
Tanzania: Nutrition Profile

Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. The consequences of malnutrition should be a significant concern for policymakers in Tanzania, where 34 percent or 3.3 million children under 5 years suffer from chronic malnutrition (stunting or low height-for-age) and 58 percent or 5.6 million suffer from anemia, according to the most recent Demographic and Health Survey (DHS) (Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), Ministry of Health (MoH), National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and ICF 2016).

Background

Tanzania has sustained relatively high economic growth over the last decade, averaging 6–7 percent a year. Although Tanzania's poverty rate fell from 60 percent in 2007 to an estimated 47 percent in 2016, based on the US\$1.90 per day global poverty line, its absolute number of poor has not decreased because of its high population growth. About 12 million Tanzanians still live in extreme poverty on earnings of less than US\$0.60 per day. Many others live just above the poverty line and risk falling back into poverty in the event of socio-economic shocks (World Bank 2017).

Agriculture is a main driver of the economy, accounting for 31 percent of Tanzania's GDP and 75 percent of the labor force. While Tanzania is largely self-sufficient in maize production (its main staple crop), yields are significantly lower than regional and global averages. Tanzania is a net importer of rice, but with improved productivity, the country could help fulfill growing domestic and regional demand. With its abundant and fertile land, water resources, motivated agricultural entrepreneurs, and access to international markets through its major port, Dar es Salaam, Tanzania is poised for agriculture-led economic growth (USAID 2017).

Currently, Tanzania ranks 131st out of 157 countries in progress toward meeting the Sustainable Development Goals (SDGs) (Sachs et al. 2017). The under-5 mortality rate is 67 deaths per 1,000 live births, and the infant mortality rate is 43 deaths per 1,000 live births (MoHCDGEC, MoH, NBS, OCGS, and ICF 2016).

Nutrition and Food Security Situation

According to the 2015–16 DHS-MIS, 34 percent of children under 5 years are stunted, while 5 percent suffer from acute malnutrition (wasting or low weight-for-height). At the other extreme, 4 percent are overweight. Stunting increases markedly with a child's age, reaching a level of 40 percent or more among children 18–47 months of age. One in six children age 24–35 months is severely stunted. Stunting is higher in Tanzania Mainland (35 percent) than in Zanzibar (24 percent). Rukwa (56 percent), Njombe (49 percent), and Ruvuma (44 percent) regions have the highest prevalence of stunting, while it is lowest in Dar es Salaam region (15 percent). Wasting is more common in Zanzibar than in Tanzania Mainland (7 percent versus 4 percent) and is very high in Kusini Pemba (9 percent), Kaskazini Pemba (9 percent), and Kusini Unguja (8 percent). Rates of stunting, wasting, and underweight generally decrease as maternal education increases. All three nutritional status indicators are highest among children in the lowest wealth quintile and lowest among children in the highest wealth quintile. Stunting is attributed to a combination of factors, including maternal malnutrition, inadequate infant feeding practices, low quality of health care, and poor hygiene. Complementary feeding practices are inadequate, with only 10 percent of breastfed children 6–23 months receiving a minimum acceptable diet, which has a major impact on growth and development (MoHCDGEC, MoH Zanzibar, NBS, OCGS, and ICF 2016).

Early childbearing also contributes to malnutrition in Tanzania. By age 19, 57 percent of adolescent girls had begun childbearing in 2015–2016, which is an increase from 44 percent in 2010 (MoHCDGEC, MoH Zanzibar, NBS, OCGS, and

ICF 2016; National Bureau of Statistics (NBS) and ICF Macro. 2011). This has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished and have a low birth weight baby who is more likely to become malnourished, and be at increased risk of illness and death than those born to older mothers. The risk of stunting is 33 percent higher among first-born children of girls under 18 years in Sub-Saharan Africa, and as such, early motherhood is a key driver of malnutrition (Fink et al. 2014).

Tanzania is also experiencing the double burden of malnutrition, with 28 percent of women and 4 percent of children under 5 years suffering from overweight and obesity (MoHCDGEC, MoH Zanzibar, NBS, OCGS, and ICF 2016).

