

United Republic of Tanzania Nutrition Country Fiche

Despite striking improvement in many health indicators over the last decade, there has been insufficient progress in improving the nutritional status of children and women in Tanzania. The persistent levels of stunting, wasting and micronutrient deficiencies in the country constitute a silent emergency. Now there is high-level political attention to nutrition from a multi-sector perspective. The EU is well positioned to define and support the links between agriculture, food security and nutrition, which have not previously been well articulated or pursued.

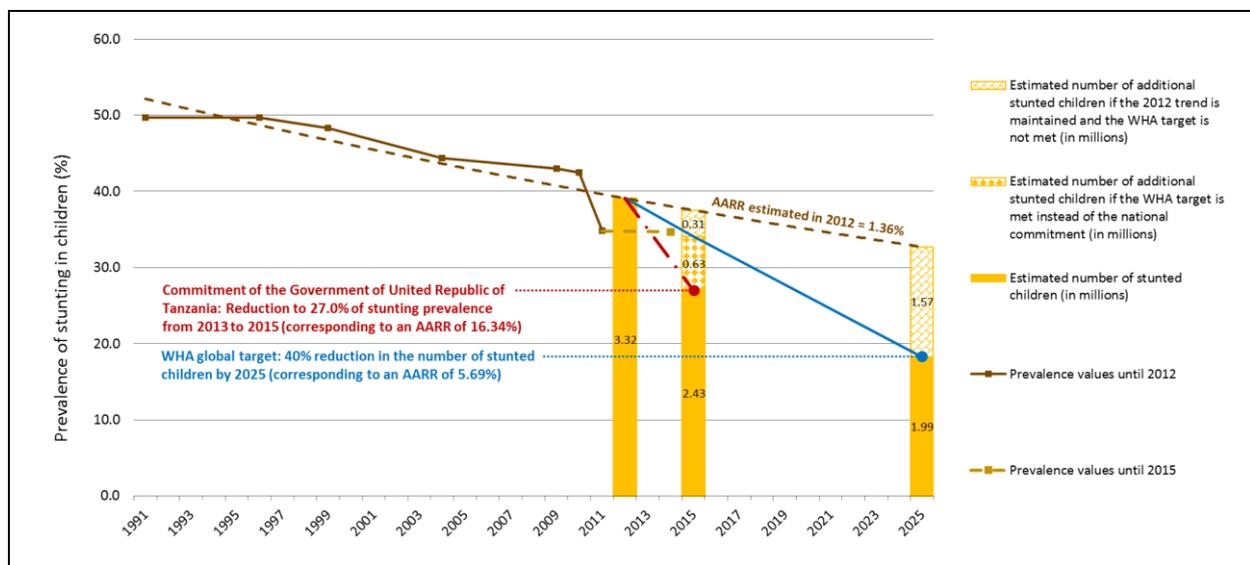
Progress against the World Health Assembly targets¹

Data last referenced by EU

WHA Nutrition Indicators	GNR 2015 analysis of progress ²
Stunting of children under-five years of age	Yellow
Wasting of children under-five years of age	Green
Overweight of children under-five years of age	Green
Anaemia of women of reproductive age	Red
Low birth weight	NA
Exclusive breastfeeding of infants under six months	Red

Prevalence	Year
34.7%	2014 ³
3.8%	2014 ³
3.5%	2014 ³
40.1%	2010 ⁴
6.9%	2010 ⁴
41.1%	2014 ³

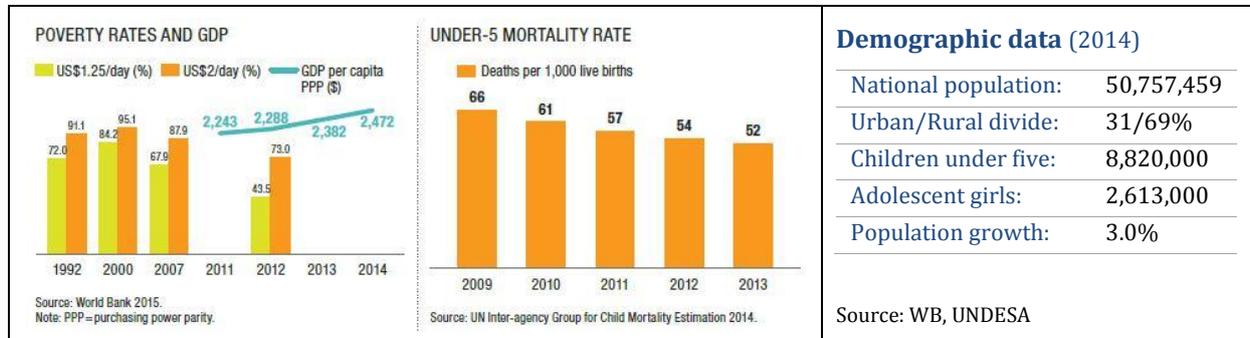
EU Analysis of Stunting Trends and Projections



