

Country Roadmap

Tanzania

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A. Objective of the group work

To build consensus on key nutritional problems in the country and identify ways to ensure these nutritional problems are effectively addressed in food security and agriculture strategies and investment plans (*Specify the name of the policy/investment plan which was reviewed during country group work*)

- More specifically Tanzania aimed to identify nutrition issues that would be recommended for improvement of the TAFSIP by incorporating these into the Agricultural Sector Development Programme (ASDP II) targeted for completion June 2013.

B. Background

You could provide here further information about the status of your country in the CAADP process:

- 0. Launch of the process (Focal Point appointed, CAADP launch, TC appointed, experts engaged)*
- 1. Compact design and signature*
- 2. Development of Investment Plan*
- 3. Technical review of Investment Plan*

4. *Business meeting*
5. *Implementation*
6. *M&E / Impact assessment*

You could also insert here key activities that were carried out in preparation for the workshop (i.e. setting up a multi-sectoral country team, production of the NCP, identification of key relevant policy and strategies (including main National Agriculture and Food Security Investment Plan – NAFSIP; organization of a pre-workshop meeting with country team members, etc.) and specify the objectives of these pre-workshop activities.

C. Analysis of nutrition problems

1. **What are the main nutrition problems in your country? Have malnutrition rates changed over the last decade? Is it likely to change further in future 10 years? If so, how? What do you think are the major reasons for these changes? (Refer to group work on Wednesday 27th Feb)**

Guidance: Consider the various types of malnutrition. Analyzing trends (seasonal and historical) can help identify causes of malnutrition and understand the evolution of the situation.

- During Day 1 the team reached consensus on what the main nutrition problems in the country are and who the most vulnerable groups are.
- There was agreement that child stunting rate of 42% is unacceptably high and should be addressed as a priority. Others nutrition priorities in rank order were identified as:
 - (i) Iron-deficiency anaemia
 - (ii) Vitamin A deficiency (VAD)
 - (iii) Iodine deficiency disorder (IDD).
- Wasting was also identified as a key problem in areas that frequently face episodes of acute hunger. It was noted that the above have been the key domain of traditional nutritional concerns by planners and policy makers alike and that interventions for these have in the past been funded, researched for evidence based interventions.
- The team raised concern over other nutritional deficiencies that that are less publicized and which have not been adequately researched. These include: Vitamin C, Vitamin B, Zinc and Selenium deficiencies etc.
- There are also nutrition related non – communicable diseases like diabetes, high blood pressure and cholesterol which need to be addressed in the agricultural sector.
- The team also noted that despite many interventions the nutrition situation in Tanzania has not significantly improved over the years and were of the opinion that this could be explained by a number of factors including:
 - Limited multi-sectoral response to the problem;
 - Malnutrition is still largely perceived as a health problem.
 - Limited knowledge of nutrition issues at various levels
 - Inadequate funding to support nutrition activities,
 - Limited ownership of nutrition interventions at household/community level
 - Limited supervision and follow up to ensure accountability of agriculture and nutrition programme/project outcomes.

2. Are particular geographic areas / population groups (age, gender and socio-economic groups) more vulnerable to malnutrition? Which ones, and why? (Refer to group work on Wednesday 27th Feb)

- The team identified the most vulnerable age groups as:
 - 1000 day age group;
 - Under fives in general;
 - Adolescents;
 - Women of child bearing age;
 - Pregnant women;
 - 6-13 years of age
 - The elderly

- The team also identified areas that are hardest hit as the regions of Manyara, Dodoma, Singida, Lindi and Mtwara. The regions of Manyara, Dodoma and Singida are prone to frequent draughts leading to loss of crops and livestock while the regions of Mtwara and Lindi have problems of accessibility, have high rates of poverty and illiteracy.

3. Are the main nutrition problems and causes for malnutrition that you have identified already described in your NAFSIP? If not, which information should be added? (Refer to group work on Thursday morning 28th Feb)

E.g. different types of malnutrition, key nutritional trends, analysis of nutritionally vulnerable groups and geographic areas, immediate and underlying causes of malnutrition)

D. Goals, objectives and activities

4. What specific objectives and targets would you need to include in your CAADP Compact and / or CAADP Investment plan to ensure that nutrition is effectively addressed? (Refer to group work on Wednesday 27th Feb)

Guidance: try to be more specific than “reducing malnutrition” / or “improving food and nutrition security” which are impact level goals.

