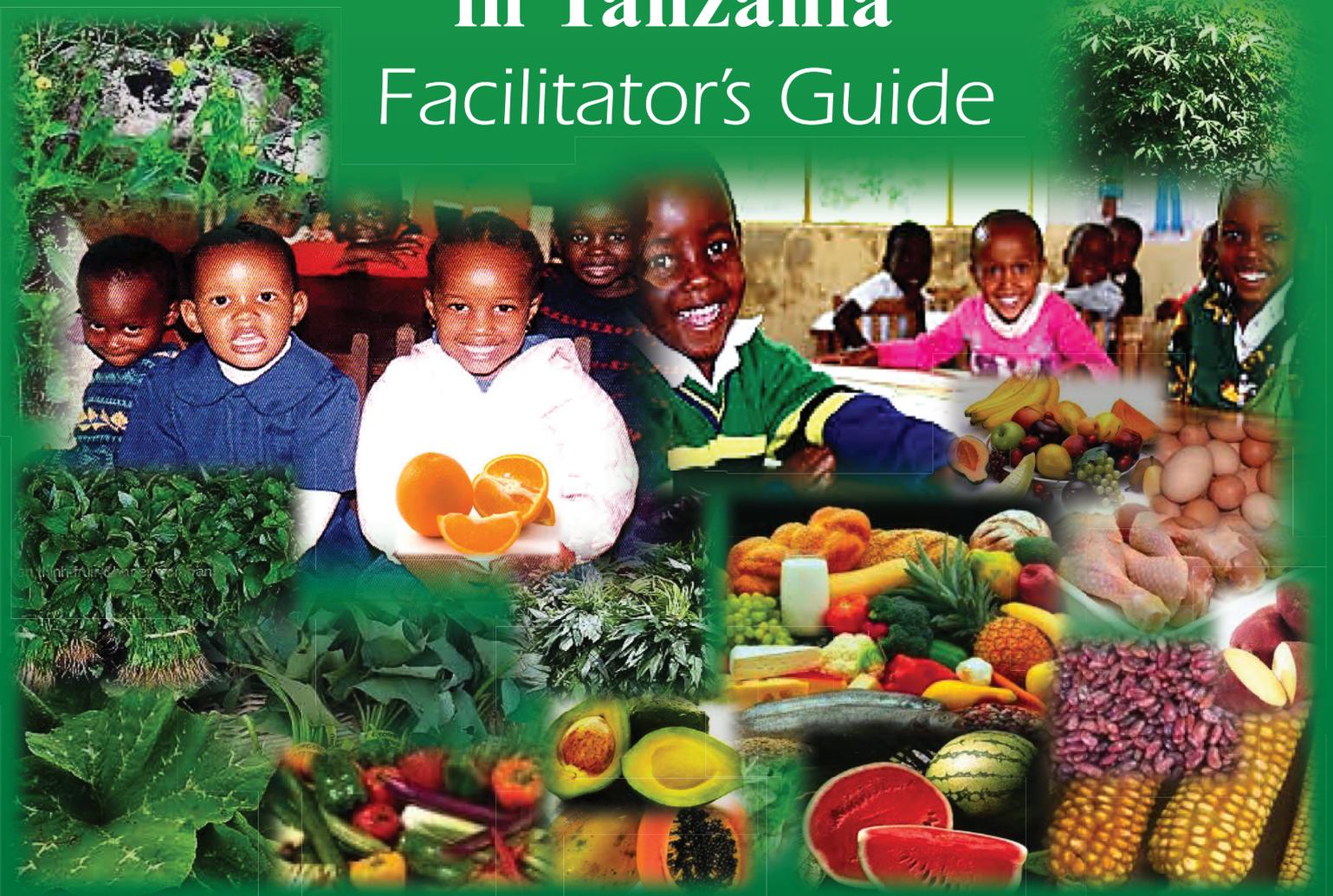




The United Republic of Tanzania
MINISTRY OF HEALTH AND SOCIAL WELFARE

TRAINING PROGRAMME FOR NUTRITION OFFICERS at Regional and District levels

Module One Nutrition Situation in Tanzania Facilitator's Guide





Training Programme for Nutrition Officers at Regional and District Levels

Module 1

Nutrition Situation in Tanzania

Facilitator's Guide



TANZANIA FOOD
AND NUTRITION
CENTRE



Center for
Development Innovation



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PREFACE

The existence of the newly recruited and the ongoing process in recruiting the district nutrition officers (NOs), district nutrition focal persons (NFPs) as well as the Ministerial nutrition focal persons further emphasizes for a need to have an established formal in-service training programme. According to the Needs Assessment done on newly recruited nutrition officers, it was observed that there was a lack of knowledge with regard to nutrition situation in Tanzania, initiatives and commitments to scale up nutrition in Tanzania, national policy and strategies governing nutrition activities in Tanzania and management and coordination of nutrition activities.

The purpose of this module is to acquaint nutrition personnel with knowledge on the nutrition situation in Tanzania. The main focus is on *nutrition situation in Tanzania*.

The module describes various nutrition activities commonly conducted in the country and rationale for their use. It aims at imparting knowledge on major types of malnutrition in developing countries, the importance of investing in nutrition, causes and consequences of malnutrition, prevalence and trends of malnutrition in Tanzania, initiatives to scale up nutrition in Tanzania and commitments to scale up nutrition in Tanzania. The module covers priority areas for nutrition interventions, recommended interventions in each nutrition key sector, food and nutrition policy, national nutrition strategy, social and behavior change communication (SBCC) strategy, role of multi-sectoral nutrition steering committees and role of council focal persons/nutrition officers in management of nutrition activities.

This module on nutrition situation in Tanzania has been developed to enable nutrition officers to use nutrition indicators/signs to identify individuals with various forms of malnutrition in their communities, apply the key indicators and related interpretations on assessing situations on Infant and Young Child Feeding (IYCF), iron deficiency and anaemia, iodine deficiency, and vitamin A deficiency. Further the module will enable NOs to relate types, prevalence and distribution of malnutrition in their areas of operation and design appropriate interventions to address the problems and relate the causes of malnutrition with interventions implemented in their areas of operation and the appropriate package of interventions to address the problems. It is also anticipated that NOs and NFPs will be able to prioritize interventions and actions to contribute to reduction of malnutrition, analyze initiatives and commitments undertaken in Tanzania to scale up nutrition and design relevant nutrition interventions in their areas of operation. It will also empower them to advocate for mainstreaming nutrition considerations in council development plans.

This module is based on vivid examples of the Tanzanian context. It is envisioned that the module will restore knowledge, skills and confidence to the nutrition officers/focal persons in implementing their tasks and managing the nutrition situation in our country.

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We sincerely appreciate acknowledge the technical and professional support provided as well as commitment demonstrated by the team of experts comprising Julius Ntwenya and Hadijah Mbwana of SUA, Joseph Mugyabuso of Save the Children International (SCI) Tanzania and Charles Mamuya of TFNC during development of this module by diligently gathering materials, organizing, drafting and compiling the module.

We are also indebted to all participants who attended various stakeholders' workshops for their invaluable contributions in improving this module.

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immuno Deficiency Syndrome
BMI	Body Mass Index
CRP	C - reactive protein
CSO	Civil Society Organization
DED	District Executive Director
HfA	Height for Age
HIV	Human Immuno-Deficiency Virus
HLSCN	High Level Steering Committee for Nutrition
ID	Iron Deficiency
IDA	Iodine Deficiency Anaemia
IPT	Intermittent Presumptive Treatment of Malaria
ITN	Insecticide Treated Nets
IYCF	Infant and Young Child Feeding
LBW	Low Birth Weight
MCD	Municipal Council Director
MDG	Millennium Development Goal
MTEF	Medium Term Expenditure Framework
NFFA	National Food Fortification Alliance
NNS	National Nutrition Strategy
PMO	Prime Minister's Office
PMTCT	Prevention of Mother to Child Transmission of HIV
RAS	Regional Administrative Secretary
RBP	Retinol (vitamin A) Binding Protein
SAM	Severe Acute Malnutrition
SBCC	Social and Behaviour Change communication
SD	Standard Deviation
SUN	Scaling Up Nutrition
TAFSIP	Tanzania Agriculture and Food Security Investment Plan
TASAF	Tanzania Social Action Fund
TBS	Tanzania Bureau of Standards
TC	Town Council Director
TDHS	Tanzania Demographic and Health Survey
TFDA	Tanzania Food and Drugs Authority
TFNC	Tanzania Food and Nutrition Centre
UIC	Urinary Iodine Concentration
UNICEF	United Nations Children's Fund
VAD	Vitamin A Deficiency
VAS	Vitamin A Supplementation
WfA	Weight for Age
WfH	Weight for Height
WHO	World Health Organization
WHR	Waist to Heap Ratio

DEFINITIONS AND TERMINOLOGIES

Anemia is defined as haemoglobin level less than the established cut-off levels set by WHO that are specific for age, sex, ethnicity and physiological status. In children aged 6-59 months, anaemia cut off points for mild, moderate, severe and any anaemia are 10-10.9 g/dL, 7.9-9g/dL, <7g/dL and <11g/dL, respectively. For women age 15-49 years, the respective cut-off points for mild, moderate and severe anaemia are the same as for the children but for the cut off points are 12g/dL for non-pregnant and 11g/dL for those that are pregnant.

Breastfeeding is the act of feeding a child with breast milk (including milk expressed or from a wet nurse).

Body Mass Index (BMI) is a measure of thinness or overweight in adults. It is based on an individual's weight in kilograms relative to the square of his/her height (in metres). An adult with a BMI below 18.5 kg/m² is considered too thin. A BMI above 25 kg/m² for adults is judged to be overweight (overweight and obese). A BMI of above 30 kg/ m² for adults is judged to be obesity.

