Nutrition Country Paper – The United Republic of Tanzania (Draft)

CAADP Agriculture Nutrition Capacity Development Workshops

February 2013

Methodology and general sources used to produce this document

This document has been prepared through a joint effort by technical staff from the Tanzania Food and Nutrition Center, The Ministry of Agriculture, Food Security and Cooperative, The Ministry of Health and Social Welfare, The Ministry of Education and Vocational Training, The Ministry of Community Development, Gender and Children, the UN Food and Agriculture Organisation (FAO) of the , UN REACH and other stakeholders using the sources listed below. This document presents an overview of the current nutritional situation in Tanzania as well as the role of nutrition within the country context of food security and agriculture, including strategy, policies and main programs. The purpose of this document is to increase knowledge on the nutrition situation, technical resources, sector programs and policies and identify the challenges and opportunities to scale up nutrition in agricultural and food security strategies and programs. Note this document is presented as a draft, comments and corrections are welcomed.

Sources	*Information*	*Internet Link*
FAO	Nutrition Country Profiles	http://www.fao.org/ag/agn/nutrition/profiles_by_country_en.stm
	FAO Country profiles	http://www.fao.org/countries/
	FAO STAT country profiles	http://faostat.fao.org/site/666/default.aspx
UNICEF	Nutrition Country Profiles	http://www.childinfo.org/profiles_974.htm
	MICS: Multiple Indicators Cluster Surveys	http://www.childinfo.org/mics_available.html
DHS	Tanzania DHS Indicators 2010	http://www.measuredhs.com/Where-We-Work/Country-List.cfm
OMS	Nutrition Landscape information system	http://apps.who.int/nutrition/landscape/report.aspx
CAADP	Signed Compact / Investment plans / Stocktaking documents / Technical Review reports if available	http://www.nepad-caadp.net/library-country-status-updates.php
SUN	Progress Report from countries and their partners in the Movement to Scale Up Nutrition (SUN)	http://www.scalingupnutrition.org/wp-content/uploads/2011/09/compendiurm-of-country-fiches-ROME-VERSION.pdf and http://www.scalingupnutrition.org/events/a-year-of-progress/
WFP	Food security reports	http://www.wfp.org/food-security/reports/search
WHO	WHO Global Database on Child Growth and Malnutrition	http://www.who.int/nutgrowthdb/en/
National Sources	Tanzania Agriculture and Food Security Investment Plan	http://www.kilimo.go.tz/CAADP/TAFSIP%20FINAL%20USAID%20EDTD%20for%20CIRCULATION.doc
	Agricultural Sector Development Strategy	http://www.tzonline.org/pdf/agriculturalsectordevelopmentstrategy.pdf
	Agricultural Sector Development Programme	http://www.agriculture.go.tz/publications/english%20docs/ASDP%20FINAL%2025%2005%2006%20(2).pdf
	Tanzania National Nutrition Strategy	https://extranet.who.int/nutrition/gina/sites/default/files/TZA%202011%20National%20Nutrition%20Strategy.pdf
	Tanzania National Nutrition Strategy Implementation **DRAFT** Plan	

Key policy documents to be consulted:

-Tanzania Agriculture and Food Security Investment Plan
-Agricultural Sector Development Programme
-National Nutrition Strategy
-National Nutrition Strategy Implementation Plan DRAFT
-National Nutrition Policy
-Council Planning and Budgeting Guideline for Nutrition
-Zanzibar Food Security and Nutrition ACT 2011
-Zanzibar Food Security and Nutrition Policy
-Zanzibar Food Security and Nutrition Program

Introduction to the National context

Table 1 –Tanzania Profile

	Tanzania-Zanzibar		Tanzania-Mainland	
	Value	*Sources*	*Value*	*Sources*
General Indicators				
Population below international poverty line of US$1.25 per day	44.41%	HBS 2009/10	67.9%	WHO 2007
Under-five mortality rate (per 1,000 live births)	73	TDHS 2010	81	TDHS 2010
Infant mortality rate (per 1,000 live births)	54	TDHS 2010	51	TDHS 2010
Primary cause of under-five deaths due to malaria	Na	-	16%	UNICEF 2012
Maternal mortality rate (per 100,000 live births)	279	MoH	556	TDHS 2010
Primary school net enrolment or attendance ratio	81.4%	HBS 2009/10	83%	TDHS 2010
Primary school net enrolment or attendance ratio males	80.5%	HBS 2009/10	78%	TDHS 2010
Primary school net enrolment attendance ration females	82.2%	HBS 2009/10	81%	TDHS 2010
Primary school net enrolment -ratio of females/males	102	HBS 2009/10	100	UNICEF 2005-09
Agro-nutrition indicators				
Access to improved drinking water in rural areas	89.4%	HBS 2009/10	45%	UNICEF 2009
Access to improved sanitation in rural areas	(34-57)%	HBS 2009/10	21%	UNICEF 2009
Food Availability indicators				
Average dietary energy requirement (ADER)	X	-		
Dietary energy supply (DES) in kcal/person/day	2.4	OCGS-FAO-FSND 2011		
Food Consumption indicators				
Average daily consumption of calories p.p. (WHO/FAO -55-75)	61.0%	OCGS 2010		
Calories from protein (WHO/FAO 10-15)	7.9%	OCGS 2010		
Calories from fat and oils (WHO/FAO 15-30)	30.9%	OCGS 2010		

Geography, population & human development

Tanzania is coastal country with many land and water resources. The population is very young with 43% of Tanzanians <15 years of age. Gross school enrollment rates for primary school in 2010 were reported at 102% (World Bank 2011). Life expectancy is 59 years (World Bank 2012). HIV/AIDS prevalence among 15-49 years of age group has shown a marked decline from 7% in 2003 to 5.7% in 2007, for the Mainland while in Zanzibar; prevalence had remained below 1% in the general population (WHO, 2011). Poor sanitation conditions are common both in the rural and urban areas, while access to safe water is a problem mainly for rural inhabitants. In the rural population, poverty is widespread, as approximately 40% of the population are below the basic needs poverty line, while in the urban areas approximately a quarter of the population is poor. High population growth rates imply increasing demands for social services such as sewerage, clean water, education, and accessible health care.

