
Tanzania: Nutrition Profile

Background

Tanzania's political stability and macroeconomic management have allowed its economy to grow steadily at an annualized rate of about 7 percent in 2012 and 2013, driven by robust growth in the financial services, construction, mining, trade and telecommunication sectors.¹ Despite these gains, poverty remains prevalent and stagnant, with 68 percent of the population living below the international poverty line of \$1.25 per day.² Agriculture accounts for 27.6 percent of GDP, and employs 76.5 percent of the workforce.³ Increased agricultural productivity will be a major driving force to raise the poor above the poverty line. Inflation is twice as high in Tanzania as in neighboring Kenya and Uganda, and the burden of increased food prices falls heaviest on Tanzania's poorest citizens. In the past decade, Tanzania has risen by 32 percent in the UNDP Human Development Index; however, its progress on the Millennium Development Goals (MDGs) has been uneven. Targets in primary school net enrollment and equity in primary education (MDG 2), access to safe water, and reduction in child mortality (MDG 4) have already been met or are on track to be met by 2015. Despite important progress, efforts need to be accelerated to reduce maternal mortality (MDG 5), to halt and reverse the spread of HIV/AIDS (MDG 6), to achieve greater gender equality (MDG 3), and to cut extreme poverty and hunger by half (MDG 1).⁴

Nutrition Situation

Poverty and food insecurity are the main drivers of chronic undernutrition in Tanzania, which is responsible for more than 130 child deaths every day, making it the greatest contributor to under-five deaths in the country.⁵ Stunting, a measure of chronic undernutrition, has decreased by only 2 percent from 2005 to 2010, with 42 percent of children under five years stunted.⁶ There are regional, socioeconomic and maternal education-related disparities in chronic undernutrition: It affects rural children (45 percent) more than urban children (32 percent); is less common among children of more educated mothers and those from wealthier families; and is highly prevalent in the regions of Dodoma, Iringa, Mbeya, Njombe, Rukwa and Lindi, with prevalence rates of 50 percent or higher, while urban Dar es Salaam has the lowest rate at 19 percent.⁶ Stunting is attributed to a combination of factors including maternal malnutrition, inadequate infant feeding practices, low quality of health care and poor hygiene.⁷ Breastfeeding is widely practiced, but exclusive breastfeeding is not widespread, and complementary feeding practices are inadequate, with only 18 percent of young children having a minimum acceptable diet, which has a major impact on growth and development. The diet is based on cereals (maize and sorghum), starchy roots (cassava) and pulses (mainly beans). Consumption of micronutrient-dense foods such as animal products, fruits and vegetables is low; subsequently, micronutrient deficiencies are widespread, with more than half of children under five considered anemic. However, this is a major reduction from 2005, when 72 percent of children were anemic. There was a less dramatic decrease in anemia among women of reproductive age, which can be correlated with insufficient iron intake. Only 4 percent of women are taking adequate iron supplementation during pregnancy.⁶

Tanzania Nutrition Data		
Population (2012)	47 Million	
Population under 5 years of age (0-59 months, 2012)	8 Million	
	2005⁸	2010⁶
Prevalence of stunting among children under 5 (0-59 months)	44%	42%
Prevalence of underweight among children under 5 (0-59 months)	22%	16%
Prevalence of wasting among children under 5 (0-59 months)	3%	5%
Prevalence of anemia among children aged 6-59 months	72%	59%
Prevalence of anemia among women of reproductive age (15-49 years)	48%	41%
Prevalence of thinness among women of reproductive age (15-49 years)	10%	11%
Prevalence of children aged 0-5 months exclusively breastfed	41%	50%
Prevalence of breastfed children aged 6-23 months receiving a minimum acceptable diet	n/a	18%

National Nutrition Policies

The Government of Tanzania has demonstrated its commitment to reducing food insecurity and undernutrition. The Prime Minister's Office convenes a multi-stakeholder platform, the High Level Steering Committee on Nutrition (HLSCN). The HLSCN operates within and leverages existing government systems and dialogue mechanisms for developing cooperation, such as the Joint Assistance Strategy for Tanzania and the Food Security Thematic Group within the agriculture sector. A Multi-sector Nutrition Technical Working Group supports the HLSCN and is chaired by the Director of the Tanzanian Food and Nutrition Centre, a government institution that guides, coordinates and catalyzes nutrition work in the country. The government launched a multi-sectoral National Nutrition Strategy in 2011, which included the placement of a nutrition officer in every district and of nutrition focal points in each ministry. Tanzania is placing strong emphasis on decentralization to ensure that nutrition is on the agenda with those working closest to affected communities.