Carbohydrates are main sources of energy to our bodies. Carbohydrates foods include such foods as starches and sugars from cereals, roots and tubers and sugar canes.

Complementary feeding refers to providing foods to breastfeeding children while continuing with breastfeeding. It is recommended that such foods should be introduced to the children as they become 6 months old, be adequate in quantity and diversity in nutrients while going on with breastfeeding for at least the age of 2 years.

Fats are the most concentrated sources and a store of energy in the body. They are important for building of cells, facilitating absorption and transportation of fat-soluble nutrients like vitamin A, and providing insulation that protects the body from adverse effects of extremely low temperatures. Sources of fats include foods of animal origin such as fatty meat, butter, milk or cheese. Fat sources of plant origin include foods such as edible oil seeds, germ of cereals, coconut or margarine.

Food is a material, usually of plant or animal origin that contains essential body nutrients, such as carbohydrates, fats, proteins, vitamins, or minerals that are needed by an organism to produce energy, stimulate growth, and maintain life.

Government Commitment is a dedication, pledge, promise or obligation by the government to an action for better results in the social welfare of its people and the economy

Government Initiative refers to a deliberate effort made by the government to start something that could positively contribute to the social welfare of its people or the economy with a hope that it will continue successfully.

Haemoglobin (Hb) is a component of red blood cells in which most iron in the body is found. Hb is an essential protein for the human body which contains iron in the form that facilitates transportation of oxygen to different parts of the body.

Iodine is an essential mineral that is important for body growth and mental development. Iodine deficiency causes a number of disorders, including goitre, mental retardation, deaf mutism, coordination abnormalities and adverse pregnancy outcomes.

Iodine Deficiency

Iodine deficiency situation is explained in terms of low urinary iodine concentration (UIC) (less than 150 µg/dL), the proportion of the population having optimal UIC of 150 to 300 µg/dL and the total goiter rate above 10 percent in a population or of the children aged 6-12 years.

Iodine Deficiency Disorders (IDD) refer to all the consequences of iodine deficiency in a population that can be prevented by ensuring that the population has an adequate intake of iodine (WHO/UNICEF/ICCIDD, 2007)

Iron is an essential mineral that is important for cognitive development especially during the age of 6-11 months when growth is rapid. It is one of the important constituents of haemoglobin (Hb) in red blood cells.

Iron deficiency

Iron deficiency is one of the major causes of anaemia and results in neural and behavioural defects. Iron deficiency is confirmed in the laboratory when the level of soluble transferrin receptor is above 8.3 µg/mL.

Macronutrients are nutrients required by the body in relatively large amounts. They include carbohydrates, fats and proteins.

Malnutrition is a bad health status resulting from insufficient, excessive or imbalanced consumption and utilization of nutrients. Malnutrition related to insufficient nutrients is called undernutrition whereas the one due to excessive nutrients is over-nutrition. Examples of undernutrition include stunting, underweight, wasting and severe acute malnutrition, and iron deficiency anaemia, iodine deficiency, zinc deficiency, folate deficiency and vitamin A deficiency. Examples of overnutrition include cases of overweight and obesity.

Micronutrients are nutrients which are essential but are required by our bodies in relatively small amounts. Micronutrients include vitamins and some minerals (for example iron, zinc, copper, magnesium and selenium).

Minerals are inorganic nutrients which are important as structural components of certain tissues or free ions (charged elements) which play an important role in balancing muscle contraction and as catalysts for enzyme reactions. Rich sources of bio-available minerals are animal products such as meat, organ meats, whole fish, milk and milk products. Plant foods are also sources of such nutrients but with limited bio-availability.

Nutrients are substances in food that the body can utilize for energy, growth, maintenance and repair or build body tissues. Categories of nutrients include carbohydrate, protein, fat, vitamins and minerals. About 40 different nutrients are considered essential in the diets of human beings.

Nutrition is the science of food, nutrients and substances contained in the foods, their action, interaction and balance in relation to health and diseases and the processes by which the organism digests, absorbs, transports, utilizes and excretes food substances. It also includes the processes through which the organisms obtain the food.

Nutrition intervention is a measure or an action taken to prevent, control or treat malnutrition. Nutrition interventions are either nutrition specific or nutrition sensitive.

Nutrition specific interventions are actions that address immediate causes of malnutrition. These actions include among others; promotion of exclusive breastfeeding from birth to 6 months of age, complemented breastfeeding at least up to 2 years of child age and food fortification.

Nutrition sensitive interventions are actions that address underlying causes of malnutrition. These actions include among others; Nutrition-friendly agriculture and improving health.

Obesity refers to a WfH for children aged 0-59 months that is above plus three SDs from the reference median of the WHO Child Growth Standards or Body Mass Index (BMI) of above 30 kg/ m² for adults.

Overweight refers to a Body Mass Index (BMI) above 25 kg/m² for adults and Weight for Height (WfH) of children aged 0 to 59 months that is above plus two standard deviations (SDs) (overweight and obese).

Proteins are body building blocks of living materials and are fundamental structures of every cell in the body. They are essential for reproduction, growth, repair and maintenance of body cells. Sources of proteins include animal foods like meat, organ meats, fish, milk

and eggs. Plant foods sources of protein are legumes such as beans, soybeans, but also cereals contain proteins.

Serum is the clear, pale yellow liquid that separates from the clot in the coagulation of blood.

Severe Acute Malnutrition (SAM) is a type of undernutrition that refers to wasting characterized by mid upper arm circumference of less than 115 millimeters or weight for Height (WfH) of more than three SDs below that of the reference median child according to WHO standards for WfH or presence of bilateral pitting oedema.

Stunting is a type of undernutrition that arises from failure of a child to attain a height required for that particular age (low Height for Age (HfA)). It is a reflection of chronic inadequate intake of food and nutrients. A child is judged to be stunted if his/her height is below minus two standard deviations (SDs) from the reference median of the WHO Child Growth Standards for Height for Age.

Underweight is a type of undernutrition that refers to a low Weight for Age (WfA) of a child. A child is judged to be underweight if his/her weight is below minus two SDs from the reference median of the WHO Child Growth Standards for WfA. An underweight child is either stunted or wasted or both.

Vitamins are organic substances present in small amount in foods stuffs and which are necessary for enhancing immunity against diseases and maintaining a healthy active life. They are categorized either as fat-soluble or water-soluble vitamins. Fat – soluble vitamins include Vitamins A, D, E and K whereas water- soluble vitamins include Vitamin C and the B-group vitamins. Major sources of vitamins are fruits and vegetables as well as animal products (meat, milk, cheese). In addition vitamins from animal sources are better absorbed and utilized by the body compared to those from plant foods.

Vitamin A is an essential fat-soluble nutrient required for such functions as growth, immunity enhancement, child growth, reproductive health, bone development and proper vision. It is naturally available as vitamin A in foods of animal origin including liver and other organ meats, milk and milk products and whole fish. It is available as pro-vitamin A (in forms that human bodies can convert to vitamin A) in foods of plant origin including yellow/orange/reddish- brown coloured fruits and roots, and dark green leafy vegetables.

Vitamin A deficiency (VAD) refers to low levels of vitamin A in the body resulting from low intake of the nutrient compared to body's requirement over a period of time. VAD can also be caused by an individual being exposed to conditions like diseases which deprive the nutrient from the body. Objectively, VAD is assessed by low level of vitamin A in blood serum, that is below 0.825 $\mu\text{Mol/dL}$ in a child aged 6-59 months and women aged 15-45 years. If 15 percent of the children or 25 percent of the women have low vitamin A levels

in blood serum, VAD is judged to be a problem of public health significance in the particular population according to criteria set by the World Health Organization (WHO).

Wasting is a type of undernutrition defined as a low Weight for Height (WfH) of a child. It reflects malnutrition of recent origin; it is also known as acute malnutrition. A child is judged to be wasted if his/her weight is below minus two SDs from the reference median of the WHO Child Growth Standards for Weight for Height.

Waist-to-Hip Ratio (WHR) is a quick, easy method to estimate body composition and describe body proportions. It is a common measure that reflects the degree of abdominal obesity exhibited by a person. WHR test is one of the ways to measure a person's risk for lifestyle and weight-related diseases, such as diabetes and heart diseases because storing excessive fat in the abdominal region (known as the "apple" shape) is correlated with an increased disease risk. Storing fat in the lower half, known as a "Pear" shape, is actually a healthier site for fat accumulation. The cut-off points for obesity in terms of WHR are 0.9 for males and 0.85 for women.

Water and dietary fibre

Water and dietary fibre are not nutrients but are essential for normal functioning of the body. They facilitate digestion, absorption and utilization of food. Water also helps to regulate body temperature. Sources of dietary fibre include leafy vegetables, whole fruits and flours processed from whole grains.

GUIDE FOR FACILITATORS

A. Module Format and Duration

The entire module takes 13 hours, not including health breaks or opening and closing ceremonies. The training can be conducted over 13 hours or spread out over a longer period. The module is divided into five independent sessions that can be taught separately or be combined into package as needed. The five sessions are listed below.