Economic Development

Agriculture is a key sector of Tanzania's economy and accounts for 26.5% of Tanzania's GDP. Any improvement in overall economic growth relies heavily on the performance of the agricultural sector. In addition, about 87% of the poor live in rural areas, and 75% of rural income is earned from agriculture. Growth in the agricultural sector has a significant potential to reduce poverty. Annual average GDP growth has been between 5-7% in recent years. The drivers of growth over the past decade have been mining, construction, communications, and the financial sector. Tanzania has large deposits of gold and natural gas. Manufacturing, transport, and tourism have also posted solid growth rates. The service sector constitutes 47% of total value-added in the economy, compared to 36% in 1990. Annual inflation fell to 7.2% in 2010 from 12.1% in 2009.

Food Security (food availability, access, utilization, and coping mechanisms)

Main indicators of the food insecurity situation include: food accessibility (quality and quantity), diversity, and utilization. The diet in Tanzania is based on cereals (maize and sorghum), starchy roots (cassava) and pulses (mainly beans). Consumption of micronutrient dense foods such as animal products and fruits and vegetables is infrequent and subsequently micronutrient deficiencies are widespread. At national level, the dietary energy supply does not meet average energy requirements of the population. The government has been importing food and receiving food aid to meet its production shortfalls. Close to 40% of the population lives in areas described by the World food Program as "chronic food – deficit regions": where rainfall is scarce and irregular. Rural households spend up to 66% of their income on food; price volatility is a major concern. The Dietary

diversification index is very low, as starchy foods provide almost three quarters of the total energy supply, despite the wide variety of food produced in the country.

Box 1 – Causes of malnutrition and food security

Causes of malnutrition and food insecurity

Immediate causes
Inadequate dietary intake (operating at individual level), disease,

Underlying causes
Income poverty, inadequate care, household food insecurity, unhealthy household environment and inadequate access to health services..

Basic causes
Lack of capital (i.e. financial, human, physical, social and natural) & the social, economic and political context

Main causes of the inconsistent food availability (list non-exhaustive)

- climatic variability and poor infrastructure;
- inadequate attention paid to nutritional requirements of the population in terms of vitamins and minerals;
- limited accessibility to food among the population;
- limited diversification in the utilization of different varieties of food;
- widespread poverty;
- burden of disease;
- IYCF practices not optimal ;
- …

Nutrition in most vulnerable groups

Availability, accessibility and affordability of food have a disproportionate affect on vulnerable groups in the society hence affecting their nutritional status. According to the National Food and Nutrition Policy (endorsed in 1992 by the GoT), the nutritionally (most) vulnerable groups include Children, Pregnant and Lactating Women, the Elderly, the Sick, People with Disabilities, People in Institutions, People in Disaster Situations and the overweight.

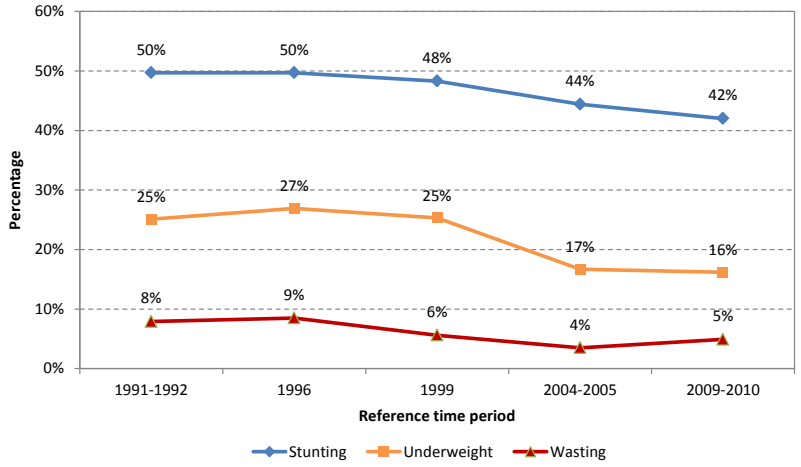
In addressing these groups most of the interventions have been directed to maternal health and child. Other groups like those who are sick, institutionalized, affected by disasters, refugees, adolescents not much has been documented although spot interventions are on-going.

Nutritional Situation

Nationally, malnutrition rates have decreased for children < 5 years since 1999. However, under nutrition is still highly prevalent in Tanzania.. Even with a drop in the percentage of children stunted from 44% in 1999 to 35% **(NCHS reference population**) in 2010, that still leaves more than a third of children <5 years affected by chronic malnutrition. In the Southern zone prevalence surpasses 50%.

Stunting is due to a combination of factors including maternal malnutrition, inadequate infant feeding practices, low quality of health care and poor hygiene. Child underweight has also declined, 1999 to 2010, from 29% to 21%, and child wasting from 5% to 4%.

Figure 1 - Anthropometric indicator trends in the United Republic of Tanzania



Source:http://www.who.int/nutgrowthdb/database/countries/who_standards/tza.pdf (accessed Feb, 2013)

Magnitude of the problem

Despite striking improvement in many health indicators over the last decade, there has been poor progress in improving the nutritional status of children and women in Tanzania. Stunting currently affects 42 percent of under five children, and is only two percentage points lower than it was in 2005 (TDHS 2005). Child underweight (16 percent) also remains at unacceptable levels, and there are pockets of very high acute malnutrition.

Regarding micronutrient intake, about one third of children age 6-59 months are iron and vitamin A deficient, 69 percent are anemic, and over 18 million Tanzanians do not consume adequately iodated salt.

Table 2 – Micronutrients and Indicators

Children age < 5 years	*Value*
Stunting[1]	42%
Underweight[1]	16%
Anaemia[2]	69%
Iron deficiency[2]	35%
Vitamin A deficiency[2]	33%

Women age 15-49 years	*Value*
Low body mass index	11%
Iodine deficiency	36%
Anaemia	40%
Iron deficiency	30%
Vitamin A deficiency	37%

[1]*Children 0-59 months.* [2]*Children 6-59 month*

Source: TDHS 2010

The nutrition situation of adolescent girls and women in Tanzania is also alarming. About one third of women age 15-49 years are deficient in iron, vitamin A and iodine, two fifths of women are anemic and one in ten women are undernourished. Malnourished adolescent girls and women are more likely to give birth to low birth weight infants, thus transferring under nutrition from one generation to the next.