- The Agricultural Sector Development Programme (ASDP I) did not adequately address nutrition issues but it is under review to develop a nutrition sensitive ASDP II. The goal is to contribute to achieving food and nutrition security.

5. On the basis of the nutrition objectives that you have formulated above, how could specific objectives in the NAFSIP be revised / formulated to better address nutrition issues? (Refer to group work on Thursday morning 28th Feb)

6. Should any specific population groups (age, gender and socio-economic groups) or geographical areas be targeted to achieve these objectives? (Refer to group work on Wednesday 27th Feb)

- Because ASDP II will be implemented throughout the country it is envisaged that the whole agricultural population will be reached by the programme.
- Based on the interventions proposed in the TAFSIP and those identified by the Country Team at the Workshop it is expected that specific activities will be targeted to benefit the vulnerable; notably children and women and those with special needs.

7. What nutritionally vulnerable groups / geographic areas do you recommend to add / further target in the NAFSIP? (Refer to group work on Thursday morning 28th Feb)

8. What are the possible interventions to achieve the goals / targets and meet the needs of identified target groups? (Refer to group work on Wednesday 27th Feb)

Guidance: when identifying interventions, think about what worked / did not work until now. Try to build on existing opportunities, successful initiatives and find ways to maximise the impact of existing investments. Make sure that interventions are adapted to different livelihoods.

For identified interventions, ask yourselves:

- *Are these interventions relevant to address the nutrition problems and causes that were identified?*
- *Are they feasible, given existing capacities (technical, institutional and financial)? Which intervention(s) have the highest potential to reach the goals / impact you desire with the lowest additional funding requirement?*
- *What are the major constraints that can hinder their implementation? Can these be addressed?*
- *Which intervention has the most potential to create synergies and complementarities (between programs and sectors, between field and policy, etc)?*

9. Which interventions do you recommend to add / revised in the NAFSIP to achieve the suggested objectives? (Refer to group work on Thursday morning 28th Feb)

- Diversification of agricultural production to increase quality of diets among the vulnerable population groups with emphasis on: (i) diversifying and producing nutrient rich foods not just staple production; (ii) encouraging informed choices for production and selection of health-promoting foods including organic farming; (iii) promoting diversified complementary feeding from indigenous sources.
- Stabilization of food supplies through management of post-harvest losses, preservation, processing and value addition by (i) promoting better post harvest management of food including drying of staples as well as adhering to hygienic methods of storage; (ii) supporting better methods of food preservation to promote shelf life; (iii) supporting food processing and packaging including improvement of indigenous methods of preservation and storage e.g. fermentation, germination, etc.
- Undertaking behavioural change on food consumption through awareness creation and sensitization. Emphasis should be on: (i) educating people on the composition and the nutritive value of crops they produce and encouraging good selection of foods: (iii) including social behavior change communication in the extension curriculum in agriculture; (iv) training

extension workers on how to deliver nutrition messages; (v) harmonizing nutrition messages given at various levels including how to counteract potential harmful messages from the media.

- Addressing food safety in the agricultural sector by: (i) addressing aflatoxins along the value chain from production to consumption and educating people on the hazards thereof; (ii) educating the public on general food hygiene during harvest, processing, storage and marketing; (iii) putting in place regulation for use of pesticides including assessment of toxic levels in various foods as well as building the capacity of institutions to undertake such route assessments; (iv) promoting organic farming and home gardening as a way of improving diets and reducing pesticides residues in foods; (v) monitoring and intervening against urban environmental toxic hazards on urban produced crops.
- Promoting labor-saving technologies to give women more time to care for their families including breast feeding. Emphasis should be on ensuring availability of affordable labor saving technologies in production and processing as well as in food preparation and cooking to save time for women and ensuring that agricultural activities do not increase women's workload and compromise other roles played at home. To support women efforts should focus also on promoting gender equity in agriculture between men and women in accessing and owning resources for improvement of nutrition and promoting women's empowerment for decision making at home and in the community.
- Undertaking nutrition education for extension workers, in-service training for key MAFC staff in the short-term and in the long-term, mainstream nutrition in the curricula of the formal education system with a focus on: (i) promoting nutrition education at all levels; (ii) developing modular courses and nutrition curricula that suit various nutrition audiences; (iii) institutionalizing nutrition education and training in various spheres of learning including the Ministry of Agriculture Training Institutes (MATIs); the Sokoine University of Agriculture, Community Development Colleges, Ministry of Education, Ministry of Health; and (iv) ensuring consistency of nutrition messages given at various levels.
- Advocacy to key players at all levels to support nutrition interventions should include awareness raising and sensitization of stakeholders from national to grassroots level to galvanize support for nutrition interventions.

