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## Tanzania: Nutrition Profile

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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 32 percent of children under five years are stunted (have low height-for-age) and 58 percent suffer from anemia, according to the Tanzania Nutrition Survey 2018 and the most recent Demographic and Health Survey (DHS) (MoHCDGEC, MoH, NBS, 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 13 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 2019).

While Tanzania is generally considered food secure in terms of production of staple food crops, the agriculture sector still has great untapped potential not only to improve productivity but also serve as the engine for broad-based economic growth. The agriculture sector provides employment for nearly 78 percent of the population but only contributes 29 percent of the gross domestic product (GDP) and 30 percent of exports (The United Republic of Tanzania 2017). Maize, cassava, and rice are three most important food crops in Tanzania, though the country is still a net importer of rice, and demand is expected to continue to increase (FAO 2015).

Currently, Tanzania ranks 123rd out of 162 countries in progress toward meeting the Sustainable Development Goals (Sachs et al. 2019). The under-five 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 2018 SMART survey, 32 percent of children under five years are stunted, which is a significant decrease from 35 percent in 2014. The most affected regions with a prevalence of stunting exceeding 40 percent were Ruvuma (41 percent), Iringa (47 percent), Rukwa (48 percent), Kigoma (42 percent), Njombe (54 percent), and Songwe (43 percent). In Zanzibar, stunting rates ranged from 20–24 percent in Stone Town and Unguja North, respectively. Between 2014 and 2018, a significant decrease of the prevalence of stunting was observed in Dodoma, Morogoro, Pwani, Lindi, Tabora, Kagera, Mwanza, and Katavi (MoHCDGEC, MoH, TFNC, NBS, OCGS, and UNICEF 2018).

According to the 2015–2016 DHS-MIS, 5 percent of children under five are wasted. 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). In Tanzania, 14 percent of children under five are underweight (too thin for age). At the other extreme, 4 percent are overweight. 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 (MoHCDGEC, MoH Zanzibar, NBS, OCGS, and ICF 2016).

Fifty-nine percent of infants under six months are exclusively breastfed in Tanzania. Exclusive breastfeeding declines rapidly with age; only 27 percent of infants aged four to five months are exclusively breastfed compared with 84 percent of infants aged zero to one month and 59 percent of infants aged two to three months. 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). A recent presentation shows that 59 percent of the Tanzanian population cannot afford a nutritionally adequate diet (TFNC and WFP 2017).

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, NBS, OCGS, and ICF 2016; NBS and ICF Macro 2011). Tanzania is also experiencing the double burden of malnutrition, with 28 percent of women and 4 percent of children under five years suffering from overweight and obesity (MoHCDGEC, MoH Zanzibar, NBS, OCGS, and ICF 2016).

Tanzania Nutrition Data (DHS 2010 and 2015–2016)		
Population 2018 (UNICEF 2019)	56.3 million	
Population under 5 years (0–59 months) 2018 (UNICEF 2019)	9.3 million	
	DHS 2010	DHS 2015–2016
Prevalence of stunting among children under 5 years (0–59 months)	42%	32%*
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 <sup>2</sup> )	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

\*According to the Tanzania Nutrition Survey (SMART) 2018

\*\*In 2015–2016, 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, it 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 this new alliance, a partnership among African heads of state, corporate leaders, and G8 members to accelerate implementation of CAADP strategies. Under the New Alliance, the government and G8 members 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 (UNICEF 2017).
2011	Scaling Up Nutrition (SUN) Movement	This global movement 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, an Africa-led program, brings 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 (New Partnership for Africa's Development 2009).

## 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<sup>1</sup> (2016/2017–2020/2021):

- National Multi-sectoral Nutrition Action Plan (NMNAP)<sup>2</sup> (2016–2021)
- Health Sector Strategic Plan IV (HSSP IV) (2016–2020)
- National Accelerated Investment Agenda for Adolescent Health & Wellbeing (2019–2022)
- 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)
- Livestock Sector Development Strategy (2010)
- National Population Policy Implementation Strategy (2007)

<sup>1</sup> Development of the National Five Year Development Plan (2021–2026); in progress.

<sup>2</sup> Development of NMNAP II (2021–2026); in progress.