Table 3 – Coverage rates for micronutrient supplement

	Value
Households consuming adequately iodized salt (≥ 15ppm)	47 %
Prevalence of VAD for children (6-59 months)	37.8 %
Prevalence of VAD for women aged 15-49 years	36.7 %
Vitamin A supplementation coverage rate (6-59 months)	61.8 %
% Vitamin A supplementation coverage rate (≤2 months postpartum)	n/a
% Prevalence of anemia among pre-school children (6-59 months)	58.7
% Prevalence of anemia among women of reproductive age	40.1

Source: TDHS 2010

Infant feeding

Breastfeeding is widely practiced in Tanzania. Approximately 49% of children are breastfed within one hour after birth and 94% within the first 24 hours after birth. Exclusive breastfeeding is not widespread (50%) for infants under 6 months; by the 4th month of life 77% of children are receiving complimentary food. HIV and AIDS present breastfeeding mothers with difficult decisions on how best to feed their young infants.

Table 4 – Agro-nutrition indicators related to infant feeding

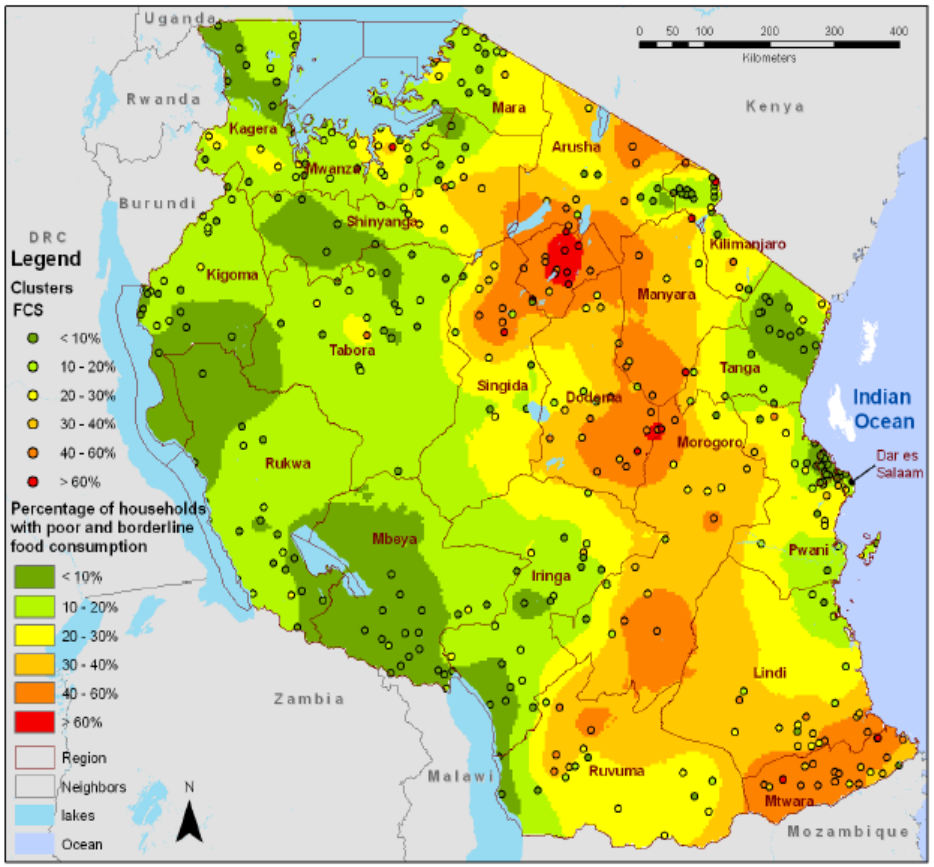
Indicators for Infant feeding by age	*Value*
Children (0-6 months) who are exclusively breastfed	23%
Children (6-9 months) who are breastfed with complementary food	92%
Children (9-11 months) who are using a bottle with a nipple	6%
Children (18-23 months) who are still breastfeeding	60%

Source: TDHS 2010

In Zanzibar, the average duration of exclusive breastfeeding (0 – 6 months) in is 2 weeks (TDHS 2010), and is much lower if compared to that of the Mainland, which is 2.4 months. The introduction of pre-lacteal feeds (28.5%) is contrary to recommended breastfeeding guidelines.

Regional overview

Map 1 – Regional mapping of households with poor and borderline food consumption



Source: CFSVA, 2010

Malnutrition

Table 5 – Nutritional Anthropometry (WHO Child Growth Standards) in Tanzania

	Mainland	*Zanzibar*
% Prevalence of stunting in children < 5 years of age	42	30
% Prevalence of wasting in children < 5 years of age	5	12
% Prevalence of underweight children < 5 years of age	16	19
% Women (15-49 years) with a BMI< 18.5 kg/m²	11	14
% Women (15-49 years) with a BMI ≥25.0 kg/m²	22	30

Source: TDHS 2010

Mainland *(TDHS 2010)*

Over one-third of children are stunted in rural Mainland Tanzania. Iringa, Rukwa and Kigoma are the regions with levels of stunting (52%, 51.4%, 48.2%) rates respectively. Maize the main staple produced accounts for close to 30%, of food consumption households.

Wasting rates in Tanzania are as low as 5.7%. In Arusha maternal malnutrition and child wasting rates are reported the highest at15.6% and 16.6%, respectively but also was reported to be the third highest with rates of poor food consumption. Wasting rates elevation and underweight prevalence was highest in Manyara (7.4% and 24.1%) and Mtwara (2.6 % and 19.4%), the regions with two highest percentages of poor food consumption households. Mtwara had the highest rate of maternal malnutrition (15.6%) like Arusha. Kigoma Region which has a high level of acceptable food consumption also reported elevated wasting and Underweight prevalence as 3.2% and 15.4% respectively, with highest underweight rate in Dodoma (27.2%) and Arusha (28.1%).

Zanzibar *(TDHS 2010 and CFVSA 2010)*

Child malnutrition in Zanzibar is still a public health problem. As the mainland the causes include: inadequate food intake, diseases, poor environmental sanitation, unsafe drinking water, improper child feeding practices aggravated by poor education and/or negligence of caretakers, noted to be more marked in the rural areas.

By all anthropometric indicators the nutritional status of the under-fives has worsened in Zanzibar. For instance, in 2005, in Zanzibar, stunting was estimated at 23.1% but in 2010 it was 30.2%; acute malnutrition was at 6.1% and deteriorated to 12% (TDHS 2005; TDHS 2010). It is also apparent that children in Pemba are much more affected by malnutrition than children living in Unguja. The magnitude of stunting is higher in Pemba (35.5%) compared to Unguja (26.7%).Similarly, the estimated acute type of malnutrition was at 10.9% for Pemba and 12.7% for Unguja (TDHS 2010).

