



THE UNITED REPUBLIC OF TANZANIA

**THE FOOD AND NUTRITION POLICY  
FOR TANZANIA**

MINISTRY OF HEALTH

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## PREFACE

Health is one of the basic human rights. According to the World Health Organization's (WHO) definition, health does not only imply a person's state of being free from disease, but also the state of being well physically, mentally and spiritually hence the ability to participate fully in the community developmental process.

One of the important principles which have been guiding health policy in Tanzania for a long time is the emphasis on preventive services. The ruling Party Chama Cha Mapinduzi (CCM) on realization that cure alone is not the best way of maintaining human health and that the Nation's limited ability to meet community needs for such services, has continuously emphasized that prevention is better than cure. Among many other important things contributing to good health is good nutrition.

National efforts to enhance the quality of food and nutrition by considering important aspects such as availability of food, and proper food preparation and preservation began immediately after independence in 1961 and were reinforced after the Arusha Declaration of 1967.

However, the absence of special guidelines on planning and implementation of food and nutrition activities which include national efforts to reduce infant mortality rates and various diseases related to nutrition, has adversely affected such efforts.

In view of this, the Ministry of Health in collaboration with other various institutions and the public in general has ultimately prepared and presented to the ruling Party and Government the Food and Nutrition Policy for Tanzania with the aim of improving and maintaining good public health and nutrition, thus contributing to national development in general.

The development of a Food and Nutrition Policy for Tanzania as well as its endorsement is a milestone in the implementation of the ruling Party's (CCM) fifteen years Programme 1987 - 2002 on raising the standard of living of every Tanzanian.

In brief this Policy deals with the important areas of food and nutrition as follows:

1. An introductory part which defines food and nutrition and related problems, their causes and establishes the basis for a food and nutrition policy in the country, as well as a clear elaboration of its aims and objectives.

- ii. Food security.
- iii. Care for special groups.
- iv. Essential human services.
- v. ~~Food and nutrition committees, and~~
- vi. The role of various sectors in the implementation of this Policy.

It is the obligation and the right of every leader and every citizen to participate fully in translating into practice the aims and objectives of this Policy as well as prepare and implement it at all levels, from household to village, district, regional and national level.

**CHAPTER ONE**  
**INTRODUCTION**

- A. The Definition of Food and Nutrition**
- B. Food and Nutrition Problems in Tanzania**
- C. Causes of Food and Nutrition Problems in Tanzania**
- D. Food and Nutrition Activities in Tanzania**
- E. Aims and Objectives of the Food and Nutrition Policy for Tanzania**

**A. The Definition of Food and Nutrition**

**Definition of Food**

1. Food is a composition of nutrients in the form that can be eaten and ultimately utilized by the body to provide the consumer with good nutrition and health status.

2. Taking this definition into account, availability of adequate food to meet nutritional requirements from the household level to the national level is necessary for health and development of society.

3. Food security is defined as the availability and accessibility to adequate food at all times and to all people especially children and other special groups which are easily affected by lack of adequate food supply for example, small children, pregnant and lactating women, the sick and the elderly.

4. In order to ensure food security, societies must have good traditions and customs and a sound economic base to ensure food availability. Furthermore, food security depends on the existence of appropriate strategies for food production, harvesting preservation, processing, distribution, preparation and proper utilization of that food.

### **Definition of Nutrition**

5. Nutrition is the end - result of various processes in society which end when food is eaten, followed by subsequent absorption and utilization of the food nutrients by the body to provide health.

6. Good nutrition is partly a result of the absence of disease especially infectious diseases and eating a proper and well balanced diet, composed of various nutrients such carbohydrates, proteins, minerals and vitamins. A proper diet is normally comprised of a main staple food such as "ugali", cassava, rice, and potatoes, eaten together with other foods such as meat, peas, legumes, fats as well as vegetables and fruits.

7. Food inadequate to meet the requirements of the body results in poor nutrition or malnutrition which may be undernutrition or overnutrition.

8. If not properly addressed at early stages malnutrition results into the following problems:

- i. Frequent sickness and eventually deaths especially among children and pregnant women.
  - ii. Diminishes one's quality and span of life.
  - iii. Constraints national development by reducing the working capacity and educability of individuals, and
  - iv. Impaired physical and mental development for the future generation.
9. In order to have adequate food intake it is important to ensure food security, proper care for special groups in the society and availability of adequate essential services.

