



United Republic of Tanzania

Working Together for the Future of Tanzania

For more information, contact:

Director, Coordination of Government Business,
Prime Minister's Office, e-mail: uratibu@pmo.go.tz
or Managing Director, Tanzania Food and
Nutrition Center, e-mail: info@lishe.org

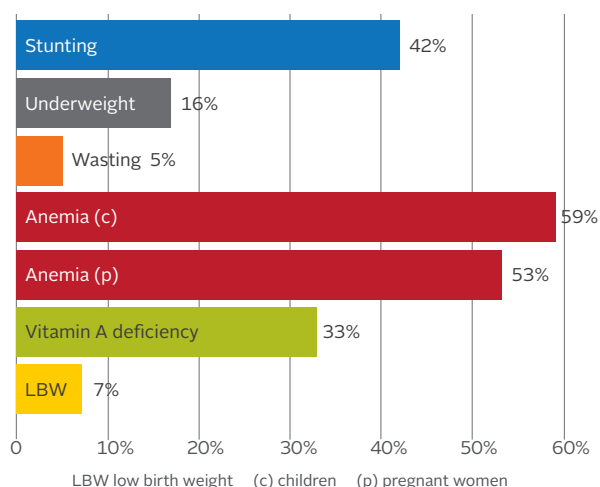
December 2016

A Call to Action on Nutrition for Government, Parliament and Leaders of Political Parties

While rates of malnutrition in Tanzania have improved in recent years, they remain unacceptably high, affecting progress in health, education and economic productivity.

- Malnutrition takes many forms, including stunting (low height for age), wasting (low weight for height), underweight (low weight for age), iron deficiency anemia, vitamin A deficiency, iodine deficiency, and low birth weight (< 2.5 kg).¹
- Malnutrition is the underlying cause of as many as 45% of child deaths in Tanzania.^{2,3} Children who are malnourished are at greater risk of infections (such as diarrhoea and respiratory infections) and chronic diseases (such as diabetes and heart disease).³
- More than half of pregnant women in Tanzania suffer from anaemia, increasing their risk of dying in pregnancy or childbirth and of having a low birth weight infant with an increased risk of dying.²
- Stunting alone will cost Tanzania TZS 28.8 trillion (or US\$18 billion) in economic productivity losses by 2025.²

Prevalence of Malnutrition in Tanzania¹



- Malnutrition in Tanzania has many causes: Repeated infections, poor health and inadequate dietary intake are the immediate causes, but the underlying causes include food insecurity; high fertility rates; gender inequality; poverty; and lack of safe water, hygiene and sanitation.

Increasing and sustaining commitment and investment for nutrition is *urgent now*.

- Investing in proven, effective nutrition interventions implemented at scale by 2025 will save and improve hundreds of thousands of lives.²
- Improvement in nutrition outcomes would result in children staying in school longer and performing better in school.²
- Improving nutrition would result in billions of U.S. dollars of economic productivity gains by 2025.²

Reducing malnutrition would save:

6.2 thousand TZS

by reducing stunting

Sources: ¹ Tanzania Demographic and Health Survey 2010; ² *Reducing Malnutrition in Tanzania: Estimates to Support Nutrition Advocacy-Tanzania PROFILES 2014*, Grantham-McGregor et al. 1999. 'Effects of Health and Nutrition on Cognitive and Behavioural Development in Children in the First Three Years of Life'. *Food and Nutrition Bulletin* 20(1):53-75; Grantham-McGregor et al. 2007. 'Developmental Potential in the First 5 Years for Children in Developing Countries'. *Lancet* 369(9555):60-70; ³ Tanzania Demographic and Health Survey 2010 and ⁴ Lancet Nutrition Series 2013. All conversions of US\$ to Tanzania shillings (TZS) are based on an exchange rate of US\$1 = 1600 TZS. Numbers in TZS and US\$ are rounded.

Improved nutrition will require²:

- Strong political leadership, commitment at national and local levels, and adequate resource allocation to ensure that nutrition is integrated into the programs of relevant ministries and local governments.
- Implementation of comprehensive nutrition services throughout the country and adequate institutional structures to scale up nutrition.
- Strong multisectoral coordination among the interrelated sectors of health, including family planning, agriculture, education, water and sanitation and women's empowerment, to efficiently and effectively use resources.
- Prioritization and implementation of multisectoral interventions to improve nutrition.
- Enforcement of nutrition-related regulations, including food fortification and salt iodation.
- Informing the public about malnutrition, its dangers, and the benefits of nutrition services and where they can access them.

What can you do to improve nutrition?

- Allocate more resources and efficiently use resources to improve nutrition.
- Adopt and enforce the Food and Nutrition Policy and Multi-Sectoral Nutrition Action Plan.
- Ensure nutrition is included in sector plans and strategies.
- Promote coordination, commitment and management of nutrition activities across sectors.
- Increase number of nutritionists in MDA and LGAs.
- Establish a parliamentary committee to oversee the effective use of funds allocated to nutrition and monitor the implementation and quality of nutrition services
- Be a champion for nutrition and advocate for nutrition as a priority at all levels.