Total overweight by Body Mass Index (BMI) ≥ 25 among women of reproductive age (15 – 49 years) in Zanzibar is reported to have increased from 26.9 in 2005 to 30.4% in 2010 (DHS 2010) partly due to high consumption of fats and oils in especially in urban areas (39%).

Micronutrient Deficiencies

Children below five years of age on the mainland and in Zanzibar are not only affected by protein energy malnutrition, but also by micronutrient deficiencies. Vitamin A supplementation coverage in children age 6 – 59 months (DHS 2010) is estimated at 98% and 78.2% (Mainland/Zanzibar). Anemia among 6 – 59 months old children was at 68.5% (DHS 2010). There has occurred some improvement in the past 5 years in terms of reduction of anaemia as it was by then estimated at 75.1% (DHS 2005). Low intake of iron rich foods, infestations, high food prices, food insecurity, inadequate care and low income among larger segment of Zanzibar is are important contributory factors to their ill health.

Table 6 – Coverage rates for micronutrient supplement

	Mainland	*Zanzibar*
% Households consuming adequately iodized salt (≥ 15ppm)	47 %	23.5 %
% Prevalence of VAD for children (6-59 months)	37.7 %	38.1 %
% Prevalence of VAD for women aged 15-49 years	36.6 %	39.8 %
% Vitamin A supplementation coverage rate (6-59 months)	94 %	78.2 %
% Vitamin A supplementation coverage rate (≤2 months postpartum)	26 %	38.9 %
% Prevalence of anemia among pre-school children (6-59 months)	58.4 %	68.5 %
% Prevalence of anemia among women of reproductive age	39.5 %	58.7 %

Source: TDHS 2010

Current strategy and policy framework for improving food security and nutrition

Specific strategies, policies and programs currently in place in the food and agriculture sector to improve nutrition

Strategy / Policy	*Reference Period*	*Objectives and main components*	*Budget / Donor*	*Stakeholders*	*Key points*
STRATEGIC FRAMEWORK					
Tanzania Development Vision 2025 and Zanzibar Development Vision 2020	Current-2025	The three principal objectives of the Vision 2025 • achieving quality and good life for all; • good governance and the rule of law; and • building a strong and resilient economy that can effectively withstand global competition These objectives not only deal with economic issues, but also include social issues such as education, health, the environment and increasing involvement of the people in working for their own development. The thrust of these objectives is to attain a sustainable development of the people.		• GoT • Line ministries • Development partners • NGOs • Private sector	Among other goals, Tanzania Vision 2025 states that by 2025, Tanzania should attain a "High quality livelihood." Several strategies deal with food security and nutrition: • Food self-sufficiency and food security; • Access to quality primary health care for all; • Reduction in infant and maternal mortality rates by three-quarters of current levels; • Universal access to safe water; and • Absence of abject poverty
National Strategy for Growth and Reduction of Poverty II (NSGRP II) or MKUKUTA II (Kiswahili), and the Zanzibar Strategy for Growth and Reduction of Poverty II (ZSGRPII).	Roll over, 5 year plan	Provides a framework for focusing policy direction and thrust on economic growth and poverty reduction in various sectors.		• GoT • Line ministries • Development partners • NGO • Private sector	The areas of focus are: i) Growth and Reduction of Income Poverty, ii) Social Services and Wellbeing and iii) Good Governance. The agriculture sector is addressed under the Cluster on Growth and Reduction of Income Poverty. MKUKUtA II addresses Nutrition issues under Cluster II.
Feed the Future focus country (USAID)	2011-2015	Feed the Future is a whole-of-government approach that aims to improve the livelihood and nutritional status of households in Tanzania by increasing food availability, access, stability, and utilization and engaging in broad-based partnerships to support country-owned and private sector led growth strategies.	*USAID* Estimated $300 million	• GoT • Line ministries • Development partners • NGO	Feed the Future Tanzania's results framework has specific results and indicators for addressing nutrition

Strategy / Policy	Reference Period	Objectives and main components	Budget / Donor	Stakeholders	Key points
				• Private sector	
AGRICULTURE					
Agricultural Sector Development Programme (ASDP)	2006-2013	The ASDP strategic objectives include (i) creating an enabling and favorable environment for improved productivity and profitability in the agricultural sector; and (ii) increasing farm incomes to reduce income poverty and ensure household food security	URT, WB, JICA, AfDB, IFAD, Ireland Approx. $200 million per annum	• GoT • Ministry of Agriculture, Food Security and Cooperatives • Development partners • NGO • Private sector	
Kilimo Kwanza (Agriculture First) Agriculture Transformation Initiative, (ATI)		Coordinates public and private commitment to make Tanzanian agriculture more competitive.			
Agriculture Sector Development Project (ASDP), AF-II		Both ASDP and ASP aim at increasing the growth rate of agricultural GDP. Targets for mainland Tanzania are to increase the agricultural sector annual growth rate from 3.2 percent in 2009 to 6.3 percent in 2015 (MKUKUTA II and MKUZA II), through transformation of the sector from subsistence to commercial agriculture. Besides stimulating agricultural growth, ASDP and ASP target also to achieve food security and reduce rural poverty.	$35 million World Bank	• Ministry of Agriculture Food Security and Co-operatives • World Bank • Ministry of Water and Irrigation	
FOOD SECURITY					
Special Programme for Food Security (SPFS)		The special program for Food Security aims to Tanzania in her efforts to 1/ Improve the national food security through rapid increases in productivity and food production , 2/ reduce year to year variability in agricultural production, 3/ improve Tanzanian's access to food.			The SPFS Phase I was operational in Dodoma and Morogoro regions as well as the mainland, including 120 districts and detailed proposals for 30 sites. The islands of Zanzibar and Pemba also participated in the SPFS
National Programme for Food Security (NPFS)		The United Republic of Tanzania supports two NPFSs, the Agriculture Sector Development Programme on the mainland and the Zanzibar Food Security and Nutrition Action Plan (ZFSN) for Zanzibar			The two national programmes aim to improve household food security and incomes through increase in productivity, diversification and sustainable use of natural resources. They also aim to enhance food security of consumers through improved access to and availability of food as well as increase income of producers through more efficient marketing. The programmes intend to enhance farmers' and