#### **B. Food and Nutrition Problems in Tanzania**

10. The types, magnitude and causes of food and nutrition problems are environmentally specific. However, experience shows that there is no single country in the world without problems of malnutrition. In Tanzania, as is the case with other developing countries, the major food and nutrition problem is that of under-nutrition. This manifests mainly as:-

- i. Protein-Energy Malnutrition (PEM).
- ii. Nutritional Anaemia.



iii. Iodine Deficiency Disorders (IDD).

iv. Vitamin A Deficiency (VAD).

11. The specified malnutrition problems indicated above can be detailed as follows:

**(a) Protein-Energy Malnutrition (PEM)**

Protein-Energy Malnutrition is the major problem and ranks first in importance in this country. The groups which are highly affected by this problem are children between the age of six months and three years and pregnant as well as lactating women.

13. Regarding young children the problem manifests in the form of low weight for age or height. If Protein and Energy deficiency is severe the child will suffer from kwashiorkor or marasmus or a combination of both, that is marasmic kwashiorkor.

14. The symptoms of a child suffering from kwashiorkor are as follows:

- i. Physical and mental retardation.
- ii. Swollen face, stomach, arms and legs.
- iii. Inactivity and becomes non-responsive to stimuli.
- iv. Easily pliable hair with changed colour.

v. Frequent illness including sores around the mouth, ears and buttocks.

vi. Lack of appetite.

vii. Underweight which is usually between 60% and 80% of the normal weight in relation to the age of a child.

15. Symptoms of a child suffering from marasmus are as follows:

i. Thinness and physical retardation (impaired growth).

ii. Old age appearance with sharp eyes.

iii. Loose skin which can easily be pulled out.

v. Acute underweight, that is below 60% of the normal weight in relation to the age of the child.

v. Frequent crying.

vi. Extraordinary appetite.

16. A child suffering from both kwashiorkor and marasmus shows some of the features of kwashiorkor and marasmus and particularly acute underweight below 60% of the normal weight as well as swollen arms and legs.

17. Available statistics reveal that 5% of children below five years of age in Tanzania are suffering from severe protein energy malnutrition and 47% are suffering from moderate protein energy malnutrition.

18. Available statistics also show that 3% of pregnant and lactating women suffer from severe protein energy malnutrition and 10% suffer from moderate protein energy malnutrition. This is reflected through the number of children born with low birth weight (below 2.5 kilogrammes), who are estimated to be 14%.

**(b) Nutritional Anaemia**

19. Nutritional Anaemia results from insufficient iron intake and food as well as prevalence of diseases especially malaria, worms and bilharzia. This problem is very common among pregnant women, children below five years of age and school children.

20. The effects of Nutritional Anaemia are as follows:

- i. Fatigue even after a mild exercise, and death may occur if the deficiency is severe.
- ii. A large component of maternal mortality is related to anaemia.

21. The problem of Nutritional Anaemia is currently estimated to affect 45% of children below five years of age and 80% of pregnant women in this country.

### **(c) Iodine Deficiency Disorders (IDD)**

22. The problem of iodine deficiency results from lack of iodine in the soil, and hence deficiency in plants and animals living in such areas. As a result, people who feed on foods grown in such areas also suffer from iodine deficiency.

23. Areas highly affected by iodine deficiency are those situated in the highlands and far from the ocean. In Tanzania the problem of iodine deficiency is severe in Mbeya, Iringa, Ruvuma, Rukwa, Kigoma, and in some areas of Morogoro, Kagera and Arusha regions.

24. Iodine deficiency typically manifests itself as a swelling of the neck (goitre), although it also affects physical and mental development.

25. About 5.6 million people or 25% of all Tanzanians are estimated to be affected by iodine deficiency. Approximately 10 million people or 40% of all Tanzanians are living in areas deficient in iodine and are, therefore, at risk of developing iodine deficiency.

#### **(d) Vitamin A Deficiency (VAD)**

26. Vitamin A deficiency is mainly found among children of between six months and six years of age. The main observed manifestations of Vitamin A deficiency are related to eye changes which may result in total blindness. Vitamin A is also important in protecting the body against diseases. Even mild forms of Vitamin A deficiency are associated with increased childhood mortality.