In 2011, Tanzania joined **Scaling Up Nutrition (SUN)**, a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses and researchers in a collective effort to improve nutrition. USAID and IrishAid are the donor conveners of SUN in Tanzania. Under the four pillars of SUN, it has established the SUN Business Network as well begun to incentivize and leverage the private sector to deliver direct nutrition interventions.

The government has demonstrated its commitment to agricultural development, signing a CAADP (Comprehensive Africa Agriculture Development Programme) Compact in 2010. CAADP is an African-led program bringing together governments and diverse stakeholders to reduce hunger and poverty and promote economic growth in African countries through agricultural development. The implementation of CAADP is set to complement the work being done through the Southern Agricultural Growth Corridor, a public-private initiative to drive growth and productivity in Tanzania's breadbasket regions.

Tanzania was one of the first African nations to join the New Alliance for Food Security and Nutrition, a partnership among African heads of state, corporate leaders and G-8 members to accelerate implementation of CAADP strategies. Under the New Alliance, the government and G-8 members have endorsed a country-specific Cooperation Framework and committed to specific policy actions that will improve the environment for private investment in agriculture.

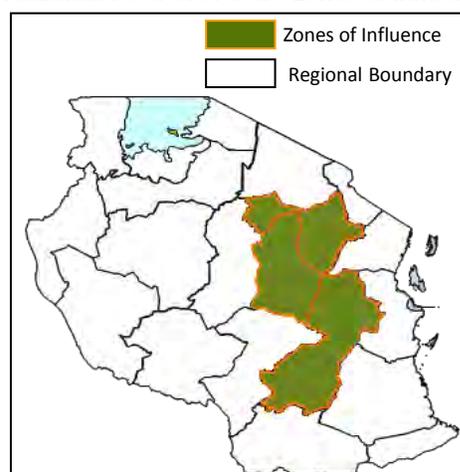
USAID Programs: Accelerating Progress in Nutrition

Highlighted Bilateral Nutrition Projects in Tanzania			
Project Name	Year Awarded	End Date	Objective(s)
Flagship Nutrition (Mwanzo Bora)	Aug. 29, 2011	Aug. 29, 2016	Improve the nutrition status of pregnant women and children under 5 through the delivery of integrated health and agriculture.
Market-Based Solutions to Reduce Poverty and Improve Nutrition (Tuboreshe Chakula)	April 8, 2011	Feb. 26, 2015	Promote increased investment in medium- and small-scale enterprises to scale up and diversify fortified and blended food products with the goal of making more nutritious processed foods available and affordable, particularly for pregnant/lactating women, children aged 6-59 months, and people living with HIV.
Tanzania Agricultural Productivity Program (TAPP)	October 19, 2009	October 18, 2014	Advance Mission's food security and nutrition objectives by increasing incomes and improving nutrition through horticultural production.

Feed the Future Progress

Feed the Future has a large portfolio in Tanzania, composed of five major projects. The major target regions of Dodoma, Manyara and Morogoro were selected for their agricultural growth potential, high likelihood for synergies with other agricultural and health investments, and location along important transportation corridors. Furthermore, these areas suffer chronic food shortages despite their potential for agricultural growth. The **Staples Value Chain (NAFAKA)** project is the main value chain project intended to assist small farmers in accessing markets and increasing their incomes through increased production and decreased postharvest losses. This is expected to lead to improved food security and nutrition, and will also strengthen women's participation and leadership in economic opportunities across the value chains. The **NAFAKA** project focuses on rice, maize and horticulture value chains, and is supported by three additional projects: A. The **Market-Based Solutions to Reduce Poverty and Improve Nutrition** project focuses on the agro-processing sector, scaling up and diversifying fortified/blended food products with the aim of increasing the availability and