E. Indicators related to progress in the nutrition situation

10. Which indicators should be included to monitor progress in addressing the identified objectives? Are they already in the NAFSIP? (Refer to group work on Thursday morning 28th Feb)

11. Should the NAFSIP include activities to strengthen food security and nutrition information systems? (Refer to group work on Thursday morning 28th Feb)

- The TAFSIP has a set of indicators for measuring nutrition outcomes. The country team identified additional indicators which should be included to monitor progress in the implementation of the proposed interventions. These are implied but not specified in the TAFSIP and include:
 - Dietary diversity score

- Crop diversity
- Household dietary index
- Number of institutions with nutrition included in the curricula of Agriculture training programs
- Increase in Knowledge and awareness of the importance of nutrition
- Exclusive breast feeding at six months
- Frequency of complementary feeding

F. Institutional arrangements and coordination mechanisms

(Refer to group work on Thursday afternoon 28th Feb)

- 12. Which partners (national institutions, development partners, private sector) / initiatives (SUN, REACH, etc.) should be involved for strengthening the nutritional impact of the NAFSIP? Are their roles and responsibilities clearly identified in the NAFSIP? What are the main structure(s) responsible for leading the components linked to nutrition in the NAFSIP? Is this relevant?**
- 13. What needs to be coordinated and for what: what do you want to achieve with coordination?**
- 14. What kind of coordination mechanisms do you think would be most effective in your country to achieve the coordination goals in nutrition?**
- 15. Which coordination structures are suggested in the NAFSIP and would they be effective for the nutrition coordination and communication purpose? If not, how could they be strengthened to ensure optimal coordination (within the agriculture sector and between sectors)?**

- The group working on institutional arrangements identified partners in the agricultural sector to include Government ministries notably the Prime Minister's Office (PMO); Ministries of Agriculture Food Security and Cooperatives (MAFC); Education Science and Technology; Ministry of Health; Community Development Gender and Children; Livestock Development and Fisheries; Finance; Prime Minister's Office, Regional Administration and Local Government (PMO-RALG); Industry and Trade; Water; and Infrastructure Development. Key Government institutions include the Tanzania Food and Nutrition Centre (TFNC); the Tanzania Food and Drug Administration (TFDA); The Tanzania Bureau of Standards (TBS); the National Bureau of Statistics; the Sokoine University of Agriculture (SUA) and other Universities; Development partners/donors especially Development partners in agriculture and in nutrition; Private sectors especially agro dealers, food processors, wholesalers and retailers. Regional Economic Communities (RECs)- ECSA, COMESA, EAC also provide support to Government.

STRUCTURES RESPONSIBLE FOR LEADING THE COMPONENTS OF NUTRITION IN THE TAFSIP

- Nutrition in Tanzania is led by a High level Steering Committee for Nutrition under the Prime Minister's Office. Under this Committee there are Multi-sectoral Technical Committees which are supported at the local level by District multi-sectoral committees.

- Within the Agricultural Sector there are additional structures that relate most specifically to the coordination of TAFSIP and the ASDP. At national level there is an Inter-ministerial coordination committee (ICC) which has been expanded to capture issues of nutrition by including more ministries than was initially planned.
- There is also an Inter-Ministerial committee, a Presidential Retreat and Thematic working groups. At the District level Nutrition steering committees have been established and have been structured to include nutrition focal points. It is expected that these structures will be effective because of high level of commitment including the High Level Steering Committee for Nutrition where all agriculture sector line ministries are represented. However, there is need for sustained political will for these structures to be strengthened, guided, facilitated, supported and held accountable to perform better.