Strategy / Policy	Reference Period	Objectives and main components	Budget / Donor	Stakeholders	Key points
					consumers' access to support services such as extension, credit and nutrition as well as health education while they foster the participation of the poorer section of the rural population in community development.
Tanzania Agriculture and Food Security Investment Plan (TAFSIP)	2011-12 to 2020-21	TAFSIP is a product of a broad based collaborative process involving different key stakeholders. The goal is to contribute to the national economic growth, household income and food security in line with national and sectoral development aspirations. The objective is to rationalize allocation of resources to achieve annual 6 percent agricultural GDP growth, consistent with the national objectives to reduce rural poverty and improve household food and nutrition security, as well as CAADP objectives and principles.		• GoT • Line ministries • Development partners • NGO • Private sector	Focus on food availability: • Provisions for good agricultural land; • Provisions for increasing productivity and production of food (use of modern agricultural inputs/technology); • Irrigation; • Knowledge transfer; • Capacity building and institutional development; • Research and development to improve food crop varieties; • Stability of food supplies; • Early warning systems on stock depletion and management; • Food saving systems at home and warehouse systems nationally; • Food storage and post-harvest management of losses; • Food access; • On and off farm employment opportunities; • Food and cash related safety nets; • Market and fair prices for agricultural commodities.
NUTRITION					
National Nutrition Strategy	July 2011/12 – June 2015/16	The national nutrition strategy was developed by the Tanzania Food and Nutrition Center with contributions from a number of key stakeholders. The strategy is in-line with, and will contribute to, the National Development Vision 2025, the National Strategy for Growth and Reduction of Poverty, the African Regional Nutrition Strategy (2005-2015) and the policies and strategies of the Government. In the National Strategy, it is ensured that interventions that are mandated for other sectors, such as health, water, agriculture and education, and which are included in their sectoral strategies and action plans are not duplicated.		Implementation requires the participation and involvement of stakeholders at all levels from the community level to the national level. Public sectors (sectoral ministries, regional secretariats and local government authorities), higher learning institutions,	The Strategy identifies a set of priority areas that are key to improving nutritional status of the people. The actions under the priority areas address nutritional problems that are of public health significance or are emerging challenges that have the potential for being a significant barrier to human development in the near to medium-term. They are evidence-based, cost-effective and of proven feasibility in Tanzania or similar contexts. -Promotion of good infant and young child feeding practices -Prevention and control of vitamin and mineral

Strategy / Policy	*Reference Period*	*Objectives and main components*	*Budget / Donor*	*Stakeholders*	*Key points*
				professional bodies, private sector, development partners, civil society, media and the community.	deficiencies -Improvement of maternal nutrition -Nutrition care and support for PLHIV -Support for children, women and households in difficult circumstances -Prevention and control of diet-related non-communicable diseases. -Improvement of household food security -Conducting nutrition surveillance, surveys and information management
National Food Fortification Alliance (NFFA)		National Food Fortification Alliance (NFFA) responsible for developing a national action plan to carry out mandatory fortification of staple foods, including wheat flour, maize flour and edible oil.			

Institutional execution framework linked to food security and nutrition

Main entities in charge of implementing the food and nutrition policy framework

Main entities:
The High level steering committee, the Nutritional Technical working group, the nutrition focal points in key ministries.

For the implementation of the ASDP, coordination mechanisms include:
Basket Fund Steering Committee, Committee of Directors where by the chair is the DPP from the Ministry of Agriculture, ASDP regional coordinators, Thematic Working Groups, and Facilitation Teams (National, District and Ward), Annual Joint Review (AJIR), Sector Consultative Group and Sector Consultative.

Box 2 – Nutrition Consultative Groups

Nutrition Consultative Groups

NCCDD – National Council for Control of Iodine deficiency disorders

NVAGC – National Vitamin A Consultative Group

NNAGG – National Anaemia Consultative Group

NIYCF – National Infant and Young Child Feeding Consultative Group

Main technical and financial partners

Key Developmental partners as listed participate in a meeting (Development Partners Group DPG) on a monthly basis to coordinate activities and share information. Included in this group are CSO,s and NGOs. As of yet there is no participation from faith based organizations or the private sector.
Similarly there is limited engagement with the agricultural sector. The DPG nutrition was formally established in 2004 with the aim of strengthening development partnerships and effectiveness of development cooperation by working with the government and other stakeholders.
The approach to aid management in Tanzania is guided by the Joint Assistance Strategy (JAST) and takes into account the international principles of aid effectiveness. The main focus of JAST is to promote national ownership and government leadership in development cooperation through joint actions that seeks to enhance the impact of development effectiveness.
By moving beyond information-sharing towards actively seeking harmonization and alignment of aid systems and priorities, the Development Partners (DPs) are aiming at increasing the effectiveness of development assistance in support of the Government of Tanzania's national goals and systems.

Multilateral development partners
WORLD BANK, European Union, IFAD, AFDB, FAO, UNDP, UNICEF, WHO, WFP

Bilateral development partners
The United States Agency for International Development (USAID), The United Kingdom (DFID), The Netherlands, Sweden (SIDA), Japan (JICA), Denmark (DANIDA) and Irish Aid, Canada (CIDA), Norway, Spain, France, Italy, The People's Democratic Republic of China

Local & International NGOs
Common Market for Eastern and Southern Africa (COMESA) and Southern Africa Development Community (SADC), Helen Keller International (HKI), Family Health International (FHI), University Research Co., JHPIEGO, AFRICARE, Partnership for Nutrition (PANITA), CONSENUTH, Save the Children additional NGOs and CSOs are active in the nutrition sector.

Adherence to global / regional initiatives linked to nutrition

- Baby Friendly Hospital Initiative
- Infant and Young Child Feeding Initiative
- Global Strategy for Women's and Children's Health
- Global Code of Practice on the International Recruitment of Health Personnel
- International Code of Marketing of Breast-milk Substitutes
- Millennium Development Goals
- GAVI Global Alliance for Vaccines initiative
- Roll Back Malaria Initiative (RBM)
- Global Strategy for Women's and Children's Health
- GLOBAL ALLIANCE for Improved Nutrition (GAIN)
- Scaling Up Nutrition (SUN)
- Comprehensive Africa Agriculture Development Programme (CAADP)
- African Regional Nutrition Strategy (2005-2015)

Analysis of current and future country nutritional actions & perspectives

Tanzania has progressed towards achieving good nutrition: Some of the progress made includes:

- **Formation of High Level Steering Committee for Nutrition**: The High Level Steering Committee on Nutrition (HLSCN) is the convening body and it is located under the Prime Minister's office. The Committee is composed of Permanent Secretaries of nine line Ministries (multi-sectoral) and is chaired by the Permanent Secretary in the Office of the Prime Minister. Other members include senior representatives from the Development Partners, Private Sector, Civil Society (PANITA as a civil society wing for SUN and COUNSENUTH), academia and the Executive Secretary of the Planning Commission. It has its terms of reference and annual implementation plan and operates within the leverages from the government systems, existing dialogue mechanisms for development cooperation as well as technical working group.
  The HLSCN meets twice a year and may meet on ad-hoc basis as need arises; Agreed TOR, secretariat and Action Plan for 2012 and;
  Nutrition focal persons from each ministry have been appointed and orientation completed.