27. In Tanzania, Vitamin A deficiency affects about 1.3 million or 30% of children below six years of age.

#### **C. Causes of Food and Nutrition Problems in Tanzania**

28. On the basis of the description given above regarding the analysis and definition of food and nutrition, it is obvious that there are various interrelated causes of food and nutrition problems in this country.

29. The causes can be analyzed at three main depths as follows:

##### **(a) Immediate Causes**

1. Inadequate food intake resulting from low feeding frequency with insufficient energy and other important nutrients. This problem mainly affects children's nutrition.

- ii. Frequent diseases which increase the utilization of nutrients in the body especially energy and at the same time causing ~~loss of appetite and thus intensifying the problem of~~ inadequate feeding.

**(b) Underlying Causes**

- i. **Food insecurity** at any level, for example at household, village or national level, caused by problems related to production, harvesting, preservation, processing, distribution, preparation and various uses of food.
- ii. **Inadequate care for special groups** for example, small children, pregnant and lactating women, the elderly and the sick.
- iii. **Inadequate essential services** such as health education, water, environmental sanitation, housing and clothing.

**(c) Basic Causes**

- i. Poor economic situation, for example, at household, village and national level.
- ii. Inequitable distribution and utilization of services and other resources.
- iii. Bad traditions and customs which affect negatively the state of nutrition particularly of women and children.

30. According to the analysis of the various causes of food and nutrition problems, it is clear that their solutions require cooperation and coordination among various sectors concerned with socio-economic development in the country.

#### **D. Food and Nutrition Activities in Tanzania**

31. Nutrition activities have been going on in the country for a long time now. Sectors which have been directly involved in these activities include the ruling Party (CCM), Health, Social Welfare, Agriculture, Livestock, Education, Planning, Religious and other Non-Governmental organizations.

32. The formation of the Tanzania Food and Nutrition Centre (TFNC) in 1973 was one of the major steps taken by the Government to improve nutrition in the country.

33. Moreover, the ruling Party (CCM) and Government have been giving special emphasis on the improvement of health and nutrition in the country using various strategies including the following:

- i. The establishment of Primary Health Care (PHC) and Maternal and Child Health (MCH) Services.
- ii. Providing political guidelines such as: "Politics is Agriculture, "People is Health" and "Food is Life".

iii. Formulating various policies for example the Agricultural Policy, the National Policy for the Training/  
Guidance of Children and Youths and the Policy for Women in Development in Tanzania.

34. At present Tanzania has enormous experience in dealing with food and nutrition issues. The current conceptualization of the causes of malnutrition has facilitated the smooth implementation of nutrition programmes in the country. Relevant examples of such programmes are the Joint Nutrition Support Programme (JNSP) in Iringa region and Zanzibar, the Child Survival and Development (CSD) programmes in Iringa, Kagera, Morogoro, Shinyanga, Kilimanjaro, Ruvuma, Mtwara, Mara and Singida regions.

35. Despite these substantial efforts, the state of nutrition and health among Tanzanians especially women and children is still not satisfactory. Persistent nutritional problems, in spite of efforts undertaken in various sectors, emanate from the following problems:-

1. National development in general is still at a very low level compared to levels attained by developed countries.
- ii. Food and nutrition activities have continued to be implemented by various ministries and organizations without being integrated as it should have been.



- iii. The absence of an appropriate guideline has led to lack of adequate co-operation among various sectors in undertaking food and nutrition activities and also to uncoordinated implementation plans.
- iv. Failure to fully integrate food and nutrition considerations into development plans, at all levels, from the household, village, district, regional and national level.

36. In view of the above problems as well as others identified and defined in this chapter, there is a need to have a Food and Nutrition Policy which will provide a guideline and coordinate the implementation of food and nutrition programmes in the country.

**E. Aims and Objectives of the Food and Nutrition Policy for Tanzania**

37. The aims of the Food and Nutrition Policy are as follows:

- i. To integrate food and nutrition activities undertaken by various sectors.
- ii. To enable each sector to play its part in the elimination of the malnutrition problem.
- iii. To improve the nutritional situation of the Tanzanian community, especially children and women.