- i. Overview of nutrition
- ii. Initiatives and commitments to scale up nutrition in Tanzania
- iii. Nutrition relevant interventions at district level
- iv. National policy and strategies governing nutrition activities in Tanzania
- v. Management and coordination of nutrition activities

B. Facilitators

The course requires at **least 2 facilitators** for a class of **40 participants** to support practical sessions, demonstrations, small group discussions and role-plays. At least one facilitator should be a nutritionist. One facilitator should be the training coordinator. The course coordinator may be a nutritionist or a trained trainer. The facilitators should have the following:

- Knowledge of various nutrition aspects maternal and child nutrition, nutrition and HIV
- Familiarity with the health care system and relevant service delivery protocols
- Experience in using adult learning methods and participatory training techniques
- Skills in counseling and communication
- Knowledge of various national guidelines and protocols in health issues
- Computer literate

C. PARTICIPANTS

This in-service training programme is meant for Nutrition Officers and Multi-sector Focal Persons working on nutrition activities in regions and districts or any other staff in need of these skills.

D: VENUE

If possible, conduct the training in the district/council or region where it is easily accessible to participants. The participants should be pooled from the nearby regions. The venue should be comfortable and have enough space to post the flipcharts and project slides onto a white screen or wall and for participants to work in small groups of no more than six per group.

E. TRAINING MATERIALS

i) The **Facilitator's Guide** contains information that the course coordinator needs to plan the course and facilitators need to lead participants through the training, including the following:

- Detailed instructions on how to facilitate each module
- Sample timetable for 2 day training
- Pre- and post-tests
- Daily evaluation form for participants
- Copies of the PowerPoint slides used during the training

ii) The **Participants' Manual** contains content for the course and can be used in the workplace afterwards. The Participant manual also contains exercises, case studies

iii) The **Job Aids** are practical tools for participants to use during the training and take back to their workplaces to help them when dealing with various nutrition interventions

iv) The **PowerPoint** slides book and/or on a CD reinforce the training content. Facilitators without access to an LCD projector can use overhead transparencies or copy the wording of the slides onto flipchart pages.

F. SUPPLIES AND EQUIPMENT

Checklist for the Course

- One copy of the **Facilitator's Guide** for each facilitator
- One copy of **Pre-test** in the **Facilitator's Guide** for each participant
- One copy of **Daily Evaluation Form** in the **Facilitator's Guide** for each participant for each day of the course
- One copy of the **Participants Manual** for each facilitator and participant
- One set of **Job Aids** (laminated cards and wall charts)
- One copy of National Nutrition Strategy (NNS) and its implementation plan
- One copy of Essential Nutrition Interventions at District level
- One copy of Guideline for Councils for the Preparation of Plan and Budget for Nutrition
- One copy of *Management of Acute Malnutrition: National Guidelines (2009)* for each facilitator and participant
- Copies of health education guides, maternal and child health cards and social and behavior change communication (SBCC) materials

- Training PowerPoint on a CD
- Copies of the updated timetable for each facilitator and participant
- Flipcharts and stands
- Marker pens
- Course timetable
- Masking tape
- LCD projector and computer or overhead projector and transparencies (if you don't have this equipment, copy the PowerPoint slides onto a flipchart)
- Name tags for participants
- Writing pads or notebooks for facilitators and participants
- Pens and pencils for all participants
- Paper for printing or photocopying
- At least 6 long surge protector extension cords
- Any other materials listed in the introduction to the module
- 900 index cards (300 yellow, 300 green and 300 pink)
- Any other materials listed in the introduction to the module
- Course certificates for participants

G. TRAINING PRINCIPLES

- i) **Performance –based** training teaches participants tasks they are expected to do on job
- ii) **Active participation** increases learning and keeps participants interested and alert
- iii) **Practicing a task** is more effective than hearing about it
- iv) **Immediate feedback** increases learning

Below are suggestions for applying these principles in this module:

- Create a supportive learning environment by making participants feel confident that their contributions will be received respectfully.
- Build trust by showing commitment to the course and willingness to share your experience.
- Build teamwork by encouraging active participation.
- Stress the immediate usefulness of the material for participants' daily work.
- Do not read directly from slides or flipcharts. Instead, make the points in your own words and add examples and practical problems.

- Ask participants to share culturally appropriate stories to illustrate important points.
- Pace the training to make sure participants can absorb the information. Give participants opportunities to practice what they learn and address questions that arise during the practice.

H. TRAINING METHODS

The modules use different training methods, among others are:

- i) Presentations
- ii) Brainstorming
- iii) Questioning and answer
- iv) Case studies
- v) Discussions
- vi) Field practice visit

I. TEACHING/LEARNING MATERIALS

- Pre-test
- Flipchart and flip chart stand or PowerPoint slides
- Laptop computer
- LCD projector
- Marker pens
- Plain paper
- Masking tape
- Name tags for all participants
- Writing pads or notebooks for all participants
- Pens and pencils for all participants
- Course timetable

J. BEFORE THE TRAINING

- i) Review the objectives of the course and prepare needed materials.
- ii) Discuss the training methods and assignments with the other facilitators.
- iii) Make sure the LCD and computer are functioning correctly, that you can operate them and that the projected slides are visible on the screen or wall. If you do not have a projector, transfer the information from the slides onto flipcharts or posters.
- iv) Read each session through to familiarize yourself with the information.
- v) Print or photocopy needed handouts before each session.

K. DURING THE TRAINING

Your role as a facilitator is to present each session, introduce key concepts, lead group discussion and exercises, answer questions, explain ideas, clarify information, give constructive feedback and encourage participants to discuss how they can apply the information in their work.

- i) Show respect for the other facilitators and work as a team.
- ii) Try to learn participants' names and use them whenever possible.
- iii) Encourage group interaction and participation early. The first two days, interact at least once with each participant and encourage participants to interact with each other.
- iv) Begin each day by distributing copies of Daily Evaluation Form to all participants. Ask them to return the completed forms to you at the end of the day.
- v) Let one participant lead the group by extracting the main points for the day.
- vi) After the review give a brief overview of the session(s) for that day.
- vii) Adjust the time of each module as needed.
- viii) Consult participants throughout each module to assess their comprehension and attentiveness. Praise or thank them when they do an exercise well, participate in discussion, ask questions, or help each other.
- ix) Divide participants into small groups from the same health facilities or regions, if possible, so they can help each other apply the skills learned in the training when they are back in their workplaces. During group work, each facilitator should facilitate no more than two groups at a time.
- x) Be available after each session to answer questions and discuss concerns. Instead of talking with the other facilitators during breaks, talk with the participants.
- xi) Review the day's training with the other facilitators and plan the following day for 30–45 minutes at the end of the day. Discuss the day's training, go through the daily evaluation forms and use the results to improve the next days' sessions. Praise what the other facilitators did well and discuss any problems with the training content, methods or timing. Go over the daily evaluation forms to identify ways to improve subsequent training sessions

L. AFTER THE TRAINING

- i) With the Course coordinator, review the results of the participant evaluations to discuss how to improve the course in the future.
- ii) With the Course coordinator, discuss the way forward eg plan follow-up of the trained participants on the job.

M. ADVANCE PREPARATION

- Review the PowerPoint slides for module 1 (copy the information onto a flip chart if you do not have an LCD projector)
- Review sessions 1.1 to 1.5 in the participants manual and annexes
- Review job aids
- Ensure following are available:
 - Equipment: computer, LCD projector
 - Stationery: participant's handbook, flip charts, markers, masking tape, pens
 - Copies of participant's manual, PowerPoint presentations.

INTRODUCTION

Malnutrition has remained high over many years without significant improvement especially on chronic malnutrition. Currently, emerging problems of over nutrition and dietary related diseases increase the burden in health care system. Improved nutrition is important for improving intellectual and economic development. Malnutrition in Tanzania has created a new challenge that calls for the acceleration of both short-term and long-term efforts to address the situation. Among the key challenges for scaling-up of nutrition interventions in Tanzania include inadequate human resource. However, the Tanzania government is making progress in recruiting and positioning nutrition officers at the District, Regional and Ministerial levels. The existence of the newly recruited and the ongoing process in recruiting the district nutrition officers, district nutrition focal persons as well as the Ministerial nutrition focal persons further emphasizes for a need to have an established formal in-Service training programme.

The prevalence of both under-nutrition and over-nutrition in Tanzania remains unacceptably high. According to NBS and ICF Macro (2011), one or more forms of malnutrition including anaemia (59%), stunting (42%), vitamin A deficiency (33%), low birth weight (7%), and wasting (5%), prevail among children age 6–59 months. It was also evident that about 53% of the young children live in households that use salt that does not contain adequate iodine, thus posing a risk of mental impairment to the children and low innovativeness in their adulthood. Similarly, women of child bearing age (15-49 years) are affected by anaemia (40%), vitamin A deficiency (37%), overweight (BMI of more than 25 kg/m² for 22% of the women) and wasting (BMI of less than 18.5 kg/m² of 11%). The young children and women as well as the general population are likely to be suffering from other vitamin and mineral deficiencies that are not yet declared by the government to be of public health significance due to lack of supportive data.

Thus, there is a need to identify a package of appropriate nutrition interventions directed to nutrition key sectors in each local governance authority (municipal, town, rural and rural district councils). Therefore, this module aims to impart knowledge and skills on the types, magnitude, causes and consequences of malnutrition in Tanzania; create awareness on efforts and commitments by the government and other stakeholders in alleviating malnutrition; and enable nutrition officers/focal persons to identify interventions that could be implemented and advocated for being integrated into Comprehensive Council Development Plans (CCDP).

A: Purpose

The purpose of this module is to help facilitators train District and Regional level Nutrition Officers and Nutrition Focal Persons on the nutrition situation in Tanzania. The module provides an overview of the types, prevalence and trend of malnutrition in Tanzania. It also explains the causes and consequences of malnutrition on health and productivity of an individual and society at large. It also highlights interventions which nutrition key sectors need to consider to mainstream in their development plans in order to contribute to attaining good nutrition. In addition, it describes indicators used to assess infants and young child feeding (IYCF) practices and other initiatives and commitments that Tanzania is undertaking to scale up nutrition. The module describes the roles of nutrition officers, nutrition focal persons and that of multi-sectoral nutrition steering committee to scaling up nutrition in Tanzania.