- The launching of **National Nutrition Strategy (NNS):** NNS was finalized and launched in Sept 2012, while its implementation plan drafted.

- **Integrating Nutrition into Agriculture**: **TAFSIP** was created with a nutrition component and the plans for a new Agriculture Sector Development Programme formulation; draft TOR includes nutrition component.

- **National Budget Line for Nutrition**: Directive included in 2012/13 National Budget lines; Guidelines for Nutrition Planning and Budget disseminated to Districts for 2012/13 planning cycle; and Public Expenditure Review (PER) initiated in April 2012 planned for completion in August 2013.

- **Nutrition positions at the regional and districts levels**: Nutrition Officers position established and appointed in 106 districts by July 2012; Nutrition Focal Points appointed in all districts and Mapping of district staff with nutrition qualifications conducted.

- **Fortification standards for oil, wheat and maize flour**: Finalized national standards for oil, wheat and maize flour; enforcement for large scale millers on track for September 2012.

Analysis of on-going process within nutrition-linked regional and international initiatives

Scaling Up Nutrition

First introduced in 2011, June 5th. The High Level Steering Committee on Nutrition (HLSCN) is the convening body and it is located under the Prime Minister's office. The Committee is composed of Permanent Secretaries of nine line Ministries (multi-sectoral) and is chaired by the Permanent Secretary in the Office of the Prime Minister. Other members include senior representatives from the Development Partners, Private Sector, Civil Society (PANITA as a civil society wing for SUN and COUNSENUTH), academia and the Executive Secretary of the Planning Commission. It has its terms of reference and annual implementation plan and operates within the leverages from the government systems, existing dialogue mechanisms for development cooperation as well as technical working group.

The HLSCN meets twice a year and may meet on ad-hoc basis as need arises

Comprehensive Africa Agriculture Development plan (CAADP)

For Tanzania CAADP is viewed as an opportunity to support the goals of the National Strategies for Growth and Reduction of Poverty and eventually for achieving the goals of the Development Visions 2025 for Tanzania and Development Visions 2020 for Tanzania Mainland and Zanzibar.

The CAADP compact was signed in 2011 Sept.19th to complement efforts towards transformed agriculture and sustained economic growth through Kilimo Kwanza and ASDP Agricultural Transformation Initiative (ATI) and ASP for Tanzania Mainland and Zanzibar respectively.

Sector-Wide Approach (SWAp)

The Government of Tanzania and its Development Partners have taken a Sector Wide Approach (SWAp) to supporting the health sector since 1999. A "Code of Practice" between the Health Sector of the GOT and "Collaborating" Partners was signed in August, 2003. Since that time, the SWAp and the partnership have evolved. Additionally, a number of other key strategies have been developed including the National Strategy for Growth and

Reduction of Poverty and the Joint Assistance Strategy for Tanzania was signed in December 2006. Since its start, the number of health partners have grown. Modes of development assistance have expanded and evolved over the last few years and now the SWAp is supported through project financing; in-kind goods, services and technical support; basket (pooled) financing; as well as General Budget Support.

United Nations Development Assistance Plan (UNDAP)

The UNDAP is the business plan for 20 UN agencies, funds and programmes in Tanzania for the period from 2011- 2015. This 'One plan' for Tanzania supports the achievement of the international development goals, the Millennium Declaration and related MDGs, national development priorities consistent with the MDGs, and the realization of international human rights in the country.

Prioritized areas include strengthening of community health structures for promoting local health and nutrition behaviors, expansion of technical assistance and capacity building to help better integrate nutrition in the country's health policies, plans and budgets.

The budget is funded from UN agency core funds, to be mobilized by agencies outside core resources and One Fund (managed by the Joint Steering Committee).

The latter is the mechanism through which donors finance the un-funded portion of the UNDAP budget for which UN agencies have indicated that resources need to be mobilized in Tanzania.

Consideration of nutritional goals into programs / activities related to agriculture and food

National Nutrition Strategy (NSS): The national nutrition strategy is in-line with, and will contribute to, the National Development Vision 2025, National Strategy for Growth and Reduction of Poverty, the African Regional Nutrition Strategy (2005-2015) and the policies and strategies of the Government. In the National Strategy, it is ensured that interventions that are mandated for other sectors, such as health, water, agriculture and education, and which are included in their sectoral strategies and action plans are not duplicated.

The goal of the strategy is that all Tanzanians attain adequate nutritional status, which is an essential requirement for a healthy and productive nation. It will be achieved through policies, programs and partnership that deliver evidence-based and cost-effective interventions to improve nutrition.

The strategies include Accessing quality nutrition services, Advocacy and behavior change communication, Legislation for a supportive environment, **Mainstreaming nutrition into national and sectoral policies, plans and programs,** Institutional and technical capacity for nutrition, Resource mobilization, Research, monitoring and evaluation as well as Coordination and partnerships.

The implementation requires the participation and involvement of stakeholders at all levels from the community to the national level.

Tanzania Agriculture and Food Security Implementation Plan (TAFSIP): TAFSIP is a product of a broad based collaborative process involving different key stakeholders. The goal is to contribute to the national economic growth, household income and food security in line with national and sectoral development aspirations.

The objective is to rationalize allocation of resources to achieve annual 6 percent agricultural GDP growth, consistent with the national objectives to reduce rural poverty and improve household food and nutrition security, as well as CAADP objectives and principles. This objective embodies the concepts of allocating resources to invest more, produce more, sell more, nurturing the environment, and eliminating food insecurity; all of which are embodied in various national policy instruments.

Main food and agriculture programmes and interventions being implemented to improve nutrition in the different sectors (health, agriculture, food security,...)

At the time of writing a "who" does "what", "where" exercise is just underway. The results have not been finalized. It has been recognized by the government that this lack of information of what agencies are doing what activities, is a key gap in the knowledge landscape of nutrition in Tanzania

Amongst the active stakeholders in the sector, we may however consider:

Tanzania Food and Nutrition Center (TFNC): TFNC was set up in 1974 through the Tanzania Food and Nutrition Act (1973) in response to the need for an institution to oversee nutrition matters in the country. This was a response to the prevailing trend in international development programming, because, in the 1970s under the "nutrition planning" movement, many countries established multi-sectoral bodies to coordinate policy and action on nutrition, primarily
between agriculture and health.