Examples of proven, effective solutions to improve nutrition

- Promotion of optimal breastfeeding and appropriate complementary feeding
- Promotion of delayed marriage and first pregnancy
- Treatment of wasting with specialised food products such as ready-to-use therapeutic foods
- Improved hygiene and sanitation practices including provision of safe water
- Vitamin A supplementation
- Deworming
- Iron-folic acid and calcium supplementation for pregnant women and lactating mothers
- Salt iodation
- Fortification of staple foods
- Provision of multiple micronutrient powders
- Promotion of women's empowerment, access to and control over productive resources, capital and income generation
- Diversification of food production and increasing the availability of animal protein (e.g., dairy, eggs, meat, poultry, and fish) and micronutrient-rich foods (e.g., fruits and vegetables), including in schools
- Improving post-harvest handling
- Supporting and expanding early childhood development programs to promote optimal cognitive development
- Supporting and expanding secondary school education for girls and boys



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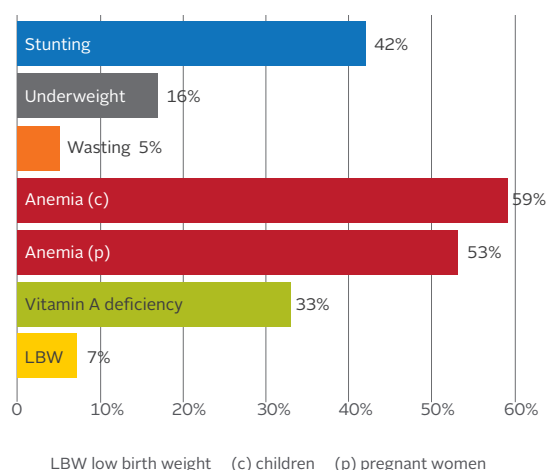
December 2016

A Call to Action on Nutrition for Development Partners

Despite continued investment by the government and development partners in Tanzania, malnutrition remains a problem. It can take many forms, including

chronic undernutrition (stunting or low height for age), underweight (low weight for age), acute undernutrition (wasting or low weight for height), anaemia, vitamin A deficiency, iodine deficiency and low birth weight (less than 2.5 kg).¹ The causes of malnutrition in Tanzania are manifold. Repeated infections, poor health and inadequate dietary intake and diversity are the immediate causes, but the underlying causes are food insecurity, high fertility rates, gender inequality, poverty and the lack of safe water, hygiene and sanitation.

Prevalence of Malnutrition in Tanzania¹



Why does this matter?

- Up to 45% of child deaths in Tanzania are related to malnutrition.^{2,3}
- Malnourished children are more likely to have repeated illnesses and infections, which can cause a significant financial burden, especially for poor families.^{2,3}
- Malnourished children have an increased risk of chronic diseases (such as diabetes and heart disease) in adulthood.²
- Malnutrition in childhood impairs physical growth and cognitive development, decreasing IQ points and undermining potential.^{2,3,4}
 - Malnourished young children learn to sit, stand and walk later than their well-nourished peers.
 - Malnourished children enrol in school later, miss more days of school because of illness, perform worse in school and complete fewer years of schooling.
 - Malnourished children therefore earn less in adulthood than their well-nourished and better-educated peers.
- By 2025, with no additional investment or effort to prevent and treat malnutrition at the community level, more than half a million children will die.⁴
- With no improvement in nutrition, the country will lose more than 28.8 trillion Tanzanian shillings (TZS) or US\$18 billion in economic productivity by 2025.⁴

Sources: ¹Tanzania Demographic and Health Survey 2010, ²Lancet Nutrition Series 2013, ³Grantham-McGregor et al. 1999. *Reducing Malnutrition in Tanzania: Estimates to Support Nutrition Advocacy—Tanzania PROFILES 2014* and ⁴Grantham-McGregor SM, Fernald LC and Sethuraman K. nd, *Effects of Health and Nutrition on Cognitive and Behavioural Development in Children in the First Three Years of Life*; Grantham-McGregor et al. 2007. 'Developmental Potential in the First 5 Years for Children in Developing Countries'. *Lancet* 369(9555): 60–70.). All conversions of US\$ to Tanzania shillings (TZS) are based on an exchange rate of US\$1 = 1600 TZS. Numbers in TZS and US\$ are rounded.

Malnutrition is *preventable and treatable*. Tanzanian children can be free of all forms of malnutrition *if we act now*.

What are the gaps in nutrition programming?