Tanzania Nutrition Data (DHS 2010 and 2015–2016)		
Population 2016 (UNICEF 2017)	55.6 million	
Population under 5 years (0–59 months) 2016 (UNICEF 2017)	9.7 million	
	DHS 2010	DHS 2015–2016
Prevalence of stunting among children under 5 years (0–59 months)	42%	34%
Prevalence of underweight among children under 5 years (0–59 months)	16%	14%
Prevalence of wasting among children under 5 years (0–59 months)	5%	5%
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	7%	7%
Prevalence of anemia among children 6–59 months	59%	58%
Prevalence of anemia among women of reproductive age (15–49 years)	40%	45%
Prevalence of thinness among women of reproductive age (15–49 years)	11%	10%
Prevalence of thinness among adolescent girls (15–19 years) (BMI less than 18.5 kg/m ²)	18%	18%
Prevalence of children 0–5 months exclusively breastfed	50%	59%
Prevalence of children 4–5 months exclusively breastfed	23%	27%
Prevalence of early initiation of breastfeeding (i.e., put to the breast within 1 hour of birth)	49%	51%
Prevalence of children who receive a pre-lacteal feed	31%	14%
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet	NA	10%
Prevalence of overweight/obesity among children under 5 years (0–59 months)	5%	4%
Prevalence of overweight/obesity among women of reproductive age (15–49 years)	22%	28%
Coverage of iron for pregnant women (for at least 90 days)	4%	21%
Coverage of vitamin A supplements for children (6–59 months, in the last 6 months)	61%	41%
Percentage of children 6–59 months living in households with iodized salt	90%*	96%*

NA: Not Available

*In 2015–16, while laboratory testing detected iodine in the samples collected from 96 percent of households, the salt was adequately iodized, and the iodine content met or exceeded the 15 ppm standard in only 61 percent of households. In 2010, that percentage was 47 percent.

Global and Regional Commitment to Nutrition and Agriculture

Tanzania has made the following global and regional commitments to nutrition and agriculture:

Year of Commitment	Name	Description
2012	New Alliance for Food Security and Nutrition	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.
2012	Ending Preventable Child and Maternal Deaths: A Promise Renewed	Tanzania 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 (A Promise Renewed 2017).
2011	Scaling Up Nutrition (SUN) Movement	SUN is 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. The SUN Business Network is engaging with over 90 businesses, and the Partnership for Nutrition in Tanzania is collaborating with the Parliamentarian Group on Food Security, Nutrition, and Children's Rights (SUN 2017).
2010	Comprehensive Africa Agriculture Development Programme (CAADP) Compact	CAADP is an Africa-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.

National Nutrition Policies/Legislation, Strategies, and Initiatives

Tanzania's commitment to improving nutrition is outlined in the following documents, which align with the Tanzania Development Vision 2025 and National Five Year Development Plan (2016/17–2020/21):

- National Multisectoral Nutrition Action Plan (2016–2021)
- Health Sector Strategic Plan (2015–2020)
- Tanzania Agriculture and Food Security Investment Plan (2011–2020)
- Tanzania Food and Nutrition Centre Strategic Plan (2014–2018)
- National Nutrition Social and Behavior Change Communication Strategy (2013–2018)
- National Action Plan for Non-Communicable Diseases (NCDs) (2008–2015)
- National Nutrition Strategy (2011)
- Livestock Sector Development Strategy (2010)
- National Population Policy Implementation Strategy (2007)
- National Strategy for Gender Development (2005)
- National Food and Nutrition Policy (Draft) (2016)
- National Fisheries Policy (2015)
- Marketing of Food and Designated Products for infants and Young Children Regulations (2013)