- 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)

In 2015–2016 the Government of Tanzania (GoT) developed the first NMNAP to guide implementation of nutrition activities for five years from 2016–2021. The NMNAP has guided the implementation of food and nutrition interventions by operationalizing the food and nutrition policy and other sectoral policies into a rigorous one plan with actions to address all forms of malnutrition. Stakeholders use the plan to implement nutrition activities at national and subnational levels in the country. The current NMNAP is based on 3 *ones*’ approach, covering one plan; one coordination mechanism; and one monitoring, evaluation, and learning framework. The plan used three key thematic areas of interventions—nutrition-specific, nutrition-sensitive, and enabling environment—with a single set of nutrition Common Result, Resource and Accountability Framework (CRRAF), providing a basis for monitoring the NMNAP. The second NMNAP (NMNAP II), currently under development, will guide the nutrition response for the next five years (2021/2022–2025/2026) in line with national, regional and global priorities. The plan will have three pillars, which aim to address under-nutrition, micronutrient deficiencies, and overweight and obesity. It will also focus on strengthening the enabling environment for nutrition and other cross-cutting issues, such as gender, the environment, and emergence response.

The GoT has also demonstrated its commitment to nutrition through the High-Level Steering Committee for Nutrition (HLSCN), complemented by sectoral and cross-cutting policies, frameworks, and structures. The permanent secretary in the Prime Minister’s Office chairs the HLSCN and brings together permanent secretary representatives from nine relevant sectors, as well as stakeholders from the TFNC, donors, United Nations organizations, civil society, academia, and the private sector. A Multi-Sectoral Nutrition Technical Working Group, 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; regional secretariats; and local government authorities 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 MoH, which coordinates nutrition activities in the health sector, as well as a nutrition section in the Ministry of Regional Administration and Local Government, that ensures effective decentralization of nutrition actions and resources. Nutrition focal points were placed in key line ministries to ensure that all sectors address nutrition. This includes the Ministry of Water and

Irrigation; Ministry of Education, Science, Technology and Vocational Training; MoHCDGEC; and the Ministry of Agriculture, Livestock and Fisheries.

Tanzania is placing a strong emphasis on decentralization to ensure that nutrition is on the agendas of those working closest to affected communities. For example, region, district, and ward multi-sectoral nutrition steering committees have been established, bringing together representatives of relevant departments, civil society organizations, the private sector, community leaders, and religious groups. Positions (with funding) have been created for regional and district nutrition officers (e.g., 189 district nutrition officers are 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 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 toward scaling up nutrition have also been developed by tracking both results and financial expenditures (e.g., through 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 also issued an updated circular on budget guidelines, requiring councils to increase their annual nutrition funding for children under five 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. Parliamentarians have also demonstrated taking voluntary ownership of the nutrition agenda. The Parliamentary Group on Child Rights, Food Security and Nutrition, an informal cross-party caucus of about 40 members, championed nutrition since 2012. Vice President Samia Suluhu Hassan has been nominated as a nutrition champion and holds 26 regional commissioners accountable for performance against NMNAP goals, and the Prime Minister started personally chairing the JMNR process from 2017.

### **USAID Programs: Accelerating Progress in Nutrition**

As part of a comprehensive approach to nutrition, USAID/Tanzania focuses on reducing stunting through integrated health and agriculture programs and services at the district and community levels. Key nutrition investments include (1) strengthening GoT institutions and civil society organizations responsible for nutrition; (2) scaling up social and behavior change efforts to improve infant and young child feeding practices; and (3) increasing access to a healthy, diverse diet for mothers and children. USAID/Tanzania nutrition programming is consistent with the goals outlined in the Agency's global Multi-Sectoral Nutrition Strategy and aligned with the GoT NMNAP (2016–2021). Programming also integrates nutrition-sensitive agriculture interventions to improve family access to and consumption of nutritious foods. In addition, activities integrate family planning interventions with interventions targeting the improved nutritional status of HIV-positive clients, particularly pregnant women and HIV-exposed children. Other interventions provide access to clean water (a fundamental factor in reducing women's labor burden), strengthening health outcomes, and improving nutrition. Additionally, nutrition-sensitive programming includes youth economic empowerment and reaching learners in primary school and non-school-based settings.