G. Capacities needed for integrating Nutrition

(Refer to group work on Thursday afternoon 28th Feb)

16. Which capacities do you need to achieve your objectives and implement the nutrition-related interventions? Do you have these capacities in your country?

Guidance: Look at operational, strategic and research capacities for both individuals and institutions.

17. Which are the partners who can provide technical and institutional support to develop the necessary capacities?

18. Should activities in terms of capacity development be included / added in your NAFSIP to support the achievement of your identified objectives? If yes, which ones and for what exact purpose?

- The Country Team noted that TAFSIP has given due consideration to the need for capacity building as articulated in its thematic area number 7 on Policy Reform and Institutional Support. However, the country team found some capacity gaps that would need to be filled in implementing the proposed interventions.

Level	Key Intervention	Target Population	Capacity gap
National	Awareness on nutrition	Policy makers and Nutrition Focal Persons	Lack of multi-sectoral Advocacy Strategy and Package for nutrition
Regional and district level	Awareness on nutrition and skills for nutrition planning and budgeting	Decision makers (DED, Heads of Dept.) and Service Providers	Inadequate knowledge and skills for nutrition planning and budgeting including limited access to tools, guidelines and facilities

Community	Awareness on nutrition and socio-cultural behavior affecting care practices	Local community leaders , Heads of Households and Community-based workers	Inadequate knowledge and skills for nutrition planning and budgeting including limited access to tools, guidelines and facilities
Research capacity			
Institutions	Evidence based integrated Nutrition Programmes	Research and Training institutions	Low priority given to funding research and lack of focus in prioritizing research as well as Insufficient utilization of research results

- The Country Team further noted that in overcoming the challenge of limited knowledge and limited skills on nutrition issues there are a number of partners that could support capacity building including: UN Agencies like FAO, UNICEF, REACH, WHO, WFP and bilateral Agencies, multi-lateral agencies and local partners (CSOs, Training and Research institutions, etc). It is expected that these will support Tanzania by providing technical skills and funding for the implementation of the ASDP II and the TAFSIP as a whole.

H. Costing / funding issues

(Refer to group work on Thursday afternoon 28th Feb)

19. Would the implementation of activities / recommendations described above require additional resources compared to what is actually planned?

- The implementation of the activities recommended above will require additional funds as well as technical input. It was noted that the TAFSIP allocated substantial funding to the thematic area of productivity and commercialization and that while the component is important for food security, it should be noted that only 2% of the TAFSIP budget is allocated to nutrition and this is inadequate to support implementation of the proposed interventions. The budget needs to be increased to reflect the importance of nutrition to the overall development of the sector. Specific areas requiring additional funds include hardware/inputs for capacity building/labor saving technologies, demand creation for nutrition services and advocacy related interventions.

POTENTIAL SOURCES OF ADDITIONAL FUNDS

- Potential sources of funding for nutrition activities would include considering the possibility of scaling down the budget allocated to the thematic area on Policy reforms, Institutional Support to support of the recommended activities.
- The ASDP II, now in progress, should advocate for and increase allocation of adequate funds and for raising the profile of nutrition agenda in agriculture.
- With the support of global movements like Scaling Up Nutrition and REACH, donor funding should be sourced from various areas including the Global Agriculture and Food Security Programme (GAFSP). Efforts should be made to secure funding from bilateral and multilateral organizations as well as Development Partners like USAID, Irish Aid, Gates Foundation, UN Agencies, Private Sector, and international and local NGOs.

I. Next steps

(Refer to group work on Friday morning 29th Feb)

Guidance: Think about:

- *How each team member will report back to their individual organization?*
- *How to sensitize/influence decision-makers to take on board recommendations coming out from the workshop?*
- *What are the key events/opportunities in the CAADP process to integrate your suggestions on nutrition?*
- *What are your needs for external support/assistance?*
- *Who will be the main contact person for nutrition-related issues in the CAADP process after the workshop?*