- Limited comprehensive nutrition services for communities across the country
 - Inadequate intra- and inter-sectoral collaboration and coordination between MDAs, development partners, the private sector, United Nations bodies and international nongovernmental organisations
 - Weak health system and inadequate staff capacity for nutrition service delivery
 - Inadequate coordination between nutrition programs and water, sanitation and food safety programmes
 - Inadequate diversification of food production
 - Limited public awareness of malnutrition, limiting the demand for quality nutrition services
 - Inadequate accountability and governance for nutrition
- Diet-related non-communicable diseases
 - Nutrition-sensitive interventions
 - Multi-sectoral nutrition governance
 - Nutrition information management system
- Support:
 - Multi-sectoral coordination across ministries
 - Capacity strengthening to ensure skilled staff are available for service delivery
 - Health system strengthening to ensure nutrition is integrated effectively
 - Resource allocation at all levels for nutrition services
 - A strong supervision and monitoring system
 - CSO demand creation for nutrition services
 - Stronger food safety programmes and food handling practices
 - Promotion of correct hand washing before preparing food and feeding a child

What Can You Do to Improve Nutrition?

- Coordinate efforts among all development partners and civil society organisations (CSOs) working in nutrition.
 - Advocate for the government to:
 - Focus nutrition interventions on:
 - Maternal, infant, young child and adolescent feeding
 - Integrated management of acute malnutrition
 - Micronutrient deficiencies
- Ensure food security through:
 - Food supplementation for pregnant and lactating women and children under 2 in the poorest households
 - Micronutrient supplementation
 - Promotion of homestead gardening for increased dietary diversity and women's incomes
 - Promotion of diversity in food products



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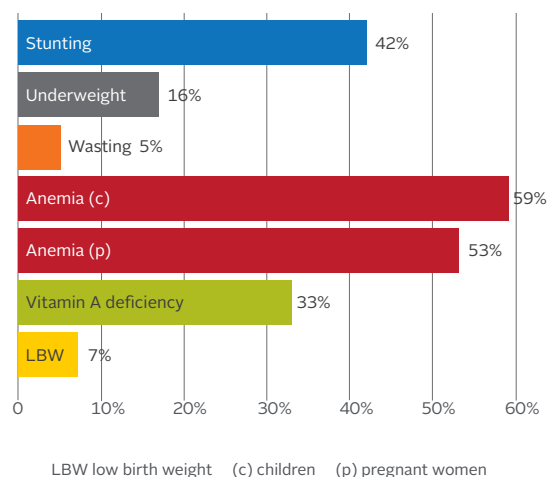
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A Call to Action on Nutrition for Media

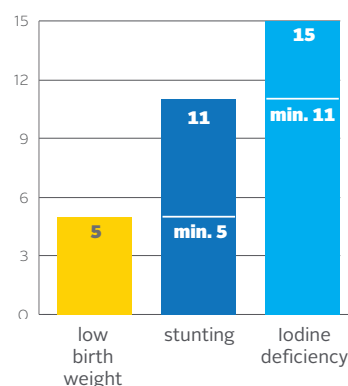
Today in Tanzania, more than half of children are malnourished. Despite continued investment by the Government of Tanzania and donors, malnutrition remains a serious problem. Malnutrition in Tanzania can take many forms, including chronic malnutrition (stunting or low height for age), underweight (low weight for age), acute malnutrition (wasting or low weight for height), anaemia, vitamin A deficiency, iodine deficiency, and low birth weight (< 2.5 kg).¹ The causes of malnutrition in Tanzania include repeated infections, poor health, and inadequate diet, but underlying causes include food insecurity, high fertility rates, gender inequality, poverty, and lack of safe water, hygiene, and

- Malnutrition is the underlying cause of as many as 45% of child deaths in Tanzania.^{2,3}
- Malnourished children are more likely to have repeated illnesses and infections, which can result in a significant financial burden, especially for poor families.^{2,3}
- Malnourished children have an increased risk of chronic diseases (such as diabetes and heart disease) in adulthood.²
- Malnutrition in childhood impairs physical growth and cognitive development, decreasing IQ points and undermining potential.^{2,3,4}
 - In young childhood, malnourished children learn to sit, stand, and walk later than their malnourished peers.
 - Malnourished children enroll in school later, have more days out of school due to illness, perform worse in school, and complete fewer years of schooling.
 - Because of this, malnourished children become adults who earn less compared to their well-nourished and better-educated peers.
- By 2025, with no additional investment or effort to prevent and treat malnutrition at the community level, the number of infant and child deaths will be more than half a million.⁴
- If there is no improvement in nutrition, economic productivity losses for the country will be more than 28.8 trillion Tanzania shillings (TZS) or \$18 billion by 2025.⁴

Prevalence of Malnutrition in Tanzania¹



IQ Points Lost to Malnutrition⁴



Main data sources include: ¹Tanzania Demographic and Health Survey 2010, ²Lancet Nutrition Series 2013, ³Reducing Malnutrition in Tanzania: Estimates to Support Nutrition Advocacy – Tanzania PROFILES 2014, and ⁴“Effects of Health and Nutrition on Cognitive and Behavioural Development in Children in the First Three Years of Life” (Grantham-McGregor et al. 1999) and “Developmental potential in the first 5 years for children in developing countries” (Grantham-McGregor et al. 2007). All calculations of US\$ to Tanzania shillings (TZS) are based on an exchange rate of US\$1 = 1600 TZS. Numbers in TZS and US\$ are rounded.

Malnutrition is *preventable and treatable*. The children of Tanzania can be free of all forms of malnutrition *if we act now*.