B: Learning Objectives

By the end of this module, participants will be able to:

- i) Describe types, trends and distribution of malnutrition by age, gender, income and geographical location
- ii) Explain causes and consequences of malnutrition on health and productivity
- iii) Explain indicators used to assess Infant and young child feeding (IYCF) practices
- iv) Describe interventions, initiatives and commitments that Tanzania is undertaking to scale up nutrition
- v) Describe management and coordination of nutrition activities in Tanzania
- vi) Describe roles of nutrition officers in scaling up nutrition

C: Learning Outcomes

At the end of the module nutrition officers will be able to:

- i) Use nutrition indicators/signs to identify individuals with various forms of malnutrition in their communities
- ii) Apply the key indicators and related interpretations on assessing situations on Infant and Young Child Feeding (IYCF), iron deficiency and anaemia, iodine deficiency, and vitamin A deficiency.
- iii) Relate types, prevalence and distribution of malnutrition in their areas of operation and design appropriate interventions to address the problems
- iv) Relate the causes of malnutrition with interventions implemented in their areas of operation and the appropriate package of interventions to address the problems
- v) Prioritize interventions and actions to contribute to reduction of malnutrition
- vi) Analyze initiatives and commitments undertaken in Tanzania to scale up nutrition
- vii) Design relevant nutrition interventions in their areas of operation
- viii) Advocate for mainstreaming nutrition considerations in council development plans

D: Learning points

1.1. Overview of nutrition

- 1.1.1. Major types of malnutrition in developing countries
- 1.1.2. The importance of investing in nutrition
- 1.1.3. Causes and consequences of malnutrition
- 1.1.4. Prevalence and Trend of malnutrition in Tanzania

1.2. Initiatives and commitments to scale up nutrition in Tanzania

- 1.2.1. Initiatives to scale up nutrition in Tanzania
- 1.2.2. Commitments to scale up nutrition in Tanzania

1.3. Nutrition relevant interventions at district and regional levels

- 1.3.1. Priority areas for nutrition interventions
- 1.3.2. Recommended interventions in each nutrition key sector

1.4. National policy and strategies governing nutrition activities in Tanzania

- 1.4.1. Food and Nutrition Policy
- 1.4.2. National Nutrition Strategy
- 1.4.3. Social and Behaviour Change Communication (SBCC) strategy

1.5. Management and coordination of nutrition activities

- 1.5.1. Role of multi-sectoral Nutrition Steering committees
- 1.5.2. Role of council Focal Person / Nutrition Officers in management of nutrition activities

E: Duration

This module will be covered for thirteen hours (two days)

OVERVIEW OF MODULE 1 (1 hour)

Aim

To introduce participants and facilitators to each other, introduce the course objectives and expected outcomes and allows participants to discuss their expectations of the module and take a pre-test.

Learning objectives

By the end of the session, participants will be able to:

- Appraise their expectations and relate them to the objectives of the module.
- Assess their knowledge about nutrition.

Introduction and training overview

- Introduce yourself to the participants and allow each participant to introduce themselves
- Conduct a pretest to assess participants' knowledge on nutrition
- Introduce the course objectives and learning outcomes
- Allow participants to discuss their expectations of the course and each participant be given a colored card, summarize and discuss while relating to the objectives
- Present the module purpose, objectives and learning outcomes and keep them in view on flipchart during the session and then present the total duration of the module

Purpose

To provide an overview of the types, prevalence and trend of malnutrition in Tanzania. To discuss the causes and consequences of malnutrition on health and productivity of an individual and society at large.

To highlight interventions which nutrition key sectors need to consider to mainstream in their development plans in order to contribute to attaining good nutrition.

Highlight interventions which nutrition key sectors need to consider to mainstream in their development plans in order to contribute to attaining good nutrition

General objective

To enhance knowledge and skill in identifying major nutrition problems in Tanzania, their causes, major nutrition interventions and programmes, and as such strengthen their capacity and commitments to scale up nutrition in Tanzania.

(Show slide 1.1-14)

- **Show slide 15 Learning objectives**

Learning objectives

- i. Define basic nutrition terms
- ii. Describe types, trends and distribution of malnutrition by age, gender, income and geographical location
- iii. Explain causes and consequences of malnutrition on health and productivity
- iv. Explain indicators used to assess Infant and young child feeding (IYCF) practices
- v. Describe interventions, initiatives and commitments that Tanzania is undertaking to scale up nutrition
- vi. Describe management and coordination of nutrition activities in Tanzania
- vii. Describe roles of nutrition officers in scaling up nutrition

Learning Outcomes (Show slide 1.6 - 1.7)

Upon completion of this module, the nutrition officers will be able to:-

- i. Use nutrition indicators/sign to identify individuals with various forms of malnutrition in their communities
- ii. Apply the key indicators and related interpretations on assessing situations on Infant and Young Child Feeding (IYCF), iron deficiency and anaemia, iodine deficiency, and vitamin A deficiency.
- iii. Relate types, prevalence and distribution of malnutrition in their areas of operation and design appropriate interventions to address the problems
- iv. Relate the causes of malnutrition with interventions implemented in their areas of operation and the appropriate package of interventions to address the problems
- v. Prioritize interventions and actions to contribute to reduction of malnutrition
- vi. Analyze initiatives and commitments undertaken in Tanzania to scale up nutrition
- vii. Design relevant nutrition interventions in their areas of operation
- viii. Advocate for mainstreaming nutrition considerations in council development plans

- Ask participants to assign the following roles, either daily or for the entire course:

1. **Chairperson** to lead plenary discussions, ask other participants if there are any questions or comments on each topic and inform the facilitators of any issues arising during the training
2. **Timekeeper**
3. **Rapporteur**
4. **Any other leadership roles** which participants think are important

Daily Evaluations

- Explain that participants will evaluate each session daily to improve the training on subsequent days. Distribute copies of **daily evaluation forms** to participants at the beginning of the training module and ask them to fill out a form at the end of each day and give it to the facilitators.

SESSION ONE (5 HOURS)

1.1 OVERVIEW OF NUTRITION SITUATION IN TANZANIA

Aim of the session (10 minutes) (Show slide 1.8)

The objective of session is to address the basic Terminologies and Concepts necessary for the effective scaling up of nutrition activities and to describe the importance of investing in nutrition considering the types, causes, prevalence and trends of malnutrition.

Present learning objectives of the session

Show slide 1.9

The objectives of this session are to:

- i. Identify types of malnutrition
- ii. Describe the importance of investing in nutrition
- iii. Explain causes and consequences of malnutrition
- iv. Describe prevalence and trend of malnutrition in Tanzania

Mention to the participants the learning points of the session

OVERVIEW OF NUTRITION SITUATION

1. Major types of malnutrition
2. The importance of investing in nutrition
3. Causes and consequences of malnutrition
4. Prevalence and Trend of malnutrition in Tanzania

1.1.1 Major types of Malnutrition in Tanzania (1 hour)

Question and answers: Introduce participants to the major types of malnutrition through question and answer method.

List the responses on the flip chart. (10 minutes)

- Present **slide 1.16** and compare the information with that on the flip chart

Slide 1.10: Major Types of Malnutrition (50 minutes)

Major Types of Malnutrition

- Protein energy malnutrition
 - Stunting
 - Underweight
 - Wasting
 - Micronutrient deficiencies (Iodine deficiency , Anemia and iron deficiency, and vitamin A deficiency)
 - Overweight and obesity
-
- Emphasize that much as the prevalence undernutrition has remained persistently high over years, overnutrition is also becoming one of the major nutrition problems in Tanzania, hence double burden of malnutrition.
 - Explain the double burden of malnutrition with an example on the body mass index of women age 15-49 years according to the 2010 Tanzania Demographic and health Survey (TDHS)
 - Tell participants that 11% of women age 15-49 years are thin (BMI <18.5 kg/m²), 22% of them weigh more than what they should be (16% are overweight and 6% obese) (**Show slide 1.11**)

Slide 1.11: The Double burden of malnutrition

- 11% of women age 15-49 years are wasted (BMI <18.5 kg/m²)
- 22% of the women are overweight (overweight and obesity, BMI >25 kg/m²)
- 16% of the women are overweight (BMI >25 but less than 30 kg/m²)
- 6% of the women are obese (BMI > 30 kg/m²)
- The prevalence of overweight increased by 18% between the 2005 and 2010 TDHS

- Refer the group to the participant's manual sub session 1.1.1 for detailed information on the types of malnutrition in developing countries
- Emphasize that detailed information on prevalence and trend of malnutrition will be covered later under session 1.1.4.

1.1.2 The Importance of investing in Nutrition (1 hour)

- Through question and answer method ask participants why it is necessary for developing countries like Tanzania to invest for the improvement of nutritional status of its population.

- List the responses on the flip chart and compare them with information on slide 1.6 (10 minutes)

ShowSlide 1.11: Reasons for Investing in Nutrition (30 minutes)

Reasons for Investing in Nutrition

- Good nutritional status is linked with national development
 - Healthy people, healthy minds and proper decisions
 - Contribute into agricultural growth especially of smallholder farmers
 - Increases returns to labour in all sectors
 - Reduces extreme poverty and hunger and thus increases quality of life
- Show the rationale for investing in nutrition in Tanzania by elaborating on the linkage between high prevalence of malnutrition, morbidity and mortality of the population, individual cognitive performance and productivity, and community and national development.
 - Facilitate the discussion with participants on the relationship of high prevalence of malnutrition and poor community development and hence the need to invest in nutrition (15 minutes)
 - Is Tanzania Government investing into nutrition development?
 - How do you relate the investment done with the Tanzania Government with the level of undernutrition in your District?
 - How is agricultural economic growth related to good nutrition?
 - Conclude the discussion by pointing out key issues raised during the discussion

1.1.3 Causes and consequences of malnutrition (2 hours)

a) Causes of Malnutrition (25 minutes)

- Divide participants into groups of 4 – 5 participants and instruct them to critically read and discuss the case study below.
- Ask each group to present their response on the 4 questions on the case study.