The formation of TFNC cemented previous nutrition activities that were on-going from as early as 1920's, coordinated by different units under the Ministry of Health. Prior to constituting TFNC, there had been formation of nutrition units under the Ministry of Agriculture and Ministry of Education in addition to the main nutrition unit which was placed under Ministry of Health.

The formation of TFNC consolidated efforts and activities of these different units, putting them under one umbrella. The rationale was to have an institution that was able to work within the different sectors cutting across nutrition. Unfortunately the Tanzania Food and Nutrition (TFN) Act did not specify the authority under which TFNC would fall under; so it was first placed under the Ministry of Agriculture, later the Prime Minister's Office and finally by Presidential directive under the Ministry of Health where it still is today.

The TFNC Act established TFNC as an autonomous institution governed by a Board of Directors and managed by a Managing Director with the Board Chairperson being appointed by the President and the Managing Director by the Minister in the Ministry that TFNC is placed under. The mandate given to TFNC is listed below:

- To plan and initiate food and nutrition programmes for the benefit of the people of the United Republic of Tanzania;
- To undertake review and revision of food and nutrition programmes;
- To provide facilities for training in subjects relating to food and nutrition and prescribed conditions which must be satisfied before any diploma, certificate or other award which may be granted in any such subject upon completion of any training undertaken by the Centre or other educational institution in Tanzania;
- To carry out research in matters relating to food and nutrition;
- To advise the Government, the schools and other public organizations on matters relating to food and nutrition;
- To stimulate and promote an awareness of the importance of balanced diet and of the dangers of malnutrition to the people of Tanzania;
- To gain public confidence in the methods suggested by the Centre for the correction or avoidance of malnutrition;
- In collaboration with the Ministry responsible for Development Planning, to formulate plans relating to food and nutrition for the benefit of the people of Tanzania to be incorporated in the national development plan;
- In collaboration with the producer, manufacturers and distributors of articles of food, to ensure proper nutritional value of the food marketed in Tanzania or exported to foreign countries;
- To make available to the Government and the people of the United Republic its findings on any research carried out by it on matters affecting nutrition;

- To participate in international conference, seminars and discussions on matters relating to food or nutrition; and
- To do all such acts and things and enter into all such contracts and transactions, as are, in the opinion of the Governing Board, expedient or necessary for the discharge of functions of the Centre.

COUNSENUTH: Was registered in 1998 with the major goal of improving the quality of life through provision of counselling services, preventive health, reproductive health and nutrition education. Major services provided include Community nutrition, Infant feeding and health eating, Nutritional care for people living with HIV /AIDS, Dietary management of obesity, and diet related diseases such as diabetes, cancer; and Coronary heart diseases (CHD), Counselling and life skills development, Adolescent health, positive parenting and reproductive health, Gender and mid-life concerns and Research and consultancy.
This organisation operates at the community level, specifically targeting children, pregnant and lactating women, adolescents, youth, women, men and families.

Helen Keller International: An NGO started working in Tanzania since 1984 with the goal of preventing blindness and reducing malnutrition. It conducts a number of programs including Vitamin A supplementation, Zinc for the treatment of diarrhea, Maternal Anaemia Control.
The organisation works in four regions; LindiMtwara, Singida and Mwanza, but the Vitamin A Supplementation program has the national reach. Tanzania's program has been very successful in institutionalizing district-driven vitamin A supplementation within the context of child survival services. This strategy has resulted in above 90% coverage since 2001. Last year, 90% of the targeted population was reached again, or 6 million children ages 6-59 months.

Mwanzo Bora Focusing on SBCC to improve nutrition (Three Regions, ten districts) is a consortium supporting a 5-year integrated nutrition program funded through the USAID Global Health Initiative (GHI) and Feed the Future in Tanzania. Over the next five years, the Mwanzo Bora Nutrition Project seeks to reduce the prevalence of stunting among children less than five years of age by 20 percent and reduce maternal anemia among pregnant women by 20 percent.

PARTNERSHIP FOR NUTRITION IN TANZANIA, (PANITA). PANITA advances advocacy efforts, improve coordination and reduce malnutrition by strengthening the capacity of and increased mobilization and coordination of civil society organizations (CSOs), private sector organizations (PSOs), the media and other development partners to facilitate a more effective national and local response to addressing malnutrition.

UNICEF Working closely with the government, donors and development partners UNICEF has extensive programs in Tanzania supporting Nutrition. March 2013 will see the initiation of coordinated intensive interventions in six districts to scale up nutrition.

WHO / ANI Planned to start in March 2013. Two Regions (ten districts)

Monitoring & Evaluation mechanisms Monitoring and evaluation remains a field that needs to be strengthened in Tanzania. TFNC and the relevant departments in the Ministry of Health do carry out 'supportive supervision' as resources allow.Health workers at all levels are given training and oriented to various programmes to update them on current issues concerning their fields of operation. For example, the government collaborates with partners currently doing refresher trainings on the management of acute malnutrition at both health facility and community levels.

It is planned to harmonize the M+E efforts of the new WHO and UNICEF initiatives along with the Mwanzo Bora program.

Coordination mechanisms (public-public, public-private, technical and financial partners)

The government has together with partners finalized a nutrition policy and strategy and is working to employ and deploy nutrition officers at regional, district and ward levels. These officers will plan and facilitate in the implementation of nutrition activities in the catchment areas – thus highly increasing the outreach. Already a package of 'essential nutrition actions' for councils is in place and being disseminated – which will guide and facilitate the wok of the newly employed nutrition cadres. This is an important step in scaling up nutrition, but the plan is still in the early stages and involvement and commitment from all stakeholders are needed to success.

Coordination had lacked behind during the last years, but recently cooperation between different departments in the ministry and between the ministries as well as between development partners has improved. Technical Working Groups and subgroups as well as multi-sectoral working groups meet regularly to discuss the challenges and way forward to scale up nutrition.