Implications for Development Planners⁵

The line graph shows the historic trend in prevalence of stunting and the forward projection (based upon data until 2012) with the current average annual rate of reduction (AARR) of 1.36% (brown dotted line) as well as the projected AARRs of 16.34% (red broken line) and 5.69% (blue line) to meet the government's own commitment and the WHA target (respectively). In 2012, **3,320,000 children under-five were stunted**. Given the current trend and considering the population growth, 3,560,000 children will be stunted in 2025. However, the WHA target calls for additional efforts by government and development partners to reach an extra 1,570,000 children and avert them from stunting.

Economics and Demography



Key Dimensions of Nutrition

Despite a steady decline in the prevalence of stunting in Tanzania over the past 20 years, there are still more than one in three children under-5 affected by stunting. Because of high population growth in Tanzania, the absolute number of children affected is increasing by close to 1% per annum. The number currently exceeds 3 million children, which is very high on global rankings. Deficiencies in micronutrients, principally iron and vitamin A, are widespread. According to the last DHS in 2010, anaemia affects 59% of children under-5 in Tanzania and 40% of women aged 15-49, which represent very high levels. There are important inequities and disparities in child undernutrition in terms of geographical location, household wealth and mother's education. The main determinants of undernutrition are: poor dietary diversity among children and women; poor maternal and child caring practices; and poor water and sanitary conditions at household level.

Nutrition Governance

Member of SUN Movement: Yes since 2011	HANCI ranking (out of 45): 19 th (Moderate commitment)
<p>Government's commitment to nutrition (including N4G event): The Government of Tanzania committed to reduce stunting from 42% in 2010 to 27% by 2015 in its National Nutrition Strategy 2011/12-2015/16.</p>	
<p>Multi-sectoral policy framework for nutrition: The National Nutrition Strategy 2011/12-2015/16 was developed by the Ministry of Health & Social Welfare. The National Nutrition Multi-sectoral Action Plan is under development. The Presidential Call to Action on Nutrition (May 2013) emphasised the importance of nutrition advocacy at all levels.</p>	
<p>Multi-sectoral platform for nutrition coordination: The High Level Steering Committee on Nutrition (HLSCN) is convened by the Prime Minister's Office and includes nine line ministries as well as development partners, NGOs, academia and the private sector. A multi-sectoral Nutrition Technical Working Group supports the function of the HLSCN chaired by the Director of the Tanzania Food & Nutrition Centre (TFNC).</p>	



Support of the EU

NIP Focal Sector(s) for nutrition 2014-2020: 1) Sustainable Agriculture; 2) Good Governance and Development.

Enhance mobilisation and political commitment for nutrition:

- The EUD will promote political advocacy on nutrition through policy dialogue across different sectors and through its participation in the Development Partner Group for Nutrition.

Scaling-up actions:

- Scale-up nutrition-sensitive actions in the agriculture sector notably through agriculture and food security (improve diversification and access to the production of nutritious crops, promote value chains for nutrition-dense foods and enhance women empowerment in the agriculture sector).
- Promotion of nutrition awareness, behavioural change and Infant and Young Child Feeding (IYCF) practices.
- Food and assets transfers for food insecure households.
- Identify and support synergies with other interventions (including those supported by EU Member States) in other relevant sectors like health and sanitation to maximise the multiplier effects for improving nutrition.

Strengthen expertise and knowledge-base:

- Support to integrated food and nutrition security information systems and analysis for planning and monitoring purposes.
- Building capacity of local government staff to generate and deliver on such information systems.

¹ http://www.who.int/nutrition/topics/nutrition_globaltargets2025/en/

² Global Nutrition Report 2015. For stunting and overweight: red = "Off course: No progress", orange = "Off course: Some progress" or "On course: At risk", green = "On course: Good progress"; For exclusive breastfeeding: red = "Off course: Reversal" or "Off course: No progress", orange = "Off course: Some progress", green = "On course"; For wasting and anaemia: red = "Off course", green = "On course". In some cases the GNR analysis will differ from the EU analysis on stunting because the EU database precedes 2000 and projects trends from a longer historic perspective.

³ Tanzania National Nutrition Survey 2014.

⁴ Demographic and Health Survey 2010.

⁵ The figures presented here using the EC-DEVCO stunting tracking tool might differ from those generated by the WHO tracking tool (<http://www.who.int/nutrition/trackingtool/en/>) because there are differences in the methods used regarding: i. the calculation of the estimated numbers of stunted children in 2012; ii. the calculation of the target number of stunted children in 2025; iii. the demographic assumptions made; and iv. the historical stunting prevalence considered.