As of September 2020, the following USAID programs focused on nutrition were active in Tanzania:

<b>Selected Projects and Programs Incorporating Nutrition in Tanzania</b>		
<b>Name</b>	<b>Dates</b>	<b>Description</b>
Alliance for Inclusive and Nutritious Food Processing	2018—2023	This activity fosters a more competitive food processing sector that generates inclusive economic growth. The partnership’s goal is to increase the production of safer, more nutritious foods. It prioritizes procurement from local smallholder farmers and increases the availability of these food products to base-of-the-pyramid consumers. It provides customized assistance to 16 small and growing businesses in Dar es Salaam, Morogoro, Iringa, Njombe, Mbeya, and Arusha. All are involved in either maize milling, dairy, peanut butter, or blended flour processing and have required continued support after the conclusion of the Solutions for African Food Enterprises activity.
Boresha Afya Lake/Western Zone	2016–2021	This activity works with the GoT to increase access to high-quality, comprehensive, and integrated health services through a package encompassing reproductive, malaria, maternal, newborn, child, and adolescent health services. In doing so, Boresha Afya harnesses supportive national policies and political will to empower communities and strengthen health service delivery.
Boresha Afya Southern Zone	2016–2021	The activity works to address health service gaps across 6 regions in the southern zone. It uses a client-centered approach to deliver services in geographic areas with high prevalence of HIV, tuberculosis, malaria, and unmet needs for family planning and maternal/child health services. The program also supports the integration of various health services within facilities, thereby improving efficiency, optimizing resource allocation, and ensuring clients can access a wide variety of services from a single location.
Feed the Future Tanzania Mboga na Matunda Activity	2017–2022	This activity increases the competitiveness and inclusiveness of the horticulture subsector while improving the nutritional status of Tanzanians. It scales improved technologies and practices that lead to increased productivity of smallholders, including large numbers of women and youth, in targeted commodities; scales market system models; and strengthens the overall capacity of the industry.
Feed the Future Tanzania Nafaka II Activity	2016–2021	The Nafaka (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 for 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.
Kizazi Kipya	2016–2021	This activity enables more Tanzanian Orphans and Vulnerable Children to use age-appropriate HIV and AIDS-related and other services for improved care, health, nutrition, education, protection, livelihoods, and psychosocial well-being. The activity takes a child-focused and family-centered approach to strengthening the continuum of care for HIV+ children, adolescents, and their families.

Lishe Endelevu	2018–2023	This activity addresses the nutritional status of women of reproductive age, adolescents, and children under five years. It supports implementation of the NMNAP in the target regions and addresses two high-level outcomes: (1) reduced prevalence of stunting among children under five by 15 percent and (2) increased percentage of children aged 6–23 months and women aged 15–49 who receive a minimum acceptable diet by 15 percent over five years in targeted regions.
Sera Bora	2020–2024	This activity accelerates adoption of more effective policies and programs to drive broad-based agricultural sector growth, improve household food security and nutrition, and reduce poverty in Tanzania. Specifically, it enhances country capacity to (1) conduct research and generate useful data and interpret, value, and use the evidence for informed decision making; (2) conduct systematic stakeholder engagement in policy research and outreach activities; and (3) strengthen the guiding policy framework to ensure due process is followed. Target institutions include the Prime Minister’s Office, Ministry of Agriculture, MoH, President’s Office-Regional, Administration and Local Government Authority, Ministry of Industry and Trade, Ministry of Finance, Ministry of Livestock and Fisheries, and the Tanzania Food and Nutrition Center.
USAID Advancing Nutrition	2019–2023	This activity strengthens the capacity of the Prime Minister’s Office, Tanzania Food and Nutrition Center, and nine nutrition-sensitive sectoral ministries (health, agriculture, education, water, social protection, etc.) to facilitate effective multi-sectoral coordination and collaboration for successfully implementing the NMNAP. The activity focuses on two intermediate results: (1) integration of nutrition-sensitive and nutrition-specific components of the NMNAP across key line ministries, and (2) develop the NMNAP II and its Common Results Framework. Additionally, the activity provides targeted technical assistance to USAID Tanzania’s implementing partners.

## **Other USAID Nutrition-Related Development Assistance**

USAID invests in improving nutritional status for HIV-positive clients, particularly pregnant women and HIV-exposed children. Through the President's Emergency Plan For AIDS Relief (PEPFAR), Nutrition Assessment, Counseling, and Support (NACS) is 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 and AIDS and clinically malnourished children identified in the community. PEPFAR 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 that 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.

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