Case study on causes of malnutrition

- In the same groups of 4 – 5 participants, instruct them to read the following case study and respond to the four questions.

Mawazo Sanga and his family live in Makete in Njombe region. The family comprises of Mr.Mawazo, his wife - Shida and their eight children. His wife had previously experienced two miscarriages and now she is pregnant again. Most of her children appear to be shorter for their age. The younger ones, despite being enrolled in school, they miss a lot of planned classes because of frequent illness/sickness. Mawazo has been complaining of this situation

and about very poor performance in form IV level examinations for his third and fourth born children, namely, Mashauri and Mateso

Mr. Mawazo does not seem to be worried with his daughters since they have to be married and be taken care of their would-be husbands. Indeed the first two elder daughters, Esther and Sara were already married at a very young age motivated by a bride price that the family could use to meet some of household needs.

Mr. Mawazo had always been visiting traditional healers to seek solutions for his wife's and children's health problems. He had often been told that his fore fathers were very angry with him and that he should offer crop harvest and tamed animals as sacrifices so that the angry fathers could forgive him of his trespasses and bless the suffering family with happiness and good health. However, besides the sacrifices committed many times, Mr.Mawazo did not experience significant improvements in his family's welfare.

Mawazo is generally a good farmer of maize, round potatoes, and vegetables mostly through his wife's labour. But he sells most of his crop harvest and spends most of the related income on personal luxurious needs like taking alcoholic beverages and for buying tamed animals for sacrifices as instructed by traditional healers.

After going through this case study,

- Ask participants:

- i. To identify immediate causes of the problem affecting Mawazo's family

(Response: high prevalence of diseases and possibly inadequate food intake –though not explicitly mentioned but possibly through dehydration, loss of appetite and loss of nutrients as the body fights the diseases)

- ii. What are the underlying causes of his children and wife's health and nutrition problem?

(Response: These could include; Inadequate household food security as a substantial amount of food is used for sacrifices to traditional healers, alcoholic beverages; inadequate access to quality health care, ignorance on appropriate health and nutrition care practices, ...)

- iii. What are the basic causes of the problems facing Mawazo's family?

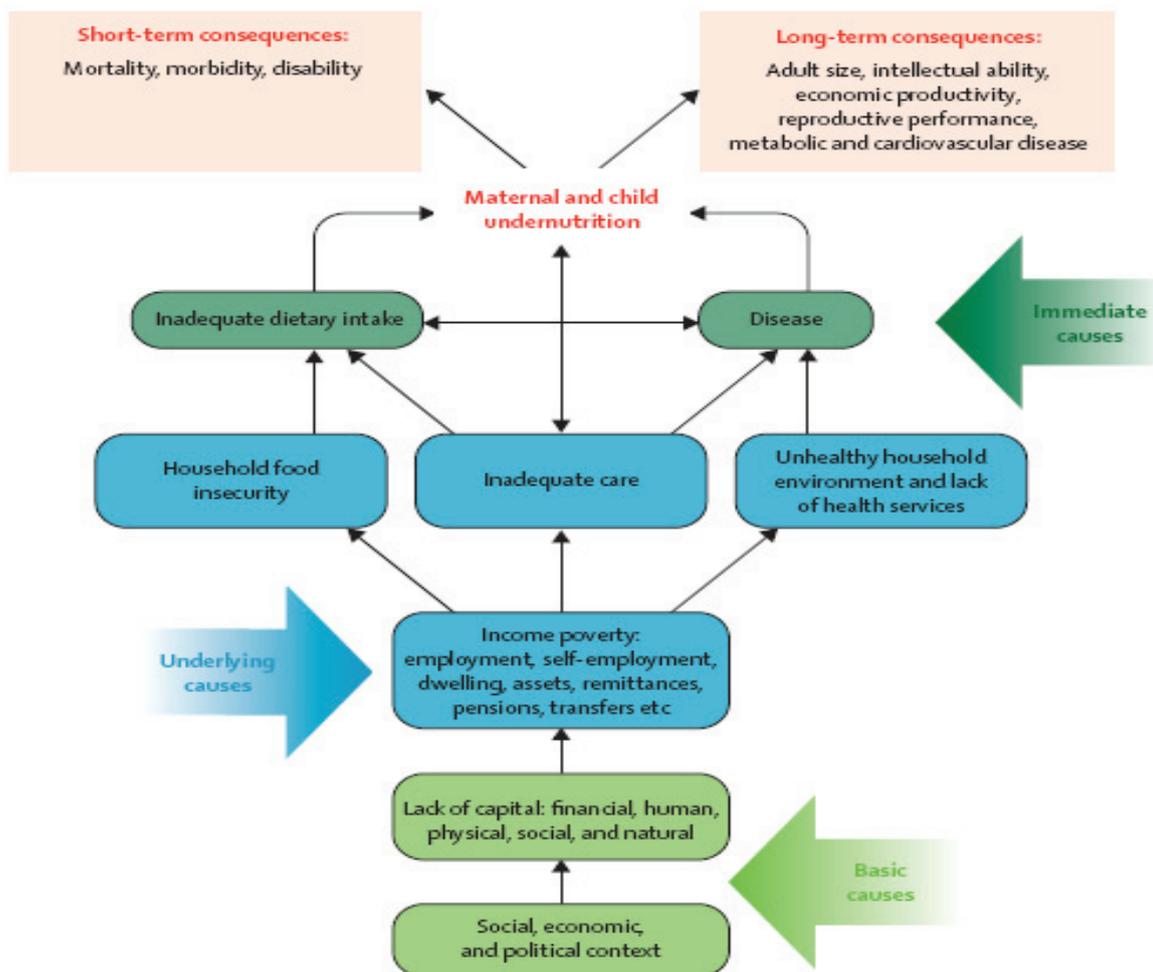
(Response: These could include; System dominated by men in decision making with little control of and over resources by women, high women workload, low family planning, bad traditional beliefs resulting in trusting and using unreliable and costly services of traditional healers,...)

- iv. What actions can be taken to help Mawazo's family to get out of the problems affecting them?

(Responses; These could include-Provide nutritious food to rehabilitate to the family, educating/sensitizing on the importance of using services of formal health facilities – treatment, immunization, ante-natal clinic and family planning services, both men and women participating on equal front in productive activities and deciding on how to use the harvests with priority to set aside enough food for family members, and for the wife and husband to plan together on how best family income should be utilized for welfare of the entire family.) (Show slide 1.13-1.15)

- Present a slide with information on UNICEF's Conceptual Framework of Malnutrition for the participants to appreciate the existing linkages.

Slide 1.16: UNICEF's Conceptual Framework of Malnutrition (20 minutes)



Adapted from Lancet Series on Maternal and Child Malnutrition (2008) and UNICEF (1997) Conceptual framework on analysis of causes of malnutrition

Discussion: Causes of Malnutrition (30 minutes) (Show slide 1.17)

- Facilitate discussion on the immediate causes of malnutrition (poor diet and infection), underlying causes and basic causes of malnutrition
- Ask participants to identify causes of malnutrition in their areas and encourage them to propose ways to solve them in their context. (These causes include poor access to food, inadequate infant and young child feeding, gender issues, poor access to health care services, unclean water and poor sanitation)
- Explain that ways to solve underlying causes of malnutrition depend on economic and political structures, institutions, allocation of resources and policy decisions
- Explain short and long term consequences of malnutrition. Short term consequences include increased occurrence of diseases, deaths and disabilities. The long term consequences include reduced potential adult size, economic productivity, reproductive performance, and increased metabolic and heart diseases.
- Refer the group to the participant's manual sub section 1.1.3.

b) Consequences of Malnutrition (20 minutes)

Group work

- Divide participants into groups of 4 – 5 participants and ask participants to mention the consequences of malnutrition and ask each group to write responses on colored cards
- Ask each group to post their cards on the flip chart
- **(show slide 1.18)**

Slide 1.18: The Consequences of Malnutrition

The Consequences of Malnutrition

More child and maternal deaths

More sick children

Poor school performance

Low labour productivity and poor economic development

Reduced impact of investments in all key basic services.

Discussion: Linkages between nutrition and quality of life (20 minutes)

- Divide participants into groups of 4 – 5 participants and ask each group to discuss the question given to them thereafter to present their results in the plenary session

Questions

Group 1: Discuss the linkage between stunting (under nutrition) and school performance.

Group 2: Discuss the linkage between poverty and under-nourishment.

Group 3: Discuss the relationship between current prevalence of under-nutrition in the various regions and the level of regional development

- Ask each group to present the outcome of a group discussion in plenary
- Conclude the discussion by emphasizing key points raised
- Refer the group to the participant's manual sub session 1.1.3.