- National Agriculture Policy (2013)
- Food Fortification Regulations (2011)
- National Health Policy (2007)
- National Population Policy (2006)
- National Livestock Policy (2006)
- Community Development Policy (1996)
- National Food and Nutrition Policy (1992)
- National Guidelines on Nutrition Care and Support for People Living with HIV
- National Policy Guidelines on Infant and Young Child Nutrition (2007)
- Tanzania National Strategy on Infant and Young Child Nutrition (2004)
- Policy Guidelines for Micronutrient Supplementation (1997)
- Implementation Plan for Biotechnology Policy (2011)

The Government of Tanzania is showing dedication to improving agriculture-led growth and scaling up nutrition, as demonstrated by the establishment of a President’s Task Force on Nutrition as well as a multi-stakeholder platform, the High Level Steering Committee on Nutrition (HLSCN), for coordination of key nutrition stakeholders to facilitate successful implementation of the National Nutrition Strategy (2011) and the National Multisectoral Nutrition Action Plan (NMNAP), launched in 2016. The HLSCN is chaired by the permanent secretary in the Prime Minister’s Office and brings together permanent secretary representatives from nine relevant sectors as well as stakeholders from the Tanzanian Food and Nutrition Centre (TFNC), donors, UN organizations, civil society, academia, and the private sector. A Multi-Sectoral Nutrition Technical Working Group (MNTWG), chaired by the director of TFNC (a government institution that guides, coordinates, and catalyzes nutrition work in the country), is also mandated to provide strategic direction and to support the 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.

Tanzania introduced a budget line for nutrition and included nutrition in the guidelines for preparing the annual plan and budget. These guidelines instruct ministries, departments, and other agencies (MDAs); regional secretariats (RSs); and local government authorities (LGAs) to allocate resources for nutrition interventions in accordance with the National Nutrition Strategy. In addition, the country established the Nutritional Services Section under the Office of the Chief Medical Officer in the Ministry of Health, which is responsible for coordination of nutrition activities in the health sector, as well as a nutrition section in the Ministry of Regional Administration and Local Government (RALG), to ensure effective decentralization of nutrition actions and resources. Nutrition focal points have been placed in key line ministries to ensure that nutrition is addressed by all sectors. This includes the Ministry of Water and Irrigation; Ministry of Education, Science, Technology and Vocational Training; Ministry of Health, Community Development, Gender, Elderly and Children; and the Ministry of Agriculture, Livestock and Fisheries.

Tanzania is placing strong emphasis on decentralization to ensure that nutrition is on the agendas of those working closest to affected communities. For example, regional and district multi-sectoral nutrition steering committees have been established, which bring together representatives of relevant departments, civil society organizations, the private sector, and religious groups. Positions (with funding) have been created for regional and district nutrition officers (e.g., 189 district nutrition officers have already deployed to the districts.)

The development of guidelines for nutrition planning and budgeting for inclusion in the council’s comprehensive plans, annual regional planning and budgeting sessions, and the training of national trainers on *Mkoba wa Siku 1000* (influencing positive behaviors for better maternal and child nutrition) has fostered joint action by regional and district/council nutrition officers. Tools to track progress towards scaling up nutrition have also been developed by tracking both results and financial expenditures (e.g., via the Public Expenditure Review (PER) of the Nutrition Sector in 2013, which is expected to be repeated every 2–3 years, the development and adoption of the Nutrition Scorecard in 2015, and the organization of annual Joint Multisectoral Nutrition Reviews (JMNRs) since 2014).

The Government has also issued an updated circular on budget guidelines, requiring councils to increase their annual nutrition funding for children under 5 years. A performance contract signing took place in December 2017 between the Vice President and all 26 Regional Commissioners to increase accountability and the effectiveness of agreed-upon, nutrition-related plans at the regional and district levels. The Vice President has been nominated as a nutrition champion and the Minister of Finance and Planning announced in October 2016 that the Government will invest USD 115 million out of the USD 268 million required for the NMNAP, motivating donors to collaborate (SUN 2017).

