

What is UNICEF doing?

UNICEF works with government and other partners to elevate nutrition within Tanzania's national plans and priorities. UNICEF also supports districts to implement the National Food and Nutrition Policy. In terms of the United Nations Development Assistance Plan (2016–2021), UNICEF has a lead role in focusing on equity to improve the nutritional status of children and women in Tanzania.

UNICEF is working with the government and other partners to implement a multi-sectoral nutrition response; scale-up high-impact nutrition interventions and services; and respond to the nutritional needs of refugees and other children affected by emergencies.

UNICEF supports the inclusion of chronically poor pregnant women and young children as beneficiaries of regular cash transfers, to

protect food supply and consumption and to help vulnerable families invest in the nutrition, health and education of their children during times of stress and hardship.

Working through local partners, UNICEF also ensures that the poorest and most marginalized households in Mbeya, Iringa, Njombe, Songwe and Zanzibar are targeted with messages and promotion of infant and young child feeding and care practices.

What we want to achieve by 2021

(Contd.)



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Improved available integrated management of severe acute malnutrition services

- The capacity of 7,000 health facilities and 10,000 villages to provide services for the treatment of severe acute malnutrition developed.
- 271,000 children with severe acute malnutrition identified and treated.



Improved capacity of relevant ministry departments and select local government authorities to implement a multi-sectoral nutrition response at national, regional and district level

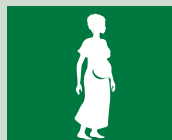
- Capacity of 180 districts and 30 regions in mainland Tanzania in multi-sectoral planning and budgeting for nutrition strengthened.
- Capacity of 23 districts in Mbeya, Iringa, Njombe and Songwe regions in multi-sectoral coordination of nutrition-specific and nutrition-sensitive interventions bolstered.



Operationalized multi-sectoral nutrition information and surveillance systems

- Routine information systems in key nutrition-related sectors strengthened.
- The capacity of districts/municipal councils to carry out analyses of bottlenecks in key nutrition interventions strengthened.
- The capacity of Tanzania to carry out multi-sectoral nutrition reviews strengthened, including the production of bi-annual, multi-sectoral nutrition scorecards.
- The implementation of public expenditure reviews on nutrition supported.
- The quality of nutrition data fed into national surveys (such as Demographic and Health Surveys and Household Budget Surveys) strengthened, as well as the capacity to carry out more frequent national nutrition surveys.

What we want to achieve by 2021



Improved maternal, infant, and young child nutrition services

- The capacity of 850 health facilities and 1,450 villages in Mbeya, Iringa, Njombe and Songwe regions and of 150 health facilities and 900 villages in Zanzibar to provide counselling on maternal, infant, and young child nutrition developed.



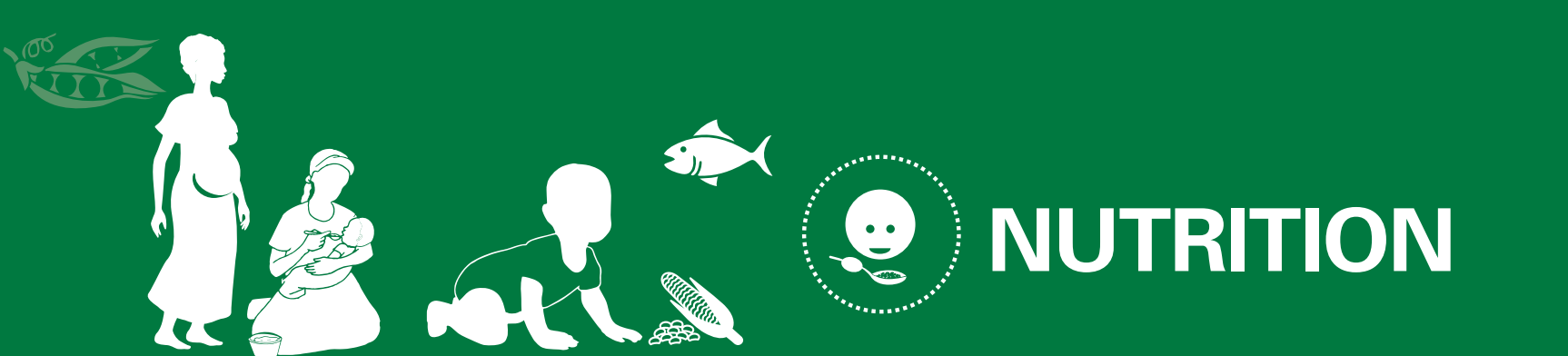
Improved micronutrient supplementation and fortification services