1.1.4 Prevalence and Trends of Malnutrition (1 hour)

- Show slide 1.19. Explain to the participants the importance of being aware of the magnitude of malnutrition and thus justify need for investing into its reduction. (10 minutes)

Brainstorming: (20 minutes)

- Ask participants to provide information on the magnitude of various forms of malnutrition and compare the responses by those on slide 1.26
- Tell the participants that nutrition problems that are considered to be of public health significance for children of age less than five years are anaemia, stunting, underweight, iodine deficiency and Vitamin A deficiency (VAD).
- Also tell participants that women of child bearing age (15-49 years) are at great risk for anaemia, iodine deficiency, VAD, wasting and overweight.
- Emphasize that these problems of malnutrition to the children and women are the ones s declared by the government to be of public health significance. However, other vitamin and mineral deficiencies may equally be important but we lack data for action.
- Explain that two-thirds of the regions of Tanzania have prevalence of child stunting above 40% which is considered critically high by WHO.
- Explain that 53% of the households in Tanzania use salt that is not adequately iodinated and that 18% of households use salt that has no iodine
- Present information on slide 1.26 with data from the 2010 Tanzania Demographic and Health Survey on the prevalence of Malnutrition in Tanzania (10 minutes)

Show Slide 1.20: The Prevalence of Malnutrition in Tanzania in 2010 (20 minutes)

Children age less than 5 years		Women age 15-49 years	
Stunting	42%	Low body mass index (BMI<18.5 kg/m ²)	11%
Underweight	16%	Iodine deficiency	36%
Anaemia	59%	Anaemia	40%
Iron deficiency	35%	Iron deficiency	30%
Vitamin A deficiency	33%	Vitamin A deficiency	37%

Source: NBS Tanzania and ICF Macro. (2011). *Micronutrients: Results of the 2010 TDHS*

It should be noted that the Anemia includes both iron deficiency and non-iron deficiency anaemia. For children and non-pregnant women any anemia cut-off point is hemoglobin of less than 11g/dL, for pregnant women the cut off is less than 12g/dL.

- Emphasize that the prevalence of these problems is unacceptably high according to WHO standards and human rights and health
- Point out that the prevalence of low birth weight in Tanzanian communities is between 9 and 21% and that it has serious consequences on child health, survival and development
- Point out further that the trend of malnutrition has not changed much over years. For instance, trend of stunting among children aged less than 5 years has remained persistently high between 1990 and 2010; discuss the possible reasons
- Show a slide with information on the trend of malnutrition from 1990s to 2010 (10 minutes)

Slide 1.21: The Trend of Malnutrition in Tanzania

Year	Percentage stunted	Percentage underweight	Percentage wasted
1992	49.7	25.1	7.9
1996	49.7	26.9	8.5
2000	48.3	25.3	5.6
2005	44.4	16.7	3.5
2010	42.5	16.2	4.9

Source: NBS Tanzania and ICF Macro. (2011). *Micronutrients: Results of the 2010 TDHS*

- Explain to the participants that malnutrition is influenced by child, maternal, household and geographical specific factors. These factors include age, sex, education level, type of residence (rural or urban) and wealth status.
- Tell participants that the relationship of these factors with prevalence of malnutrition is shown in Tables 1 to Table 49 in the participant manual session 1.1.4.
- Also explain to the participants the nutrition situation needs to reflect nutrition status, nutrition related practices by caretakers and duty bearers as well as the status of nutrition relevant interventions.
- Also tell the participants that the related summary of nutrition situation on the basis of the three considerations by geographical regions in accordance to the 2010 TDHS is attached as Appendix 2 to 4 in their manuals.
- Conclude the session by summarizing key issues (**Slide 1.21**)
- Refer the group to the participant's manual sub section 1.1.4.

SESSION TWO (2 HOURS)

1.2. Initiatives and commitments to scale up nutrition in Tanzania (1 hour)

Aim of the session (10 minutes) (Show Slide 1.23)

- Tell the participants that the aim of this session is to enable participants to recognize various efforts and commitment by the government and other stakeholders to alleviate malnutrition in the country.

Objectives of the session

- Tell the participants that the objectives of the session are to:
 - i. Describe the initiatives undertaken by the Tanzania Government to scale up nutrition in Tanzania
 - ii. To describe the initiatives and commitments undertaken by the Tanzania Government to scale up nutrition in Tanzania
 - iii. To explain the roles which the participants (nutrition officer/focal persons) can play to facilitate realization of the commitments.

Learning points (Show Slide 1.24:)

Mention to the participants the learning points of the session

Initiatives and Commitments to Scale up Nutrition in Tanzania

1. Initiatives to scale up nutrition in Tanzania
2. Commitments to scale up nutrition in Tanzania

1.2.1 Initiatives to Scale up Nutrition in Tanzania (30 minutes)

Explain that Scaling Up Nutrition (SUN) is a unique global movement, under the patronage of the United Nations (UN) Secretary General, founded on the principle that all people have a right to food and good nutrition. It unites people, programs and initiatives—from governments, civil society, the UN, donors, businesses and researchers—in a collective effort to improve nutrition (SUN, 2013). (Show slide 1.25)

Also explain that within the SUN movement, national leaders are prioritizing efforts to address malnutrition. These efforts include putting the right policies in place, collaborating with partners to implement programmes with shared nutrition goals, and mobilizing resources to effectively scale up nutrition, with a core focus on empowering women and intervening early against malnutrition from pregnancy to age of 2 years.

Through presentation explain to participants key effort/initiatives to fight malnutrition traced way back to pre-colonial era (year 1937).

- Show information on slide 1.26, and 1.27

Show Slide 1.20 and 1.27: Initiatives to scale up nutrition in Tanzania

Historical developments in efforts to scale up nutrition in Tanzania

- A committee under Dr. R.R. Scott was appointed to advise on human nutrition in the Ministry of Health of Tanganyika government in 1937, program delayed to take off because of emergence of the second World war (1939-1945)
- First full time nutrition officer in the ministry of health, and nutrition unit formed in 1947
- Multisectoral central advisory committee formed to respond to the famines of 1953/1954.
- Tanganyika national freedom from hunger committee chaired by ministry of Agriculture (TNFFHC) formed in 1962
- First national plan 1965-1969, Nutrition Unit Health and Tanzania Nutrition committee (TNC)- a sub-committee of TFFHC.
- Presidential call for action to develop strong nutrition extension services, 1963
- Nutrition school for nurses, agriculture extension workers and other, 1966
- Arusha Declaration of 1967 and decentralization policy of 1972 focusing on strengthening social services in rural areas
- Ministries responsible for Agriculture and Education established nutrition units, 1968
- Government requested SIDA to support establishment of Nutrition institute, 1968
- 27 districts in 16 regions had already started their own nutrition activities as part of mobile clinic activities by 1969
- Formation of TFNC and establishing nationally targeted programs, early to late 1970s
- A number of political campaigns, e.g. *Siasa ni kilimo, Chakula ni uhai, Kilimo cha kufa na kupona* and *Mtuni afya of 1970s*
- Establishing JNSP and CSPD in mid to late 1980s

Food and Nutrition Policy of 1992

- Encourage participants to contribute other linkages they are aware of
- Explain that all these efforts have contributed to promote actions to reduce malnutrition
- Refer the group to the participant's manual sub session 1.2.1.

Explain that some of the recent initiatives to scaling up nutrition in Tanzania include (20 minutes) (Show slides 1.28 to 1.32)

Slide 1.28 and 1.29: Initiatives - Recent developments

- National Nutrition Strategy (NNS) for 2011-2016
- Endorsing Scaling up Nutrition (SUN) movement since 2011.
- Successful media campaigns on exclusive breastfeeding
- Active screening of acute malnutrition in children (referral for treatment, MUAC-ideal tool)
- Micronutrient supplementation to groups at high risk of vitamin and mineral deficiencies.
- Supplementation with vitamin A to children aged less than 5 years and women immediately after delivery through routine health services
- Universal supplementation to pregnant women with iron and folic acid
- Supplementation with zinc as part diarrheal treatment for young children

Slide 1.30 and 1.31: Initiatives ; Recent developments

- Legislation for all flour and oil processed in large to medium scaled industries to be fortified with recommended micronutrients
- Dietary improvement to improve and maintain vitamin and mineral status through promoting interventions such as those on
 - Breastfeeding and complementary feeding
 - Improve dietary diversity and intake among women of child bearing age
 - Advice to institutions to provide meals with appropriate dietary content.
 - Educating school children and caregivers
 - Promoting food preparation and processing technologies
 - Integrated packages of interventions delivered to high-risk groups eg. iron and folic acid supplementation, de-worming, treatment of malaria
 - Nutritional strategy to address nutritional care of persons living with HIV and AIDS (PLHIV) and the prevention of mother to child transmission (PMTCT)

Slide 1.32: Initiatives - Recent Developments ...

- Nutrition Interventions Integrated Into Emergency Response Plans
- Efforts to strengthen household food security eg.
 - Improve Household Food Production,
 - Harvest and post-harvest handling,
 - Storage and preservation,
 - Food processing and preparation,
 - Animal husbandry and fisheries
- Incorporation of nutrition indicators into national surveys and development Plans such as TDHS, MKUKUTA
- Mainstreaming of nutrition into the 2012 Tanzania Social Action Fund (TASAF)
- Development of the Social & Behaviour Change Communication Strategy (SBCC)

1.2.2 Commitments to Scale up Nutrition in Tanzania (1 hour)

Brainstorming: Ask participants to mention new developments that the Government of Tanzania is pursuing (30 minutes)

- List responses on the flip chart and compare them with information on slide 1.33 and 1.34 (30 minutes)

Slide 1.33: Commitments to Scale up Nutrition

Commitments to Scale up Nutrition

- Completion of development of National Nutrition Strategy Implementation plan
- Integration of nutrition into the Tanzania Agriculture and Food Security Investment Plan
- Establishment of a new High Level National Nutrition Steering Committee
- Establishment of a designated line in the national budget for nutrition effective financial year 2012/13
- Establishment of nutrition focal points at district level and regional levels
- Gazetting and enforcement of the national standards for oil, wheat and maize flour(2010) so that millers would fortify these commodities

- Conclude by summarizing key issues in the session (**Slide 1.33**)
- Refer the group to the participant's manual sub session 1.2.2

SESSION THREE (1.5 HOURS)

1.3 NUTRITION RELEVANT INTERVENTIONS AT DISTRICT LEVEL

(Show Slide 1.35:)

Aim (10 minutes)

Tell participants that the aim of this session is to enable participants to reduce level of malnutrition in their areas

Objectives

Tell participants that at the end of the session participants should be able to identify nutrition intervention in reducing of malnutrition.