USAID Programs: Accelerating Progress in Nutrition

As of January 2018, the following USAID programs with a focus on nutrition were active in Tanzania. Feed the Future, the U.S. Government’s global hunger and food security initiative, emphasizes agriculture as a driver of economic growth through a strategy that encompasses five core investment areas: agriculture, nutrition, policy, infrastructure, and institutional capacity. Building on the Tanzanian National Nutrition Strategy and Multisectoral Nutrition Action Plan, USAID/Tanzania is delivering nutrition-specific interventions and implementing social and behavior change programs that bolster nutrition in the critical 1,000-day window between pregnancy and a child’s second birthday. Programming also integrates nutrition-sensitive efforts through agriculture activities with the aim of improving families’ access to and consumption of nutritious foods. In Tanzania, Feed the Future supports activities in Dodoma, Iringa, Manyara, Mbeya, Songwe, Morogoro, and Zanzibar.

Selected Projects and Programs Incorporating Nutrition in Tanzania		
Name	Dates	Description
Feed the Future Tanzania <i>Mboga na Matunda</i> Activity	2017– 2021	The purpose of <i>Mboga na Matunda</i> is to increase the competitiveness and inclusiveness of the horticulture subsector while improving the nutritional status of Tanzanians by: scaling improved technologies and practices that lead to increased productivity of smallholders, including large numbers of women and youth, in targeted commodities; scaling market system models; and strengthening the overall capacity of the industry.
Youth Economic Empowerment	2017– 2021	The activity supports agribusiness-focused youth development opportunities to: increase entrepreneurship and workforce readiness skills among young people 15–29 years of age, strengthen leadership and positive youth development, and enhance life skills for healthy living and future planning.
ASPIRES Nutrition	2017– 2020	The goal of the project is to improve the capacity of public and civil society institutions working on nutrition in Tanzania to sustainably formulate evidence-based policies and programs that generate sustainable improvements in nutrition outcomes for the Tanzanian people.
Feed the Future-supported Africa Research in Sustainable Intensification for the Next Generation (Africa RISING)	2014– 2020	Africa RISING (AR) is working in close partnership with the Nafaka Activity to support and lead rice and maize production elements in the districts of Iringa, Mbeya, and Songwe. AR collaborates with public and private sector actors, creating an opportunity for mainstreaming into wider rural development programs. Interventions include: the introduction of improved crop varieties, dissemination of proven basket of technologies for fertility and integrated pest management, nutrition, and postharvest management.
Feed the Future Tanzania Nafaka II Activity	2016– 2020	The <i>Nafaka</i> (meaning “grain” or “cereal” in Swahili) Activity’s purpose is to develop efficient market systems to serve large numbers of rice and maize producers, primarily women and youth. These market systems will lead to the successful adoption at scale of improved technologies and agricultural practices that increase overall system productivity and competitiveness and lead to improved nutrition for these targeted smallholders.