- Investing in expanding comprehensive quality nutrition services to communities across the country could change this reality by significantly reducing the number of deaths of children under the age of 5 and improving school performance of children, leading to a better quality of life. For a country like Tanzania, nutrition is a smart investment: For every US\$1 spent on nutrition, there is a US\$30 return in health and economic benefits.⁶
- Sustained intra- and inter-sectoral collaboration and coordination between the health directorates of the Ministry of Health, other ministries, development partners, United Nations bodies, and international non-governmental organisations is a precondition for expanding and sustaining quality nutrition service delivery at the community level across the country.
- There is a need to raise public awareness of malnutrition to increase the demand for quality nutrition services to be provided in communities.
- More importantly, there is a need to increase accountability for nutrition in Tanzania.

What Can You Do to Improve Nutrition?

You decide what is news and what should be reported on. Reporting on the nutrition situation in Tanzania is important and you can play a key role.

- Nutrition is an issue of personal interest to readers and viewers, and, as such, reporting on nutrition can expand readership and viewership to reach new audiences.
- The media can raise public awareness of the importance of nutrition in Tanzania. Every family looks to their children as their future, and parents want their child to have the best start in life. Report on nutrition services and products that are available, why families should access them, and how.
- The media plays an important role as a voice for the public, and, in this role, the media can hold government and non-government institutions accountable for improving the nutrition situation of Tanzania, promoting good governance for nutrition.
- Make nutrition a priority for reporting by including nutrition in your editorial policy, and give journalists opportunities to improve their capacity to report on nutrition issues.



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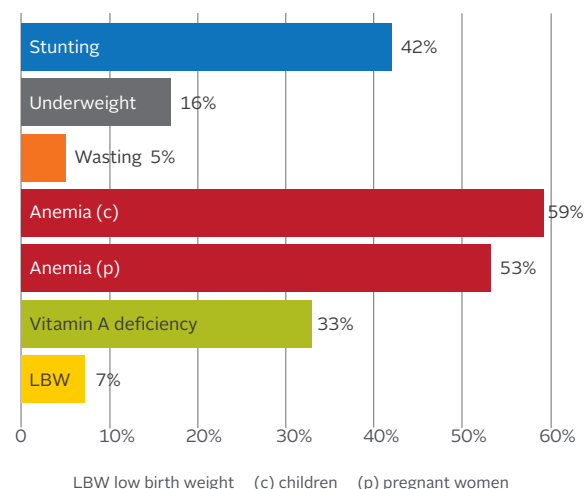
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A Call to Action on Nutrition for Civil Society Organisations

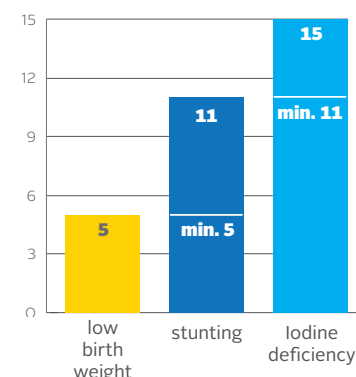
While the rates of malnutrition in Tanzania have improved in recent years, they remain unacceptably high, affecting progress in health, education and economic productivity.

- More than half of children are malnourished in Tanzania, and more than half of pregnant women suffer from anemia increasing their risk of dying in pregnancy or childbirth and of having a low birth weight infant with an increased risk of dying.¹
- The causes of malnutrition in Tanzania include repeated infections (including acute respiratory infections, diarrhoea, and malaria) and poor breastfeeding and complementary feeding practices as well as lack of safe water, hygiene, and sanitation; food insecurity; high fertility; gender inequality; and poverty.
- On average, Tanzanian women give birth to 5 children. This is a risk factor for childhood malnutrition, and so is the fact that childbearing begins early. About 44 percent of adolescent girls either have given birth or are pregnant with their first child by the age of 19 years. 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 be malnourished later.^{1,2}

Prevalence of Malnutrition in Tanzania¹



IQ Points Lost to Malnutrition³



Why does this matter to CSOs?

These rates of malnutrition have serious consequences.

- Malnourished children are more frequently ill and have a greater risk of infections from childhood diseases (such as diarrhea and respiratory infections). In adulthood, they are also at higher risk of chronic diseases (such as diabetes and heart disease).^{2,4}
- Malnutrition is the underlying contributing factor in about 45% of childhood deaths.^{2,4}
- Malnutrition also results in development delays and impaired cognitive ability. Children who are stunted learn to sit, stand, and walk later; have poorer cognitive function; enroll in school later; perform worse in school; have more days out of school due to illness; and are more likely to repeat grades and drop out of school than well-nourished children, resulting in lower economic productivity.^{2,4}
- Stunting alone will cost Tanzania 28.8 trillion Tanzania shillings (TZS) or \$18 billion in economic productivity losses by 2025.²