Learning points

Mention to the participants the learning points of the session

Nutrition relevant interventions at district level

1. Priority areas for nutrition interventions
2. Recommended interventions in each nutrition key sector

1.3.1 Priority areas for nutrition intervention (1.5 hours)

Brainstorming: Ask participants to mention possible nutrition interventions in their district and list responses on the flip chart (20 minutes)

- Ask participants which of interventions listed should be prioritized and list them accordingly
- Show slide 1.36 Compare their responses with information on slide 1.36 as stipulated in the national nutrition strategy and ask participants to shuffle the priorities according to their situation in the districts (10 minutes)
- Show Slide 1.37, 1.39, Priority areas for nutrition**

Priority areas for nutrition

- Infant and young child feeding
- Vitamin and mineral deficiencies
- Maternal and child malnutrition
- Nutrition and HIV and AIDS
- Children, women and households in difficult circumstances
- Diet related non communicable diseases
- Household food security
- Nutrition surveillance, surveys and information management

▪ **Elaborate briefly each priority area with the information in the box below**

<p>Infant and young child feeding</p>	<ul style="list-style-type: none"> ➤ Adequate feeding of the infants and young children promotes both physical and mental development ➤ Elaborate that there are specific indicators for monitoring infant and young child feeding and mention them
<p>Vitamin and mineral deficiencies</p>	<ul style="list-style-type: none"> ➤ Vitamin and mineral deficiencies contribute to <ul style="list-style-type: none"> ○ morbidity and mortality among children and women by impairing immunity ○ impeding cognitive development and growth ○ reduce physical capacity
<p>Maternal and child malnutrition</p>	<ul style="list-style-type: none"> ➤ Poor maternal nutritional status has a bearing on pregnancy outcomes. Thus mothers need to eat diets that are adequate in quantity and quality before and during pregnancy. ➤ Timely attendance at antenatal care clinics is important for appropriate care and advice. ➤ Women need support to avoid malpractices such as food aversion, smoking and alcoholism that are detrimental to the development and survival of an unborn baby.
<p>Nutrition and HIV and AIDS</p>	<ul style="list-style-type: none"> ➤ HIV and AIDS impairs nutrient intake and absorption hence malnutrition
<p>Children, women and households in difficult circumstances</p>	<ul style="list-style-type: none"> ➤ Are among the most vulnerable population groups to nutrition insecurity due lack of reliable social and nutritional care ➤ Government and other stakeholders need to unite to ensure that this group get adequate care
<p>Diet related non communicable diseases</p>	<ul style="list-style-type: none"> ➤ The world is currently witnessing an increasing trend towards higher incidences of non communicable diseases ➤ Communities need to be advised to live a healthy life
<p>Household food security</p>	<ul style="list-style-type: none"> ➤ Household food insecurity is linked with malnutrition ➤ Promotion of household food security should get adequate support from all participating sector for the betterment of members of the household and society
<p>Nutrition surveillance, surveys and information management</p>	<ul style="list-style-type: none"> ➤ This is important in monitoring, follow-up and documentation of nutrition situation

- Ask one participant to mention the two broad categories of nutrition intervention already discussed in session one (Nutrition sensitive and nutrition specific interventions)
- Group the participants into groups of 4 – 5 participants and ask some groups to discuss and present in plenary on nutrition sensitive interventions and other groups on nutrition specific interventions
- Conclude the discussion by pointing out key issues raised during the discussion

1.3.2 Recommended interventions in each nutrition key sector (50 minutes)

- Tell participants that nutrition specific and nutrition sensitive interventions need to be discharged by a diversity of nutrition key sectors present in the respective council at regional and council levels.
- Ask participants to mention the sectors that are key to nutrition at district and regional level
- Show slide 1.40

Slide 1.40: Nutrition interventions through key sectors at district level & regional levels

Nutrition interventions through key sectors at district level

- Malnutrition has multiple causes, thus interventions are needed across multiple sectors.
- Key sectors include
 - Planning
 - Health
 - Agriculture, livestock and fisheries
 - Community development
 - Education
 - Water, environment and sanitation.

- Refer the group to the participant's manual sub session 1.3.2.
- Ask different two participants each to read roles of a different department and allow discussion for clarification
- Emphasize that they read the roles of each department to help them in mobilizing the various sectors for action to scale up nutrition.
- tell participants that related details on the roles of each sector are available in the national nutrition strategy (NNS) and a guideline to councils for planning and budgeting for nutrition in development plans
- Conclude the discussion by emphasizing that together the various departments can do a lot to address malnutrition but divided very little will be done (**Slide 1.40**).

SESSION FOUR (1.5 HOURS)

1.4 National Policy and Strategy governing nutrition activities in Tanzania

Aim (10 minutes) (Show Slide 1.40)

Tell participants that they will be able to implement Food and Nutrition Policy, National Nutrition Strategy and Social and Behaviour Change Communication (SBCC) strategy.

Objectives

Tell participants that they will be able to

- i. State food and nutrition policy
 - ii. Describe National Nutrition Strategy
 - iii. Describe the Social and Behaviour Change Communication (SBCC) strategy
-
- Tell participants that nutrition being a cross cutting matter, related activities are guided by other sectoral policies, strategies and guidelines including but not limited to
 - a. Guideline for councils for the preparation of plan and budget for nutrition of 2012
 - b. Guidelines on Infant and young child feeding of 2004
 - c. National Roadmap strategic plan to accelerate reduction of maternal, new born and child health in Tanzania (2008-2015)
 - d. Policy guideline for Health promotion in Tanzania
 - e. National guideline Nutrition care and support for people living with HIV/AIDs of 2009
 - f. Prevention of mother to child transmission (PMTCT) of HIV
 - g. Implementation guideline for Vitamin A supplementation and deworming of 2011
 - h. National guidelines on integrated management of acute malnutrition (2008)
 - i. Salt producers and iodination requirements
 - j. Guideline on Community based nutrition rehabilitation of 2004
 - k. Guidelines on community based health care
 - l. Guidelines on Prevention of non-communicable diseases with healthy eating and life styles of 2011
 - Explain to participants that this session will be focus on the three policies that are stated in the objectives as they are core to efforts in scaling up nutrition.

Mention to the participants the learning points of the session **(Show Slide 1.40)**

Slide 1.43: National policy and strategies governing nutrition activities in Tanzania

1. Food and Nutrition Policy
2. National Nutrition Strategy
3. Social and Behaviour Change Communication (SBCC) strategy

1.4.1 Tanzania Food and Nutrition policy (30 minutes)

Brainstorming: Food and Nutrition Policy and other policies (20 minutes)

- Ask the participants to mention the importance of the Tanzania Food and Nutrition Policy. Mention other policies that are related to or influence nutrition
- Appreciate responses from each participant and point out that the importance of the Tanzania Food and Nutrition Policy include (10 minutes) **(Show slide 1.51)**
 - Guidance and orientation in the implementation of nutrition activities in the country
 - Shows the countries vision with regard to nutrition and related issues
 - Describes the goals and objectives set forth in meeting the global agenda related to nutrition such as health for all
 - Gives statements on government commitment in by specific areas of the malnutrition
 - Describes the cross cutting issues with a bearing on nutrition
- Explain further that the areas of action and therefore policy statements are based on the global/UNICEF conceptual framework of causes of malnutrition and the Triple A approach (Assessment, Analysis and Action)
- Refer the participants to sub section 1.4.1 on Tanzania Food and Nutrition Policy in the participant's manual for details.
- Ask one participant to read aloud while you elaborate each point
- Tell them that this policy is under review but updated key actions are stipulated in the National Nutrition Strategy and are covered in module 2.

1.4.2 National Nutrition Strategy (NNS) (30 minutes)

Brainstorm: What is the importance of the National Nutrition Strategy (NNS)? (20 minutes)

- List responses on a flip chart and compare them with information on slide 1.18 on the importance of the NNS

- Show slide 1.43: The importance of National Nutrition Strategy (10 minutes)**

The importance of National Nutrition Strategy

- Guides implementation of the Tanzania Food and nutrition policy
- Guides on how to achieve the policy objectives
- It is a guide for nutrition specific and nutrition sensitive actions
- Creates a basis for performance evaluation in addressing malnutrition
- Stipulates priority actions to facilitate significant improvements in nutrition

1.4.3 Social and Behavior Change Communication (SBCC) Strategy (30 minutes)

- Explain that the social and behavior change communication strategy is a communication strategy that involves social and behavioral change among individuals concerning specific issue (10 minutes)
- Tell participants the significance and contribution of behavior in influencing food choices, practices and expenditure decisions

Brainstorm: What is the importance of Social and Behaviour Change? (15 minutes)

- What is behavior change communication?
- Why behavior change communication strategy
- List responses on the flip chart and compare responses with the information on the slide 1.46

- Show slide 1.47 : Importance of Social and Behaviour Change Communication Strategy (10 minutes)**

Slide 1.47: Importance of Social and Behaviour Change Communication Strategy

- Expanding the scope of media mix to support SBCC for improved maternal and child nutrition
- Diversifying the types of media available to improve the impact of nutrition communication among low-literacy audiences.
- Stipulates how to develop print, audio, audio-visual and digital materials tailored for community health workers, agriculture extension workers, and families of children in their first 1000 days of life.
- Promotes behaviours that target at reducing malnutrition

- Refer the participants to sub session 1.4.3 on Social and Behaviour Change Communication Strategy in the participant's manual for details.
- Summarize key issues

SESSION FIVE (2 HOURS)

1.5. Management and Coordination of nutrition activities at district and regional levels

Aims of session (10 minutes) (Show slide 1.48)

The aim of this session is to equip participants with knowledge on coordination and management of interventions and inform them about Tanzania initiatives.