Feed the Future Tanzania Land Tenure Assistance Project	2015–2019	The objective of the project is to reduce risks related to land tenure and pave the way for future agricultural investment in Tanzania’s rural heartland. It is estimated to benefit more than 14,000 people in 41 villages, registering an estimated 50,000 plots by the end of 2019.
Solutions for African Food Enterprises (SAFE)	2016–2019	This activity brings expertise, knowledge, and resources to the food processing sector to sustainably improve food security and nutrition. It supports processors with high quality technical, marketing, and business solutions.
Feed the Future <i>Mwanzo Bora</i> Nutrition Project	2011–2018	The goal of the project is to improve the nutritional status of pregnant women and children under 5 years through the delivery of integrated health and agriculture interventions. It emphasizes capacity building and behavior change to provide critical nutrition services and education.
Feed the Future Irrigation and Rural Roads Infrastructure Project	2015–2018	Since 2015, the project has provided technical support to local government authorities (LGAs) to rehabilitate 180 kilometers of district farm-to-market roadways in Tanzania, increasing access to locally-grown nutritious foods and improving livelihoods of smallholder farmers. The project aims to upgrade 500 kilometers of roads by 2018. It will also work with eight other LGAs and communities to identify and develop designs for an additional 1,000 kilometers of district roads.
Feed the Future Innovation Labs	2012–ongoing	Key Feed the Future Innovation Labs that strategically align with the USAID/Tanzania Mission strategy include food Security and policy, horticulture, integrated pest management, small-scale irrigation, and sustainable intensification. The Food Security and Policy Lab works specifically in providing technical assistance to the Government of Tanzania and its nutrition partners, such as the Prime Minister’s Office and the Tanzanian Food and Nutrition Centre, through policy revision, action plan monitoring, and operational research. Other labs concentrating their efforts within the country are focused on aquaculture and fisheries, climate-resilient beans, improved poultry genomics, assets and market access, and Rift Valley fever control in agriculture. All labs partner with US-based universities and private sector companies with local specialists to develop state-of-the-art techniques.
Food for Peace	Ongoing	With support from USAID’s Office of Food for Peace (FFP), the World Food Programme (WFP) provides emergency food assistance to more than 300,000 refugees, primarily from Burundi and DRC, in Tanzania. FFP enables WFP to provide U.S. in-kind food assistance and locally and regionally procured food to highly vulnerable people through general food distribution and targeted supplementary feeding programs for children under 5 years, pregnant and lactating women, and hospitalized patients. These activities improve access to food and help prevent and treat acute malnutrition.

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, Nutrition Assessment, Counseling, and Support (NACS) has been integrated into the National HIV Care, Treatment, and Support Programme. NACS services include nutrition assessment, counseling, and referrals; linkages to livelihood and food security programs; and referrals for facility nutrition care for people living with HIV/AIDS and clinically malnourished children identified in the community. PEPFAR has also stimulated private sector investment in nutrition with companies such as General Mills and supported local production of ready-to-use therapeutic food and nutrition supplements, which are becoming widely available through market channels.

Through Feed the Future, USAID and Partners in Food Solutions, an organization co-founded by General Mills, which allows employees to volunteer their time and expertise to help small food companies in Africa, have aligned to build the capacity of local companies in Tanzania.

USAID is partnering with the U.S. Peace Corps to provide extended technical training and small grants support to initial two-year Peace Corps Volunteers (PCVs) and third-year placements that will improve PCVs' ability to contribute to the Peace Corps' and USAID/Tanzania Mission's goals and objectives in agriculture and nutrition.

References

- A Promise Renewed. 2017. "Tanzania." Available at: <http://www.apromiserenewed.org/countries/tanzania/>.
- Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) [Tanzania Mainland], Ministry of Health (MoH) [Zanzibar], National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and ICF. 2016. Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015–16. Dar es Salaam, Tanzania, and Rockville, Maryland, USA: MoHCDGEC, MoH, NBS, OCGS, and ICF.
- National Bureau of Statistics (NBS) and ICF Macro. 2011. *Tanzania Demographic and Health Survey 2010*. Dar es Salaam, Tanzania: NBS and ICF Macro.
- Fink, G., Sudfeld, C.R., Danaei, G., Ezzati, M., and Fawzi, W.W. 2014. "Scaling-Up Access to Family Planning May Improve Linear Growth and Child Development in Low and Middle-Income Countries." *PLoS ONE* 9(7): e102391. Doi: 10.1371/journal.pone.0102391.
- Sachs, J., Schmidt-Traub, G., Kroll, C., Durand-Delacre, D., and Teksoz, K. 2017. *SDG Index and Dashboards Report 2017*. New York, NY: Bertelsmann Stiftung and Sustainable Development Solutions Network (SDSN).
- UNICEF. 2017. *The State of the World's Children 2017*. Available at: <https://www.unicef.org/sowc/>.
- SUN. 2017. "Tanzania." Available at: <http://scalingupnutrition.org/sun-countries/tanzania/>.
- USAID. 2017. "Country Profile: Tanzania." Available at: <https://feedthefuture.gov/country/tanzania>.
- World Bank. 2017. "Tanzania." Available at: <http://www.worldbank.org/en/country/tanzania/overview>.