

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

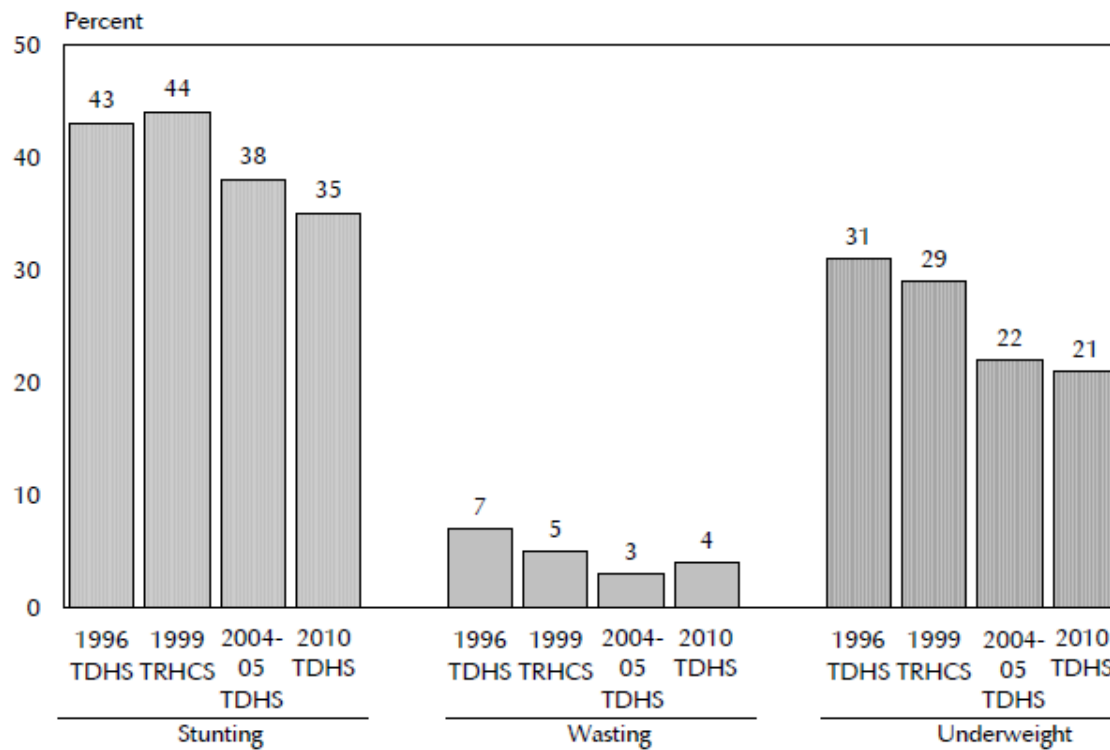
- 35% iron deficient
- 33% children VAD
- 69% anemic
- 0.30 % NTD

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