- Seven million children aged 6 to 59 months reached with Child Health and Nutrition Month campaigns twice a year, including vitamin A supplementation and deworming.
- Salt iodization by small-scale salt producers, focusing on Pemba islands, Lindi, and Mtwara regions, supported.
- Prevention of anaemia among children, adolescents and pregnant women in 22 districts in Mbeya, Iringa, Njombe and Songwe regions and in Unguja and Pemba islands of Zanzibar supported.

NUTRITION

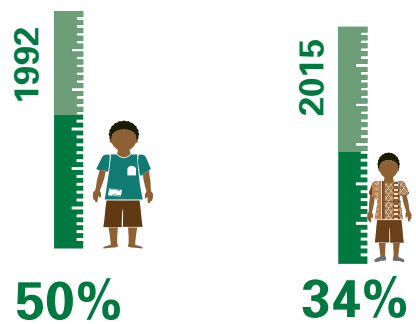


unicef 
for every child



NUTRITION

Stunting in children under 5 years of age

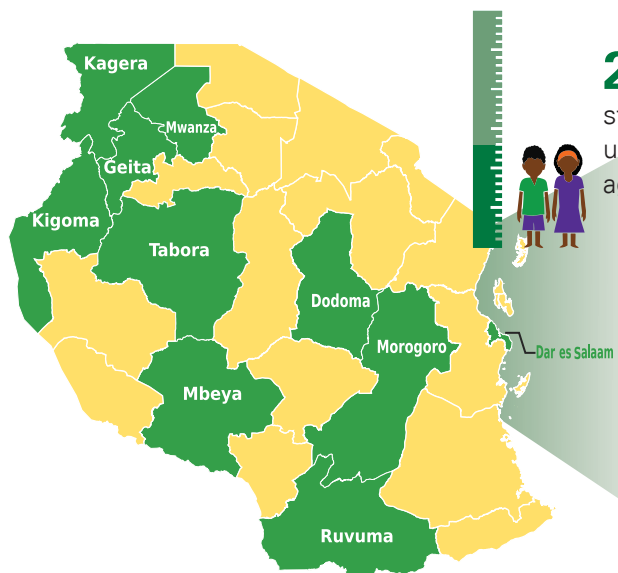


2.7 million

stunted children under 5 years of age, of whom

58%

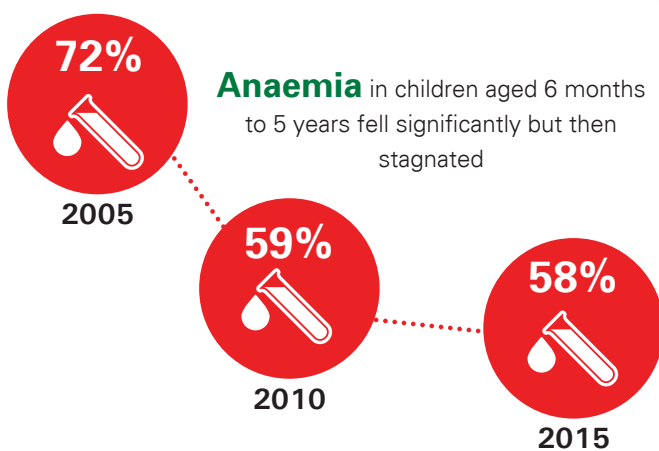
are located in only 10 of Tanzania's 30 regions



59%

of children under 6 months are exclusively breastfed in Tanzania

There are wide disparities in access to **minimum dietary diversity** (age 6–23 months)



What is the situation?