If there is no change in nutrition by 2025²

580,000

lives of children under 5 will be lost related to stunting

148,000

lives of children under 5 will be lost related to low birth weight

26,000

women's lives will be lost related to maternal anaemia

209,000

lives of children under 5 will be lost related to vitamin A deficiency

360,000

infant lives will be lost if breastfeeding practices do not improve

Data sources: ¹ Tanzania Demographic and Health Survey 2010, ² Reducing Malnutrition in Tanzania: Estimates to Support Nutrition Advocacy – Tanzania PROFILES 2014, ³ Effects of Health and Nutrition on Cognitive and Behavioural Development in Children in the First Three Years of Life" (Grantham-McGregor et al. 1999) and "Developmental potential in the first 5 years for children in developing countries" (Grantham-McGregor et al. 2007), ⁴ Lancet Nutrition Series 2013, and ⁵ Copenhagen 2012. All calculations of US\$ to Tanzania shillings (TZS) are based on an exchange rate of US\$1 = 1600 TZS. Numbers in TZS and US\$ are rounded.

Malnutrition is *preventable and treatable*. We can improve the future of Tanzania *if we act now*.

- By investing in proven effective nutrition interventions implemented at scale by 2025, hundreds of thousands of lives would be saved or improved.²
- Improved nutrition will result in children staying in school longer and improved school performance.²
- Improved nutrition will result in a healthier Tanzanian workforce, resulting in economic productivity gains.²
- Investing in nutrition is a smart investment for Tanzania. For every US \$1 spent on reducing malnutrition, there is a US\$30 return in health and economic benefits.⁵

What can you do to improve nutrition?

As a CSO, you play a critical role in improving nutrition in Tanzania.

- Educate decision makers on the importance of nutrition and advocate for increased investment in nutrition to make Tanzania a healthier, better educated nation with increased economic productivity.
- Hold seminars with CSOs not currently working in nutrition to inform them about how nutrition can benefit the work they are already doing and how to integrate nutrition into their activities.
- Train other CSOs on nutrition advocacy and social mobilization.
- Create a mentorship program to develop more champions for nutrition.
- Attend meetings at national and regional/district levels to advocate for increased investment in nutrition.
- Encourage coordination and collaboration among CSOs and movement leaders.
- Promote proven, effective solutions to improve nutrition.

Examples of Proven, Effective Solutions to Improve Nutrition

- Promotion of optimal breastfeeding and appropriate complementary feeding
- Promotion of delayed marriage and first pregnancy
- Treatment of wasting with special foods, such as ready-to-use therapeutic foods
- Improved hygiene and sanitation including provision of safe water and proper hand washing practices
- Vitamin A supplementation
- De-worming
- Iron-folic acid and calcium supplements for pregnant women and lactating mothers
- Salt iodization
- Fortification of staple foods
- Multiple micronutrient powders
- Promoting women's empowerment, access to and control over productive resources, capital, and income generation
- Diversifying food production and making animal protein (e.g., dairy, eggs, meat, poultry, and fish) and micronutrient-rich foods (e.g., fruits and vegetables) more available including in schools
- Improvement of post-harvest handling
- Supporting and expanding early childhood development programs to promote optimal cognitive development
- Supporting and expanding secondary school education for girls and boys



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December 2016

A Call to Action on Nutrition for the Private Sector

Today in Tanzania, more than 40% of children are malnourished, hindering the potential of the country's future workforce.¹

- Despite continued investment by the Government of Tanzania and donors, malnutrition rates in Tanzania remain among the highest in sub-Saharan Africa.¹
- The causes of malnutrition in Tanzania are manifold: Repeated infections, poor health, and inadequate intake of nutritious foods including breast milk are immediate causes of malnutrition, but underlying causes include food insecurity, high fertility rates, gender inequality, poverty, and lack of safe water, hygiene, and sanitation.²
- Malnutrition takes many forms, including stunting (short for age), wasting (low weight for height), underweight (low weight for age), iron deficiency anemia, vitamin A deficiency, iodine deficiency, and low birth weight (< 2.5 kg).¹
- A healthy and productive workforce in Tanzania is needed to improve and sustain economic productivity. Iron deficiency anemia and stunting result in reduced labor productivity, which derails development progress.²
- Malnutrition will cost Tanzania at least 28.8 Trillion TSH (US\$18 billion) in economic productivity losses by 2025.²

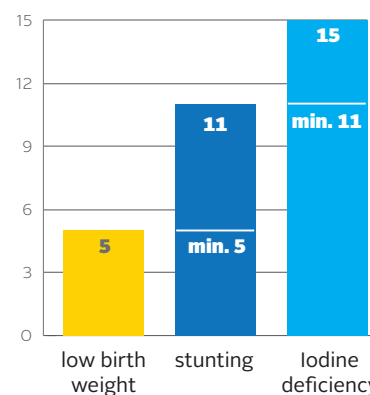
Why does this matter to the private sector?