Learning objectives

At the end of the session participants should be able to:

- i) Describe the key mechanisms in coordination and management of interventions, initiatives and commitments that Tanzania is undertaking to scale up nutrition at district to national levels.
- ii) Describe the roles of the multi-sectoral technical working group at national, regional and district

Learning points (Show slide 1.49)

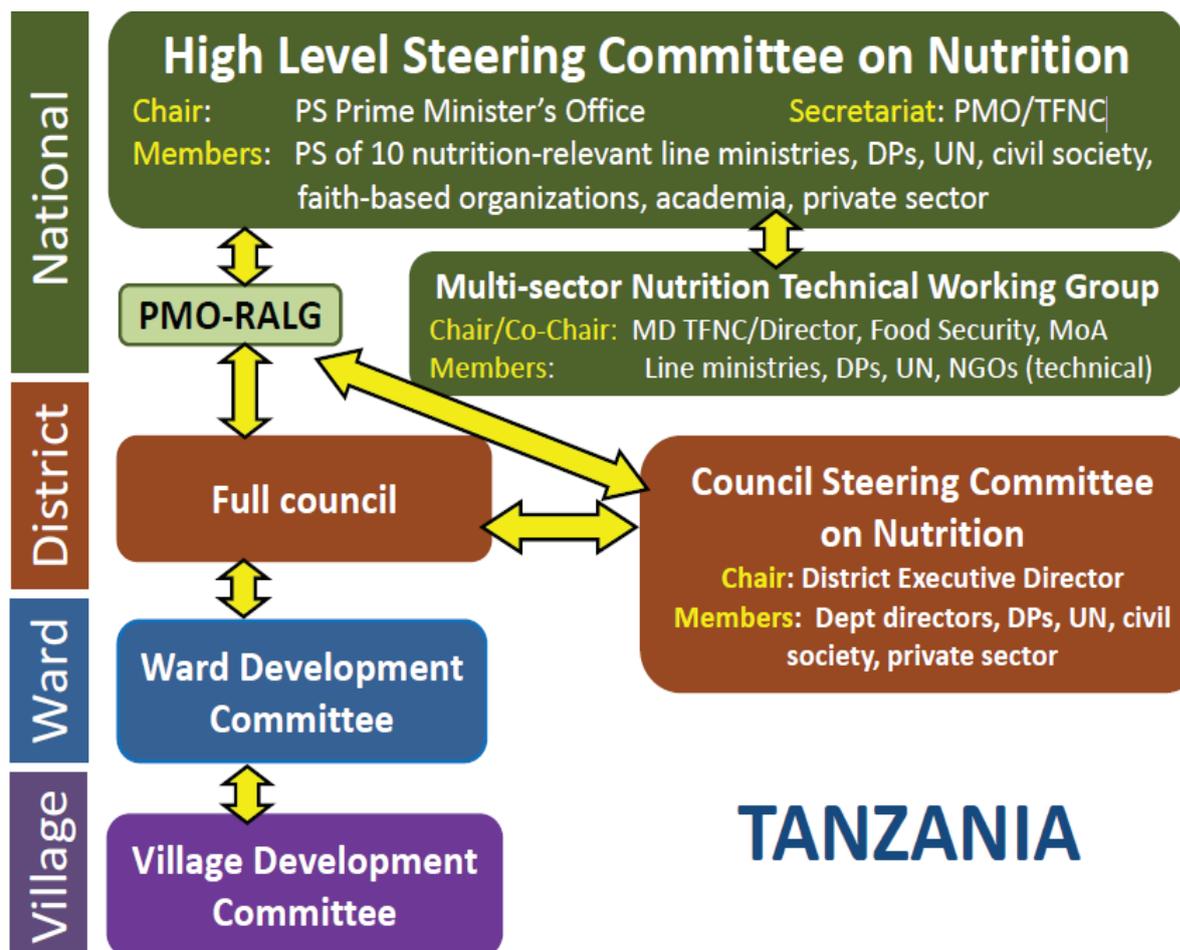
Management and coordination of nutrition activities

1. Role of multi-sectoral Nutrition Steering committees
2. Role of regional/district/ council Nutrition Officers and Focal Persons in management of nutrition activities

1.5.1. Role of multi-sectoral Nutrition Steering committees (50 minutes)

- Point out the roles of high level national and district/council) steering committees in scaling up nutrition; which include coordination of planning, implementation and monitoring nutrition actions including advocacy and mobilization of resources at respective levels.
- Show slide 1.50 and refer participants to module 2 (about translating NNS in regional and district level plans) for details
- Explain that
 - Nutrition is coordinated at three levels namely district and regional level steering committees and the national high level steering committee on nutrition (HLSCN). At the national there is already an active Multi-sector Nutrition Technical Working Group chaired by TFNC which together with the nutrition arm of TAFSIP technical advice to guide decisions of HLSCN.
 - Show the diagram on coordination structure (slide 1.51) on SUN from national to village level (Figure 2 in participant manual) and explain the coordination links

Slide 1.51: Coordination of nutrition activities from community to national levels



- Explain that the HLSCN is at National level under the Prime Minister's Office
- HLSCN comprises representatives from various sectors and institutions including permanent secretaries from Ministries responsible for finance and planning, agriculture, food security and cooperatives; livestock development and fisheries; health, water supply and sanitation; education and community development.
- Also explain that development partners (e.g USAID, Irish Aid); United Nations agencies (UNICEF); the Private sector (Power Foods and Bakhresa Group); higher learning institutions (SUA), CSOs and Faith Based organizations (FBOs) are involved.
- A Multi-sector Nutrition Technical Working Group supports the HLSCN and is chaired by the Director of TFNC), which is a government institution mandated to guide, coordinate and catalyze nutrition work in the country.
- Tell participants that similar coordination mechanisms for scaling up nutrition are foreseen at district and regional levels.
- Point out that Council and regional Steering Committees on Nutrition have also been established at the respective levels, chaired by a council director/RAS and requires full involvement of all stakeholders, including representatives of relevant departments, CSOs, and the private sector.

- Explain the importance of a coordinated response, which maximizes the use of the available material, technical and financial resources at national as well as council level to scale up nutrition.
- Emphasize that participants are expected to play a strategic role in coordinating nutrition activities in their councils and regions.

1.5.2 Role of council Focal Person / Nutrition Officers (1 hour)

- Ask each participant to write on a paper their roles in their districts
- Collect the papers and randomly distribute them to each participant. Let the participants read their colleagues' responses and write them on a flip chart.
- Compare the responses with information on slides 1.52-1.55 on the roles of regional/district/council nutrition officer or Nutrition Focal Person in SUN

Slide 1.52 to 1.55: Roles of regional, district and council nutrition officer or Nutrition Focal Person in scaling up nutrition

Roles of council nutrition officer or Nutrition Focal Person in scaling up nutrition

1. Serve as a Secretary of the regional/district level steering Committee on nutrition
2. Participate in planning meetings and support mainstreaming nutrition considerations into sector policies, strategies, programs, plans and budgets
3. Advise the RAS/MCD/TC/DED on appropriate response and the action being taken to address the nutrition challenges.
4. Provide technical support and initiate conducting Nutrition Situation assessment and gap analysis to support the development of Regional/Council/District Action Plans
5. Monitor and coordinate the implementation of Multi-sectoral nutrition action plans at Regional, district/Council, ward and village/Mtaa (street) levels.
6. Collecting, analyzing, and communicating nutrition data including routine and situation specific key data sets and information in the region or district/council.
7. Maintain a consolidated database on nutrition information in the district in line with a National Nutrition Information System
8. Prepare monthly, quarterly and annual reports on nutrition related issues in the region, district/council and submit relevant reports to regional or Council Steering Committee and other relevant stakeholders through existing channels of national and RALG authorities.
9. Receive, interpret and disseminate all policies, strategies, standards, legislation, guidelines and other relevant materials in the context of the region/district
10. Participate in emergency and safety nets preparedness and response operations
11. Any other emerging or assigned activities related to nutrition in the region/district

- Tell participants that that the regional nutrition officers /focal persons are similar as those of the council/district level counterparts.
- Conclude the session by summarizing key issues (slide 1.56)
- Refer participants to sub section 1.5.2 in their manual

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APPENDIX 1 : PRE & POST TEST ASSESSMENT QUESTIONS

1. One of the following is not a category of causes of malnutrition in developing countries, which one is it?
 - a. Basic
 - b. Underlying
 - c. Exposed
 - d. Immediate

2. Which among the following is the prevalence of stunting in Tanzania?
 - a. 40%
 - b. 41%
 - c. 42%
 - d. 43%
 - e. 44%

3. Is the following statement True or False? “Disability can be termed as a consequence of malnutrition on health and productivity of an individual”

4. How many priority areas for nutrition interventions have been stipulated in the National Nutrition Strategy for the period of 2011-2016?

5. Is the following statement True or False? “Scaling Up Nutrition (SUN) is a global movement to support women’s and children’s rights”

ANSWERS TO PRE AND POST TEST ASSESSMENT QUESTIONS

1. C
2. C
3. True
4. 8
5. F

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