- iv. To strengthen the procedures of obtaining and supplying food within the household, villages and towns by utilizing locally produced foods.
- v. To enable Tanzanians to produce and use food which can adequately meet their nutritional needs.
- vi. To establish a viable research programme which will facilitate the improvement of food and nutrition in the country.

38. The objectives of the Food and Nutrition Policy are as follows:

- i. To prepare a viable system for coordinating, balancing and guiding food and nutrition activities which are being undertaken by various sectors.
- ii. To provide guidelines and techniques to combat food and nutrition problems in the country and to enable each sector to play its role.
- iii. To rectify the state of food availability and formulate proper strategies and techniques to ensure the availability and utilization of food in accordance with nutritional requirements.
- iv. To involve all sectors which deal with issues pertaining to food and nutrition in realizing and strengthening the methods of improving the nutritional situation.
- v. To incorporate food and nutrition considerations in development plans and to allocate available resources towards solving the problem of food and nutrition at all levels.

- vi. To use nutrition as one of the indicators in assessing social development achievements of economic and health improvement projects.
- vii. To formulate and develop research which will facilitate solving of food and nutrition problems.

39. In order to achieve the aims and objectives of this policy, the following important areas have been defined and analyzed:

- i. Food Security.
- ii. Care for Special Groups.
- iii. Essential Human Services.
- iv. Food and Nutrition Committees.
- v. Roles of various sectors in the implementation of the Food and Nutrition Policy in Tanzania.

**CHAPTER TWO**  
**FOOD SECURITY**

- A. Food Crop production**
- B. Food Harvesting and Preservation**
- C. Food Processing and Preparation**
- D. Food Availability, Distribution and Consumption**
- E. Food Quality and Number of Meals**

**A. Food Crop Production**

40. The production of various food crops in this country is generally still inadequate. This results from the following factors:-

- i. Improper land use.
- ii. Lack of adequate and appropriate techniques, implements and inputs.
- iii. Drought, floods and other natural disasters.
- iv. Low food crop productivity.
- v. Lack of realization by men of the heavy workload borne by women resulting in their abandonment of all food production activities to the latter.

41. In order to avoid the problem of inadequate food production which affects the state of nutrition in the country, it is necessary to improve and consolidate the production of various food stuffs. The following are among measures that should be taken:-

- i. To strengthen and supervise procedures, rules and regulations pertaining to conservation and proper land use.
- ~~ii. To ensure that adequate and appropriate implements and inputs are available and distributed at appropriate times.~~
- iii. To establish and maintain appropriate procedures for the purchase and payment of agricultural implements and inputs.
- iv. To strengthen and improve farmers education.
- v. To strengthen and encourage irrigation farming.

## **B. Food Harvesting and Preservation**

42. A considerable part of food crops in the country is wasted through destruction by insects and animals. Poor methods used in crop harvesting and preservation also contribute to food losses.

43. In order to eliminate the problem of wastage and destruction of food crops in the country, it is advisable to harvest and preserve crops through ways and means that conserve their quantity and quality nutritionally.

44. Some of the methods which should be used to ensure that food crops are properly preserved are as follows:

- i. To introduce and consolidate appropriate crop harvesting and preservation knowledge and skills in the curriculae of schools and training institutions.

- ii. To fully educate people on appropriate principles of harvesting and preserving various food crops.
- iii. To improve and consolidate appropriate and basic science and technology in the harvesting and preservation of food crops.
- iv. To improve and maintain construction of durable granaries for storage of cereals at village level.

### **C. Food Processing and Preparation**

45. Each type of food crop requires specific processing and preparation methods to enable its consumption or longer periods of its preservation without adverse effects on its nutritional value to the consumer.

46. In order to make sure that processed food does not lose its nutritive value in quantity and quality all processing regulations should be observed.

47. In order to ensure that the food being processed meets the nutritional requirements, the following should be observed:-

- i. Adherence to appropriate procedures pertaining to food crop harvesting and storage before processing.
- ii. The processed food should be well stored and for the desirable period after processing.

- iii. Food crops processing industries should be constructed near to or in the areas where the relevant crops are abundant so as to avoid destruction and loss of their nutritional quality due to transportation problems.
- iv. Food quality and standards must be controlled.
- v. To formulate and carry out research on food processing technology which is appropriate at village and household level.