Action point	Date	Responsible	Comments (i.e. resources required, potential constraints)
Report to authorities of key ministries/organizations by briefing on the deliberations and recommendations of the workshop	By Monday, March 15 th 2013	MAFC	
Convene a planning meeting of TAFSIP Thematic Working Group that will agree on an inclusive process for incorporating the CADDP workshop recommendations into the ASDP II	By 15 th March 2013	Ms. Margaret Natai	Nutrition Focal Point, Ministry of Agriculture Food Security and Cooperatives
Convene a broad consultative meeting to agree on the recommendations from the CAADP Workshop and how to incorporate them in the ASDP II.	immediate	CAADP Thematic Working Group	Ms. Margaret Ndaba , CAADP Focal point and Ms. Mansuraat of Zanzibar to follow up

Action point	Date	Responsible	Comments (i.e. resources required, potential constraints)
Identify funding gaps at LGA level in the budget for the coming fiscal year and advocate for increased funding	Immediate	All key ministries	Ms. Sarah Mshiu (PMO) to follow up
Ensure allocation of adequate budgets for nutrition by the Ministry of Finance	Immediate	Mr. Bagonza and Mr. Mafuru	Focal points at the Ministry of Finance and the Planning Commission
Seek opportunities to present the deliberations and the recommendations of the CAADP Workshop to the inter ministerial Committee and other high level fora to raise the nutrition agenda	Continuous	All	All
Bring to the attention of the drafting team of the “Big Results Now” (especially those working on the Agriculture lab) the CAADP workshop recommendations and the need to incorporate nutrition in agricultural policies, plans, strategies and programmes.	Immediate	Ms. Margaret Ndaba	In her capacity as CAADP Focal point

ANNEX 4: PARTICIPANTS: Tanzania Working Group Country Team

S/N	Name	Institution/Organization
1	Margaret Ndaba	Ministry of Agriculture, Food Security and Cooperatives
2	Haji Hamid Saleh	Ministry of Agriculture and Natural Resources, Zanzibar
3	Deborah Ash	Family Health International
4	Elizabeth Macha,	UNICEF
5	Benoit Cambier	Food and Agriculture Organization
6	Joyce Kinabo	Sokoine University of Agriculture
7	Rosemary Mwaisaka,	World Food Programme
8	Martha Nyagaya	Irish Aid
9	Brenda Muwaga,	UNICEF
10	Benedict Jeje	Tanzania Food and Nutrition Centre
11	Fortunatus Kagoro	Ministry of Education and Vocational Training
12	Mansura Kassim	Ministry of Agriculture and Natural Resources, Zanzibar
13	Sarah Mshiu	Prime Ministers' Office
14	Margareth Natai	Ministry of Agriculture, Food Security and Cooperatives
15	Alex Nalitolela	AFRICARE
16	Obey Assery	Prime Minister's Office
17	Patroba Mafuru	Presidents Office, Planning Commission
18	John Msuya	Sokoine University of Agriculture
19	Jasson Bagonza	Ministry of Finance
20	Julia Masanja	Ministry of Community Dev. Gender and Children
21	Dr. Dahoma Mohamed	Ministry of Health - Zanzibar
22	Mbaraka Stambuli	Ministry of Livestock Development and Fisheries
23	Geoffrey Chiduo	Tanzania Food and Nutrition Centre - TFNC
24	Mansura Kassim	Ministry of Agriculture - Zanzibar
25	Keneth Kaganga	Planning Dept. Ministry of Agriculture, Food Security and Cooperatives
26	Jacqueline Nkindi	Tanzania Association for Horticultural crops -TAHA
27	Ms. Kisanga	The Centre for Counselling Nutrition and Health Care
28	Richard Kasuga	Ministry of Agriculture, Food Security and Cooperatives
29	Vincent Assey	Ministry of Health and social welfare
30	Faith Magambo	Tanzania Food and Nutrition Centre
31	Joyceline Kaganda	Director, Nutrition, Education and Training, the Tanzania Food and Nutrition Center
32	Alfred Kalaghe	AFRICARE
33	Vedasto Rutachokozibwa	Food and Agriculture Organization of the United Nations (FAO)
34	Mercy Butta	FAO Intern
35	Pauline Kisanga	The Centre for Counselling Nutrition and Health Care
36	Victor Kamagenge	Helen Killer International
37	Philip Mann	REACH, Tanzania
38	Betty Mlingi	REACH Consultant/ TZ Team Workshop Facilitator/ Report Writer