Main issues at stake to improve the mainstreaming and scaling-up of nutrition at the country level and regional / international level, taking into account sustainability

Resources are the main constraint to scaling up nutrition. Only limited financial resources are allocated for nutrition in the Central Government, and, it's now that discussions have started in the Local Government Authorities regarding the need to budget for nutrition. With increased funding many of the nutrition activities initiated in the country will be scaled up.
Human resources are an equally important element. Nutrition officers are needed to scale up nutrition especially at the district and sub-district levels. The deployment of nutrition officers is now understood and accepted by the Ministry of Health and the Local Government Authorities.
Advocacy for nutrition to the Government and policy/decision makers at various levels is crucial to cultivate their understanding, interest and commitment to supporting to support nutrition.
Nutrition activities in Tanzania need to be guided and coordinated. At present institutions (NGOs, CBOs, Faith based organizations) implementing nutrition activities are numerous. Tanzania Food and Nutrition Centre and the concerned ministries in collaboration with partners must continue to put out guidelines for the various nutrition initiatives.

Table of Definitions

Term	Definition
Acute hunger	Acute hunger is when the lack of food is short term, and is often caused when shocks such as drought or war affect vulnerable populations.
Chronic hunger	Chronic hunger is a constant or recurrent lack of food and results in underweight and stunted children, and high infant mortality. "Hidden hunger" is a lack of essential micronutrients in diets.
Direct nutrition interventions and nutrition-sensitivestrategies	Pursuing multi-sectoral strategies that combine direct nutrition interventions and nutrition-sensitive strategies. Direct interventions include those which empower households (especially women) for nutritional security, improve year-round access to nutritious diets, and contribute to improved nutritional status of those most at risk (women, young children, disabled people, and those who are chronically ill).
Food Diversification	Maximize the number of foods or food groups consumed by an individual, especially above and beyond starchy grains and cereals, considered to be staple foods typically found in the diet. The more diverse the diet, the greater the likelihood of consuming both macro and micronutrients in the diet. *Source : FAO*
Food security	When all people, at all times, 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.
Hunger	Hunger is often used to refer in general terms to MDG1 and food insecurity. Hunger is the body's way of signaling that it is running short of food and needs to eat something. Hunger can lead to malnutrition.
Iron deficiency anemia	A condition in which the blood lacks adequate healthy red blood cells that carry oxygen to the body's tissues. Without iron, the body can't produce enough hemoglobin, found in red blood cells, to carry oxygen. It has negative effects on work capacity and motor and mental development. In newborns and pregnant women it might cause low birth weight and preterm deliveries.
Malnutrition	An abnormal physiological condition caused by inadequate, excessive, or imbalanced absorption of macronutrients (carbohydrates, protein, fats) water, and micronutrients.
Millennium Development Goal 1 (MDG 1)	Eradicate extreme poverty and hunger, which has two associated indicators: 1) Prevalence of underweight among children under five years of age, which measures under-nutrition at an individual level; and, 2-Proportion of the population below a minimum level of dietary energy consumption, that measures hunger and food security, and it is measured only at a national level (not an individual level). *Source : SUN Progress report 2011*
Multi-stakeholder approaches	Working together, stakeholders can draw upon their comparative advantages, catalyze effective country-led actions and harmonize collective support for national efforts to reduce hunger and under-nutrition. Stakeholders come from national authorities, donor agencies, the UN system including the World Bank, civil society and NGOs, the private sector, and research institutions.
Nutritional Security	Achieved when secure access to an appropriately nutritious diet is coupled with a sanitary environment, adequate health services and care, to ensure a healthy and active life for all household members.
Severe Acute Malnutrition (SAM)	A weight-for-height measurement of 70% or less below the median, or three standard deviations (3 SD) or more below the mean international reference values, the presence of bilateral pitting edema, or a mid-upper arm circumference of less than 115 mm in children 6-60 months old.
Stunting (Low height-for-age)	Stunted growth reflects a process of failure to reach linear growth potential as a result of suboptimal health and/or nutritional conditions (chronic malnutrition). On a population basis, high levels of stunting are associated with poor socioeconomic conditions and increased risk of frequent and early exposure to adverse conditions such as illness and/or inappropriate feeding practices. Similarly, a decrease in the national stunting rate is usually indicative of improvements in overall socioeconomic conditions of a country.
Underweight (Low weight-for-age)	Weight-for-age reflects body mass relative to chronological age. It is influenced by both the height of the child (height-for-age) and his or her weight (weight-for-height), and its composite nature makes interpretation complex. For example, weight- for-age fails to distinguish between short children of adequate body weight and tall, thin children. However, in the absence of significant wasting in a community, similar information is provided by weight-for- age and height-for-age, in that both reflect the long-term health and nutritional experience of the individual or population.
Wasting (Low weight-for-height)	Wasting or thinness indicates in most cases a recent and severe process of weight loss, which is often associated with acute starvation and/or severe disease. However, wasting may also be the result of a chronic unfavourable condition. Provided there is no severe food shortage, the prevalence of wasting is usually below 5%, even in poor countries. A prevalence exceeding 5% is alarming given a parallel increase in mortality that soon becomes apparent. On the severity index, prevalences between 10-14% are regarded as serious, and above or equal 15% as critical. Lack of evidence of wasting in a population does not imply the absence of current nutritional problems: stunting and other deficits may be present.

Table of Acronyms

Acronym	Definition
ASARECA	Association for Strengthening Agricultural Research in Eastern and Central Africa
AUC	African Union Commission
BMI	Body Mass Index
CAADP	Comprehensive Africa Agriculture Development Program
CFSA	Comprehensive Food, Security and Vulnerability Assessment
CILSS	West Africa Regional Food Security Network
CIP	Country Investment Plan
COMESA	Common Market for Eastern and Southern Africa
CORAF	Conference of African and French Leaders of Agricultural Research Institutes
DHS	Demographic and Health Survey
EAC	East African Community
ECOWAS	Economic Community of West African States
FAFS	Framework for African Food Security
FAO	Food and Agriculture Organization
IFAD	International Fund for Agricultural Development
IFPRI	International Food Policy Research Institute
JAG	Joint Action Group
MICS	Multiple Indicator Cluster Survey
NAFSIP	National Agriculture and Food Security Investment Planning
NCD	Non-communicable Disease
NCHS	National Center for Health Statistics, Centers for Disease Control & Prevention
NEPAD	New Partnership for Africa's Development
NPCA	National Planning and Coordinating Agency
PRS	Poverty Reduction Strategy
REACH	Renewed Efforts Against Child Hunger
REC	Regional Economic Community
SGD	Strategic Guidelines Development
SUN	Scaling-Up Nutrition
UNDP	United Nations Development Program
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WFP	World Food Program
WHO	World Health Organization