Tanzania: Feed the Future Zones of Influence



USAID/Tanzania Feed the Future Nutrition Goals for 2017

- Reduce the prevalence of poverty in Feed the Future target regions by 20 percent, from 37.2 percent (2011 baseline) to 29.8 percent
- Reduce the prevalence of stunting in children under age five in Feed the Future target regions by 20 percent, from 48.3 percent (2011 baseline) to 38.6 percent

affordability of nutritious processed foods; B. the **Improved Food Processing for Nutrition and Value Addition** project seeks to expand the agro-processing sector to increase employment and demand for agricultural commodities and to increase the capacity of agro-processors in the Feed the Future regions who are working on target value chains to build sustainable businesses; and C. the **Tanzania Agricultural Productivity Program** selects alternative value chains and focuses on diversification of exports.⁹

The value chain interventions are complemented by a nutrition component, the **Mwanzo Bora: Improving Nutrition in Tanzania Project**, which emphasizes capacity building and behavior change to provide critical nutrition services and education. In FY2012 the nutrition project trained 25 nutrition focal points in various line ministries and over 200 people as part of district multi-sectoral teams in Feed the Future regions. In addition, this program worked with 70 health facilities and trained 128 health workers in nutrition. As part of USAID's efforts to encourage positive nutrition practices like exclusive breastfeeding, the program reached over 7,500 people with text messages during World Breastfeeding Week as part of the social behavior change communication (BCC) strategy.

Active Global Nutrition Mechanisms

The **Global Alliance for Improved Nutrition (GAIN)** is implementing a new project in Tanzania in 2013, the Marketplace for Nutritious Foods. Already underway in Mozambique and Kenya, the project aims to alleviate malnutrition by bringing together key stakeholders — including enterprises, development partners and social investment firms — to improve the availability of nutritious foods in local markets and along the value chain.

The **Food and Nutrition Technical Assistance (FANTA) III** project has been working to strengthen nutrition and food security policies, strategies, programs and systems in Tanzania and is responsible for the following activities:

- In collaboration with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) in Tanzania, supporting the nutrition assessment, counseling and support (NACS) integration and scale-up in health care facilities and community-based health services.
- Updating the National Guidelines on Nutrition Care and Support for People Living with HIV and adopting the WHO guidelines on HIV and infant feeding as part of the national plan.
- Coordinating with the Mwanzo Bora Nutrition Program, funded by Feed the Future, to develop community nutrition materials and train community service providers.
- Along with the government of Tanzania, promoting the development and subsequent use of the PROFILES tool to calculate the consequences of nutrition deficiencies and estimate the cost of nutrition interventions.
- Reviewing national policies and strategies to consolidate nutrition efforts across sectors, including

Other USAID Nutrition-Related Development Assistance

USAID invests in improving nutritional status for HIV-positive clients, particularly pregnant women and HIV-exposed children, through PEPFAR, which is accelerating NACS as part of the National HIV Care, Treatment, and Support Programme. NACS services includes nutrition assessment, counseling, referrals and linkages to livelihood and food security programs as well as referrals for facility nutrition care for people living with HIV/AIDS and clinically malnourished children identified in the community. In FY2012, 82 health facilities implemented the NACS approach and 34,174 individuals received NACS services through community programs. NACS behavior change materials were also developed, building on the successful dissemination and use of health-related materials at the facility-level in FY2011. PEPFAR has stimulated private sector investment in nutrition with companies such as General Mills, and has supported local production of ready-to-use therapeutic foods and nutrition supplements, which are becoming widely available through market channels. USAID also funds a horticulture project through Huruma AIDS Concern and Care, a nongovernmental organization which provides OVC with agricultural training to improve food security for themselves and their caregivers. In FY2012, the horticulture program trained 738 OVC.¹⁰

The United Republic of Tanzania joined the *Committing to Child Survival: A Promise Renewed* campaign in 2012, and pledged to reduce under-5 mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition. To view the country action plan for ending preventable child and maternal deaths in Tanzania, please see the Acting on the Call 2014 report at:

http://www.usaid.gov/sites/default/files/documents/1864/USAID_ActingOnTheCall_2014.pdf.

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