- Malnutrition undermines human capital. Malnutrition in childhood impairs both physical growth and cognitive development, decreasing your future workforce's ability to conduct physical labor and decreasing a future employee's IQ points.^{2,3}
- Malnutrition is the underlying cause of as many as 45% of child deaths in Tanzania.^{2,4}
- Malnourished children are more likely to have repeated illnesses and infections (such as diarrhea and respiratory infections), causing parents to be absent from work to take care of sick children.¹
- Malnourished children have an increased risk of chronic diseases in adulthood (such as diabetes and heart disease), affecting the productivity of your future workforce.⁴

But malnutrition is *preventable and treatable*. We can improve the future of Tanzania if we act now.

- Research shows that children who are breastfed for 6 months, with no other foods or liquids, are healthier than their malnourished peers.⁴
- Healthier children result in fewer lost days of work for parents, who would otherwise need to tend to sick children, and in a happier and healthier workforce, both now and in the future.
- For a country like Tanzania, nutrition is a smart investment: For every US\$1 spent on nutrition, there is a US\$30 return in health and economic benefits.⁵

IQ Points Lost to Malnutrition³



Main data sources include: ¹Tanzania Demographic and Health Survey 2010, ²Reducing Malnutrition in Tanzania: Estimates to Support Nutrition Advocacy–Tanzania PROFILES 2014, ³“Effects of Health and Nutrition on Cognitive and Behavioural Development in Children in the First Three Years of Life” (Grantham-McGregor et al. 1999) and “Developmental potential in the first 5 years for children in developing countries” (Grantham-McGregor et al. 2007), ⁴ Lancet Nutrition Series 2013, and ⁵Copenhagen Consensus 2012. All calculations of US\$ to Tanzania shillings (TZS) are based on an exchange rate of US\$1 = 1600 TZS. Numbers in TZS and US\$ are rounded.

How can you, as a member of the private sector, improve nutrition?

As a business owner, you play a critical role in improving nutrition in Tanzania. For example, by providing your employees with a supportive environment for breastfeeding, you are creating a healthier and happier workforce, both now and in the future.

Support the Government of Tanzania's efforts in nutrition, which focus on the first 1,000 days (from conception to a child's second birthday) and the country's most vulnerable demographic groups, including pregnant and lactating women and children under 5 years of age, by:

- Allowing working mothers to take a 6-month maternity leave
- Providing access to quality health care for working mothers and their children
- Allowing working mothers to work flexible hours and providing lactation areas for breastfeeding and pumping breast milk at work
- Providing information to your employees about nutrition – You can obtain information at your local health center

What else can the food industry do?

Food producers, processors, manufacturers, and distributors in Tanzania are all essential for Tanzanians to get a nutrient-dense and protein-rich diet. It is crucial that companies working in the food industry:

- Diversify food production and make animal protein (e.g., dairy, eggs, meat, poultry, and fish) and micronutrient-rich foods (e.g., fruits and vegetables) more available throughout the country.
- Fortify foods, such as flour with iron, oil with vitamin A, and salt with iodine.
- Strengthen food safety and food handling practices
- Improve food storage and processing and reduce waste
- Invest in locally produced specialized food products to treat acute malnutrition.
- Invest in locally produced low-cost fortified complementary foods for children aged 6–24 months.
- Ensure that staple foods such as rice, wheat, and flour are affordable and that prices remain stable, so that households can afford to buy nutrient-dense and protein-rich foods.
- Increase wages for male and female agricultural workers and ensure that men and women receive equal pay for equal work to increase families' ability to buy nutritious foods.
- Support activities that promote good nutrition such as sponsoring events at your business or in the community.



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November 2016

A Call to Action on Nutrition for Regional and District Executives

How Does Malnutrition Affect Tanzania

Tanzania's Development Vision 2025 seeks to attain middle income status for the country by enhancing human capital development and increasing productivity. As productivity depends on the overall health of a population, a well-nourished and healthy society is needed to achieve this goal.

Malnutrition increases the risk of illness and death and impairs physical growth and cognitive development. Malnourished children develop more slowly, perform worse in school and complete fewer years of school.^{1,2,3} This reduces economic productivity. Today in Tanzania:

- More than half of children are malnourished.⁴
- Malnutrition is the underlying cause of as many as 45% of child deaths.^{1,2}
- With no improvement in stunting rates, economic productivity losses for the country will be more than TZS 28.8 trillion (or US\$18 billion by 2025).¹

Recognising these challenges, the Government of Tanzania (GOT) created the High Level Steering Committee on Nutrition (HLSCN) and launched a multi-sectoral National Nutrition Strategy in 2011 which includes placing a nutrition officer in every region and district and a nutrition focal person in each key line ministry. The strategy incorporates nutrition as a cross-cutting issue that requires multi-sectoral action in key sectors. In 2014, the GOT decided to revise its Food and Nutrition Policy to include among others the multi-sectoral approach. In 2016, the GOT developed a 5-year national multi-sectoral nutrition action plan (NMNAP), which stipulates the contributions at district and local government level as well as the health, planning and finance, environment, water and sanitation, community development/gender, education and agriculture sectors must each provide if nutrition is to improve.

What Can Regional and District Executives Do?

For each region/district to achieve its potential, nutrition must be integrated into sectoral and local government plans. Every region/district has a role to play, and collaboration and coordination are needed to ensure effective implementation. To facilitate this, regional/district leadership should:

As productivity depends on the overall health of a population, a well-nourished and healthy society is needed to achieve this goal.