Tanzania made significant progress in improving nutrition among children under 5 years of age. During the period 1992–2015, there was a tangible reduction in the number of underweight children and in those suffering from chronic malnourishment. However, despite these gains, concerns persist regarding the high rates of stunting among children and the stark disparities in nutritional status.

Given the importance of nutrition in the overall physical and cognitive development of children, there is a need to focus on the first 1,000 days of a child's life to prevent the negative effects of malnutrition from becoming irreversible. This requires a multi-pronged approach to address risk factors ranging from inadequate food and illness to poor access to safe drinking water, sanitation and hygiene.

High rates of anaemia and low body mass index among adolescent girls and pregnant women are also causes of concern.

Investing in nutrition is essential for Tanzania to progress. It is estimated that the country will lose US\$20 billion by 2025 if the nutrition situation does not improve. In contrast, by investing in nutrition and improving the population's nutritional status, the country could gain up to US\$4.7 billion by 2025.

Progress

- Significant progress was made in the nutritional status of children under 5 years of age between 1992 and 2015. Stunting or chronic malnutrition decreased from 50 to 34 per cent, acute malnutrition from 7 to 5 per cent and underweight from 24 to 14 per cent.
- Children under 6 months who were breastfed exclusively increased significantly in Tanzania, from 29 to 59 per cent between 1996 and 2015.
- Anaemia among children aged 6 months to 5 years decreased from 72 per cent in 2005 to 59 per cent in 2010.
- The coverage of Vitamin A supplementation among children aged 6 months to 5 years rose from 46 per cent in 2005 to 72 per cent in 2014.
- The proportion of households using adequately iodized salt increased from 47 to 61 per cent between 2010 and 2015.
- Qualified nutrition officers have been appointed in all districts and regions of Tanzania.

Sources: Nutrition Profiles Tanzania, 2014; TDHS 1992, 1996, 1999, 2005, and 2010; TDHS MIS 2015–2016 and TNNS 2014.

Progress

(Contd.)

- Tools are in place to track progress in scaling-up nutrition interventions such as quarterly scorecards, annual nutrition reviews, bi-annual national nutrition surveys and public expenditure reviews of the nutrition sector every three years.
- Average spending on nutrition at local government level has increased from TZS 65 million to TZS 125 million between fiscal years 2011/12 and 2015/16.

Challenges

- In 2015, more than 2.7 million Tanzanian children under 5 years of age were estimated to be stunted and more than 600,000 were suffering from acute malnutrition, of which 100,000 were severe cases.
- There are huge variations in the nutritional status of children under 5 years of age. Ten regions account for 58 per cent of all stunted children and five regions account for half of the children suffering from severe acute malnutrition in Tanzania. All three forms of undernutrition are higher among children from the poorest quintile than the richest quintile and higher among boys than girls.
- Progress on various indicators has been either stagnant or has slipped.
- Coverage of vitamin A supplementation among children aged 6 months to 5 years decreased from 72 to 41 per cent between 2014 and 2015.
- Anaemia among women aged 15–49 years reduced slightly over a decade being 48 per cent in 2004 and 45 per cent in 2015, while anaemia amongst children aged 6 months to 5 years has barely changed from 59 per cent in 2010 to 58 per cent in 2015.
- The prevalence of low body mass index among girls aged 15–19 years remained unchanged between 2010 and 2015 (approximately 18 per cent).
- There are high rates of anaemia among women (45 per cent overall). Fifty-seven per cent of pregnant women and 46 per cent of breastfeeding mothers are anaemic.
- Key high-impact interventions such as the promotion of infant and young child feeding practices and management of severe acute malnutrition are underfunded, resulting in inadequate coverage.
- There is insufficient capacity to generate timely and reliable nutrition data. Reporting tools are not harmonized and new technologies for data generation are insufficiently applied.

Sources: Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS MIS), 2015–2016; Tanzania National Nutrition Survey 2014.

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Source: https://www.unicef.org/media/media_81517.html.