#### **D. Food Availability, Distribution and Consumption**

48. The food distribution procedure in the country is still inadequate and often contributes to food shortages in most of the households in some districts and regions. Furthermore, food prices are not commensurable with people's financial capability. Moreover, procedures for the various uses of food are also not satisfactory.

49. In order to avoid the problems pertaining to food availability, distribution and consumption in various places in this country, it would be appropriate to consider the following:-

- i. To ensure that there are proper procedures for food distribution in accordance with actual needs in the country.
- ii. To ensure that there exists integration between the systems of transportation, trade and markets, food prices and people's income.

- iii. People should be educated on how to make proper estimates of family food requirements for a whole year in order to avoid the misuse of food.

#### **E. Food Quality and Number of Meals**

50. Experience has shown that various groups particularly children, pregnant and lactating women suffer from poor nutrition because of insufficient number of meals per day and deficiency of important nutrients in those meals. Such a situation causes malnutrition among these groups.

51. The problems mentioned above can be solved through the following ways:-

- i. To fully educate the people on the importance of taking meals with adequate nutrients as well as on simple and appropriate ways of food preparation.
- ii. To encourage the society to lay emphasis on proper feeding for pregnant and lactating women in order to increase the amount and number of full meals to not less than three per day.
- iii. To encourage parents and guardians to feed their young children with four meals or more a day with each meal having the required nutritive value.
- iv. There should be an effective supervision and check up of food especially the imported foodstuff in order to ensure that they meet required standards before their distribution and consumption.



**CHAPTER THREE**  
**CARE FOR SPECIAL GROUPS**

- A. Young Children**
- B. Pregnant and Lactating Women**
- C. Elderly People**
- D. Sick People**
- E. Groups in Institutions**

52. Every human being needs enough food that meets the adequate nutritional requirements in order to avoid malnutrition. However, there are special groups of people who due to illness, physiological changes, or because of eating together in large groups become adversely affected by the problems of malnutrition. These groups require more attention than others on food and nutrition issues. According to this Policy these special groups can be categorized as follows:

- i. Children.
- ii. Pregnant and lactating women.
- iii. Elderly people.
- iv. Sick people.
- v. Groups of people who are living together in institutions such as camps, prisons, hospitals and colleges.

## **A. Young Children**

53. Children as a group are divided into two main sub-groups as follows:

- i. Children of the age between 0 and 6 years.
- ii. Children of the age between 7 and 14 years.

### **Children of the age between 0 and 6 years**

54. Young children below seven years of age have high nutritional requirements, and is the population group which is highly affected by problems of malnutrition. This situation is caused by the following:-

- i. Frequent illness.
- ii. Inadequate breastfeeding and weaning.
- iii. Improper care.

55. In order to avoid malnutrition problems among young children, it is important to take into consideration the following:-

- i. Women should be allowed to have adequate rest after delivery so as to breastfeed their babies for an adequate period of time. For employed women, maternity leave should be increased to enable them to fully breastfeed their infants.

- ii. To protect and enhance the good habit of breastfeeding children from birth up to the age of two years or more.
- iii. To strengthen and provide education on child nutrition to the community in general and parents and guardians in particular on proper care and feeding of children.
- iv. To fulfil all that is necessary for the establishment and consolidation of child day care centres in accordance with the policy on National Guidance of Children and Youths in Tanzania.
- v. To emphasize on the use of locally available weaning foods.
- vi. To strengthen and further expand primary health care especially immunization, family planning, child growth monitoring, etc.

#### **Children of the Age between 7 and 14 Years**

56. Children of the age between 7 and 14 years are still growing and, therefore, deserve sufficient food for healthy growth. In addition, since at this age all children are supposed to be attending school, it is advisable that they get sufficient food to enable them to progress well with their studies.

57. Experience has shown that many children do not take breakfast before going to school and also there is no special arrangement for school lunch. In addition, while at school they normally buy food with a low nutritive value.

58. In order to avoid the problems of inadequate nutrition among children of this age, the following should be taken into consideration:-

- i. Parents and guardians should be educated on the importance of providing children with food before leaving for school.
- ii. Efforts to provide school children with proper lunch should be enhanced and strengthened.
- iii. The Health and Nutrition Programme in schools should be expanded in scope and improved.
- iv. There should be a follow-up to ensure that improper foods are not sold in school compounds.

