sum of the population of the provinces projected for 2020 from the 2007 census and the displaced population estimated by the International Organization for Migration in February 2020.

The main sources of information used to perform the analysis were the following:

- SMART surveys conducted by SETSAN in November and December 2019 in Cabo Delgado and Tete provinces;
- Historical data on food security and acute malnutrition for Mutarara district, Cabo Delgado province;
- Seasonal Calendar, information on rainfall and maize price projections for the Gorongosa market National reference FEWS NET 2020;
- Agricultural Market Information System (SIMA) prices, which provided information on both historical and current market prices of basic food products;
- Tete Provincial Directorate of Agriculture and Fisheries: PES 2019 Balance Report, production estimates for different crops and districts;
- OCHA, which provided information on Agricultural Areas affected by excessive rainfall in January 2020;
- Population Projection 2020 of the 2007 Census by the National Institute of Statistics, which provided data on the population of the analysed districts that served as the basis for the projections made;
- Number of people displaced in the districts of Cabo Delgado, according to the International Organization for Migration, February 2020.

Limitations of the analysis

- Weak coordination among analysts to reach consensus due to the weak Internet connection, since the data analysis process was virtual;
- During the period in which the analysis took place, updated data on the number of people displaced in the districts of Cabo Delgado Province was not available.

What are the IPC, IPC Acute Food Insecurity and IPC Acute Malnutrition?

The IPC is a set of tools and procedures to classify food insecurity and 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 and Acute Malnutrition are defined as any manifestation of food insecurity or malnutrition 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. The IPC Acute Food Insecurity Classification 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 the determinants of food insecurity. The IPC Acute Malnutrition Classification’s focus is on identifying areas with a large proportion of children acutely malnourished preferably by measurement of Weight for Height Z-Score (WHZ) but also by Mid-Upper Arm Circumference (MUAC).

Contact for further Information
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pachecoleo69@yahoo.com.br

IPC Global Support Unit
www.ipcinfo.org

This analysis was carried out with the coordination of the Technical Secretariat for Food and Nutrition Security. It benefited from technical and financial support from UNICEF, WFP, FEWS NET and FAO.

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, CISS, EC-JRC, FAO, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA, SADC, Save the Children, UNICEF and WFP.
ANNEX: RESULTS OF THE OCTOBER 2019 TO MARCH 2020 ANALYSIS

Acute Food Insecurity Oct 2019 - Mar 2020

Key for the Map
IPC Acute Food Insecurity
Phase Classification

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

Areas not analysed

Evidence Level
** Medium

Acute Malnutrition Oct 2019 - Mar 2020

Key for the Map
IPC Acute Malnutrition
Phase Classification

1 - Acceptable
2 - Alert
3 - Serious
4 - Critical
5 - Extremely critical

Areas not analysed

Evidence Level
****** High

Acute Food Insecurity Oct 2019 - Mar 2020

| Province | District | Total population analysed | Phase 1 | Phase 2 | Phase 3 | Phase 4 | Phase 5 | Area Phase | #people+
|----------|----------|---------------------------|---------|---------|---------|---------|---------|------------|----------
|          |          |                           | #people | %       | #people | %       | #people | %       | #people | %       | #people | %       | #people | %       |
| Cabo Delgado | Ibo | 20,000                     | 4,000   | 20      | 8,000   | 40      | 8,000   | 40      | 0        | 0       | 0       | 0       | 3       | 8,000   | 40      |
|          | Namuno  | 247,113                   | 123,557 | 50      | 86,490  | 35      | 37,067  | 15      | 0        | 0       | 0       | 0       | 2       | 37,067  | 15      |
|          | Total   | 267,113                   | 127,557 | 48      | 94,490  | 35      | 45,067  | 17      | 0        | 0       | 0       | 0       | 45,067  | 17      |
| Tete     | Cahora Bassa | 155,251                | 58,995  | 38      | 62,100  | 40      | 31,050  | 20      | 3,105    | 2       | 0       | 0       | 3       | 34,155  | 22      |
|          | Chiuta  | 103,875                   | 31,163  | 30      | 41,550  | 40      | 28,046  | 27      | 3,116    | 3       | 0       | 0       | 3       | 31,162  | 30      |
|          | Magoe   | 120,121                   | 45,646  | 38      | 44,445  | 37      | 26,427  | 22      | 3,604    | 3       | 0       | 0       | 3       | 30,031  | 25      |
|          | Maravi  | 124,953                   | 43,734  | 35      | 49,981  | 40      | 28,991  | 20      | 6,248    | 3       | 0       | 0       | 3       | 31,239  | 25      |
|          | Mutarara | 318,634                 | 79,659  | 25      | 127,454 | 40      | 95,590  | 30      | 15,932   | 5       | 0       | 0       | 3       | 111,522 | 35      |
|          | Total   | 822,834                   | 259,196 | 32      | 325,530 | 40      | 206,104 | 25      | 32,004   | 4       | 0       | 0       | 238,108 | 29      |
| Grand Total |          | 1,089,947                | 386,752 | 35      | 420,020 | 39      | 251,171 | 23      | 32,004   | 3       | 0       | 0       | 283,175 | 26      |

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.