# **Participants:**

Joyceline Kaganda, Acting Managing Director, Tanzania Food and Nutrition Centre, jkaganda@hotmail.comTelephone: +255 752729181

Belinda Liana, Senior Program Officer, The Centre for Counselling, Nutrition and Health Care (COUNSENUTH), bliana@counsenuth-tz.org Telephone: +255 785 820 316

Anna Temu, Managing Director, Power Foods Industries Ltd, power4foods@yahoo.com
Telephone +255 22278553







# **TANZANIA**

Action Plan: Reduce the prevalence of chronic child malnutrition and anaemia in pregnant women.

#### **Objective of the Action Plan**

The Plan seeks to reduce the prevalence of chronic child malnutrition by 15% and anaemia in pregnant women by 13% for 2016.

## Plan implementation context

Tanzania joined the SUN Movement in June 2011 after joining the UN REACH Partnership Initiative. The country has achieved important improvements in reducing chronic child malnutrition. Between 1999 and 2010, malnourished children went from 29% to 21%. However, the percentage of children suffering from underweight and stunting is still high according to WHO standards. Tanzania is also one of the countries most affected by iodine deficiency disorders.

In spite of political commitment to fight in favour of nutrition, chronic child malnutrition and anaemia are largely affecting public health. Presently, over 16 regions in Tanzania suffer from acute chronic malnutrition.

In 2011, the central government launched the National Nutrition Strategy, which is currently under review. Through this strategy, the government is seeking to establish priorities that should guide nutrition related work until 2016.

The strategy stipulates then improvements can be achieved through the impulse of societies among nutrition-relevant stakeholders. The strategy prioritizes interventions for children under 5 and women of reproductive age since they are the most vulnerable groups.





One of the actions proposed by the Strategy is to promote behaviour changes through communication tools. In 2013, National Nutrition Social Behavior Change and Communication was implemented seeking to generate more awareness and attitude changes of the population on nutrition.

There are also guidelines for incorporating nutrition in the preparation of the annual budget. The government of Tanzania has identified protein malnutrition, nutritional anaemia, iodine deficiency disorders and vitamin A deficiency as major nutritional problems of public health significance, however, the prevalence of diet related non communicable diseases is also increasing.

Tanzania has been implementing programmes to control 3 micronutrient deficiencies, namely, anaemia, iodine and vitamin deficiency disorders.

### Plan Actions, specific objectives and expected outcomes

#### **Specific objectives** of the Plan are:

- 1. Increase access to community nutrition services and installations.
- 2. Strengthen the coordination, implementation, follow-up and implementation of the legislation.
- 3. Incorporate nutrition-related interventions in national and sectoral policies, plans and programmes.
- 4. Develop strategic and operational capacity related to nutrition at all levels.
- 5. Implement high impact multi-sectoral nutritional interventions in vulnerable districts.
- 6. Advocate for CSO platform to develop promotion tools in order to facilitate problem awareness and its consequences among community members.

#### Main actions to be carried out:

- 1. Finalize the review of the National Food and Nutrition Policy and its implementation strategy.
- 2. Develop a national finance programme for nutrition-relevant interventions with a results matrix and a common result framework.
- 3. Integrate nutrition in all political manifestos.
- 4. Develop a promotion tool so that CSOs fully participate in the fight against chronic child malnutrition.

## Main expected outcomes would be:

- 1. Improve resource allocation to nutrition.
- 2. Obtain active political will in nutrition.
- 3. Finalize nutrition policy and draft its implementation plan.
- 4. Improve policy articulation strategies.
- 5. Improve multi-sectoral coordination of nutrition-relevant stakeholders at all levels.
- 6. Develop a promotion plan for CSOs.