- Hold seminars with representatives from each sector to discuss the impact of nutrition on development outcomes.
- Ensure adequate investment in nutrition.
- Include nutrition in district-level development and work plans.
- Support development and approval of district nutrition activities.
- Work with each sector to increase coordination of nutrition activities at the district level.
- Ensure adequate staffing of nutritionists at the district level.

What Can Sectors Do?

All sectors can design and monitor plans that contribute to improved nutrition either directly by addressing the immediate causes of malnutrition (through nutrition-specific interventions) or indirectly by addressing the underlying causes of malnutrition (through nutrition-sensitive interventions to address food security, access to health services, women's empowerment and poor water and sanitation).

Health Sector

Not only are malnourished children more susceptible to illness, but children born to adolescent or malnourished mothers are more likely to be malnourished. Sub-optimal birth spacing also plays a role.

- Provide quality services to prevent and treat malnutrition, especially for women of reproductive age and children under 2, in all facilities.
- Provide quality family planning; antenatal, postpartum and newborn care; and management of childhood illnesses and infectious diseases and promote services in districts.
- Budget for and recruit nutrition personnel at the district and local level and provide adequate training, monitoring and supervision.

Sources: ¹Reducing Malnutrition in Tanzania: Summary of PROFILES 2014 Estimates; ² Lancet Nutrition Series 2013; ³ Grantham-McGregor et al. 1999. 'Effects of Health and Nutrition on Cognitive and Behavioural Development in Children in the First Three Years of Life'. *Food and Nutrition Bulletin* 20(1):53-75; Grantham-McGregor et al. 2007: Developmental Potential in the First 5 Years for Children in Developing Countries. *Lancet* 369(9555):60-70; 4 Tanzania Demographic and Health Survey 2015/16; All conversions of US\$ to Tanzania Shillings (TZS) are based on an exchange rate of US\$1 = 1600 TZS. Numbers in TZS and US\$ are rounded.

- Promote improved behaviours in infant and young child feeding; handwashing, food handling and safe disposal of faeces; male involvement in family health services; and dietary diversity.

Planning and Finance Sector

Nutrition interventions need to be adequately planned, with sufficient financial and human resources.

- Facilitate information sharing among sectors to support adequate nutrition planning and budgeting.
- Develop adequate budgets for nutrition.
- Strengthen multi-sectoral coordination for nutrition within the local government.

Water and Sanitation Sector

Improving access to safe water and adequate sanitation facilities and improving hygiene practices can reduce diarrhoeal disease and other related conditions that cause malnutrition.

- Increase access to and use of safe water.
- Improve access to safe sanitation.
- Promote improved handwashing, particularly at critical times, and food hygiene practices.
- Support legal frameworks to promote environmental health.

Community Development/Gender Sector

Malnutrition can lead to reduced income and increased vulnerability to crises. Addressing social development issues such as poverty and gender inequality can improve nutrition.

- Promote male involvement in decisions about family health services, household food production and food security and nutrition programmes.
- Mobilise communities to identify and address nutrition issues and their underlying social causes.
- Support community-based nutrition initiatives.
- Seek solutions for reducing the workload of women, especially pregnant and lactating women.
- Address detrimental food taboos and norms that impair nutrition.

- Promote social protection interventions for improved nutrition.
- Promote access to off-farm employment opportunities and increased wages for men and women.

Education Sector

Poor nutrition early in life leads to poorer school performance. People with higher levels of education tend to have better health outcomes, and girls enrolled in school are more likely to delay their first pregnancy, leading to better nutritional outcomes for mother and infant.

- Promote school enrolment and completion and ensure equitable access of secondary school education for boys and especially for girls.
- Promote nutrition education in schools.
- Support and expand integrated early childhood development and nutrition programmes to promote cognitive development.
- Promote implementation of school feeding guidelines.

Agriculture Sector

Improved production and consumption of nutrient-dense crops and livestock can improve diet quality, and increased income from agriculture can purchase improved quality and quantity of food, health care and other essential services.

- Strengthen sustainable production of nutrient-dense crops and livestock and ensure they are available, accessible and affordable in local markets.
- Promote consumption of diversified nutritious diets in the household.
- Improve post-harvest storage and handling to prevent losses and increase access across seasons.
- Increase access to extension services, especially for women.
- Strengthen the capacity of agriculture extension workers to support improved production and consumption of a diversified diet.



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A Call to Action on Nutrition for District Executive Directors

How Does Malnutrition Affect Tanzania?

The Tanzania Development Vision 2025 seeks to achieve middle income status for the country by enhancing human capital development and increasing productivity. Because productivity depends on the overall health of the population, a well-nourished and healthy society is needed to achieve this goal.

Malnutrition increases the risk of illness and death and impairs physical growth and cognitive development, which reduces future economic productivity.

