TANZANIA GROUP
Dietary intake, Disease and/or malnutrition prevalence

- 77% three meals per day
- Malaria prevalence 23%
- Diarrhoea 15%
- 6% HIV
- 44.4% stunted
- 5% wasted
- 16% underweight (NBS 2011)
Nutrient deficiency

children
• 35% iron deficient
• 33% children VAD
• 69% anemic
• 0.30 % NTD

women
• 37% women VAD
• 40% anemic
Malnutrition Trends

Figure 11.2 Trends in Nutritional Status of Children Under Age 5

Note: Based on NCHS/CDC/WHO standards
Consequences

• Growth faltering, diminishes adult intellectual ability and work capacity
• Weaken immunity and more susceptible to disease
• Likely to develop NCD
• Impaired motor and cognitive development
• Impact brain development and impair motor skill
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• GDP-2.65% (MD), IMR 27,000, MMR-1600 (py)

WHO
Goal

• All Tanzanians should attain adequate nutrition
Overview on national food intervention programmes

- insecticide-treated nets to prevent malaria
- VAS
- Food fortification
- Deworming
- HIV- counseling on IYCF
Programmes cont...

• RCH clinics- mother, father and child
• promotion and support of breast-feeding
• immunization of children against infectious diseases such as measles, diarrhoea etc
• nutritional rehabilitation of severely malnourished children
• Iron and folic acid supplementation
• Food fortification
• family planning
Food components and fortifiants

Food components
• salt, edible oil, wheat and maize flour

Fortificants
• Vitamin A, iron (NaFeEDTA), folic acid, iodine
Concentrations

Iron
• whole wheat (5-45mg/kg), refined (30-50mg/kg)

Vitamin A
• whole wheat (1-3mg/kg), refined (1-3mg/kg)

• Regulations –
Performance of national programs

• VAS coverage -92 (WB, 2013)
• Performing better- salt iodation (82%)
• Newly introduced one- wheat flour, maize and oil
Challenges

• Low community awareness including national leaders, pregnancy first visit
• Poor coverage
• High initial cost
• Hammer millers
• Handling of fortified foods
Recommendations

• sugar and rice
Karibuni Tanzania