Malnourished children develop more slowly, perform worse in school and complete fewer years of school than their well-nourished peers.^{1,2} Today in Tanzania:

- More than half of children are malnourished.³
- Malnutrition is the underlying cause of as many as 45% of child deaths.^{3,4}
- If there is no improvement in nutrition, economic productivity losses for the country will be more than TZS 28.8 trillion (or US\$18) billion by 2025.¹

Recognising these challenges, in 2011, the Government of Tanzania (GOT) created the High Level Steering Committee on Nutrition (HLSCN) and launched a multi-sectoral National Nutrition Strategy in 2011 which includes placing a nutrition officer in every region and district and a nutrition focal person in each key line ministry. The strategy incorporates nutrition as a cross-cutting issue that requires multi-sectoral action in key sectors. In 2014, the GOT decided to revise its Food and Nutrition Policy to include among others the multi - sectoral approach. In 2016, the GOT developed a 5-year national multi-sectoral nutrition action plan (NMNAP), which stipulates the contributions at district and local government level as well as the health, planning and finance, environment, water and sanitation, community development/ gender, education and agriculture sectors must each provide if nutrition is to improve.

What Can District Executive Directors Do?

For each district to achieve its potential, nutrition must be integrated into sectoral and local government plans. Every district has a role to play, and collaboration and coordination are needed to ensure effective

implementation. To facilitate this, district leadership should:

- Hold seminars with representatives from each sector to discuss the impact of nutrition on development outcomes.
- Ensure adequate investment in nutrition.
- Include nutrition in district-level development and work plans and budgets.
- Support development and approval of District Nutrition Action Plans.
- Work with each sector to increase coordination of nutrition activities at the district level.
- Ensure adequate staffing of nutritionists at the district level.

What Can Sectors Do?

All sectors can design and monitor plans that contribute to improved nutrition either directly by addressing the immediate causes of malnutrition through nutrition-specific activities or indirectly by addressing the underlying causes of malnutrition through nutrition-sensitive activities to improve food security, access to health services, women's empowerment and water and sanitation.

Health Sector

Not only are malnourished children more susceptible to illness, but children born to adolescent or malnourished mothers are more likely to be malnourished. Sub-optimal birth spacing also plays a role. Strategies to improve nutrition include:

- Provide quality services to prevent and treat malnutrition, especially for women of reproductive age and children under 2, in all facilities.
- Provide quality family planning; antenatal, postpartum and newborn care; and management of childhood illnesses and infectious diseases and promote services in districts.
- Budget for and recruit nutrition personnel at the district and local level and provide adequate training, monitoring and supervision.

- Promote improved behaviours in infant and young child feeding; handwashing, food handling and safe disposal of faeces; male involvement in family health services; and dietary diversity.

Planning and Finance Sector

To effectively improve nutrition, interventions across sectors need to be planned adequately with sufficient financial and human resources. Strategies to improve nutrition include:

- Facilitate information sharing among sectors to support adequate planning and budgeting to reach nutrition objectives.
- Develop adequate budgets for nutrition.
- Strengthen multi-sectoral coordination for nutrition within the local government.

Water and Sanitation Sector

Improving access to safe water and adequate sanitation facilities and improving hygiene practices can reduce diarrhoeal disease and other related conditions that cause malnutrition. Strategies to improve nutrition include:

- Increase access to and use of safe water.
- Improve access to safe sanitation.
- Promote improved handwashing and food hygiene practices.
- Support legal frameworks to promote environmental health.

Community Development/Gender Sector

Malnutrition can lead to reduced income and increased vulnerability to crises. Addressing social development issues such as poverty and gender inequality can improve nutrition. Strategies to improve nutrition include:

- Promote male involvement in decisions about family health services, household food production and food security and nutrition programmes.
- Mobilise communities to identify and address nutrition issues and underlying social causes.
- Support community-based nutrition initiatives.
- Advocate and seek solutions for reducing workload for all women, especially pregnant and lactating women.

- Address detrimental food taboos and norms that impair nutrition.
- Promote social protection interventions for improved nutrition.
- Promote access to off-farm employment opportunities and increased wages for men and women.

Education Sector

Poor nutrition early in life leads to poorer school performance. People with higher levels of education tend to have better health outcomes, and girls enrolled in school are more likely to delay their first pregnancy, leading to better nutritional outcomes for mother and infant. Strategies to improve nutrition include:

- Promote school enrolment and completion and ensure equitable access of secondary school education for boys and girls.
- Promote nutrition education in schools.
- Support and expand integrated early childhood development and nutrition programs to promote cognitive development.
- Promote implementation of school feeding guidelines.

Agriculture Sector

Improved production and consumption of nutrient-dense crops and livestock can improve overall diet quality. Increased income from agriculture can purchase better quality and quantity of food, health care and other essential services. Strategies to improve nutrition include:

- Strengthen sustainable production of nutrient-dense crops and livestock and ensure they are available and affordable in local markets.
- Promote consumption of diversified nutritious diets in the household.
- Improve post-harvest storage and handling to prevent losses and increase access across seasons.
- Increase access to extension services, especially for women.
- Strengthen the capacity of agriculture extension workers to support improved production and consumption of a diversified diet.