#### **B. Pregnant and Lactating Women**

59. Pregnant and lactating women are adversely affected by malnutrition problems which result from the following causes:-

- i. Under age pregnancies (below 18 years) or old age pregnancies (above 35 years).
- ii. Poor care for women, especially during pregnancy and lactation.
- iii. Short spaced pregnancies.
- iv. Heavy women's workload.

60. Women are the major producers of food crops as well as the major caretakers of their families. But they lack the authority to decide on the products of their labour.

61. In order to tackle malnutrition problems affecting pregnant and lactating women, the following should be taken into consideration:-

- i. The minimum age for marriage for females should be raised from the current 15 years to 18 years or more.
- ii. Better care for pregnant women should be strengthened by providing them with sufficient food and adequate time to rest during pregnancy.
- iii. Maternal and Child Health (MCH) and Family Planning (FP) programmes in both rural and urban areas should be strengthened.
- iv. A procedure for monitoring the problem of anaemia among pregnant women should be strengthened and appropriate interventions instituted.
- v. Simple and appropriate technologies aimed at reducing the heavy workload of women such as transportation of loads of harvested produce, fetching water or firewood should be promoted.
- vi. Women should be involved in decision making and in the supervision of resource allocation and utilization at all levels.

### **C. Elderly People**

62. Elderly people very often suffer from malnutrition problems due to loss of appetite as well as inability to obtain their essential necessities such as sufficient food.

63. In order to deal with the problem of malnutrition among the elderly it is necessary to take the following into consideration:-

- i. Strengthen and protect good traditions and customs which emphasize care for the elderly.
- ii. Establish specific supportive systems for taking care of elderly particularly those lacking family support.

### **D. Sick People**

64. In many cases sick people lose appetite. In addition, there is an increased requirement for nutrients in the body. This situation may lead to malnutrition.

In order to tackle the problem of malnutrition affecting sick people, it is important to take into account the following:-

- i. To make deliberate efforts to educate the society on the importance of feeding sick people with special food containing sufficient nutrients.

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- ii. To improve health services in order to control all diseases that could be the cause of malnutrition.

**E. Groups in Institutions**

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65. Experience has shown that foods provided in various institutions such as schools, hospitals and prisons do not meet nutritional requirements due to insufficiency and poor preparation of the food available.

66. In order to tackle these problems the following should be considered:-

- i. To make a thorough follow-up in the implementation of guidelines on planning and preparation of meals for various groups in institutions.
- ii. Funds to meet basic food needs and prevailing prices should be made available.
- iii. To train personnel engaged in food planning and preparation for special groups in various institutions.

**CHAPTER FOUR**  
**ESSENTIAL HUMAN SERVICES**

- A. Education**
- B. Health**
- C. Water**
- D. Environmental Sanitation**
- E. Shelter and Clothing**

67. Essential services for human beings are those which fulfil requirements that are vital for an immaculate and secure living. Such services contribute enormously to the improvement of food and nutrition. These services include education, health, water and sanitation, shelter, clothing and a clean and safe environment.

**A. Education**

68. Education is important in enabling human beings manage their life effectively including issues related to food and nutrition. Thus the education system should be strengthened to incorporate food and nutrition education.



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n 69. To ensure that the education provided assists in solving the malnutrition problem the following should be taken into consideration:-

- i. To have a system which ensures that all people receive basic education.
- ii. To develop food and nutrition components in the school and college curriculae.
- iii. To work out a system for effectively educating the public on food and nutrition.

## **B. Health**

70. There is a strong relationship between poor nutrition and poor health. A person with poor nutrition is vulnerable to various diseases due to low body immunity. Likewise, a sick person can easily become malnourished due to lack of appetite and increased nutritional requirements. Good nutrition depends much on adequate food supply and the absence of diseases, especially infectious ones.

71. In order to ensure good health and good nutrition the following should be considered:

- i. Strengthening current efforts to provide health services to pregnant women, child immunization, and primary health care.

- ii. Dissemination of knowledge on prevention of communicable diseases as well as reinforcing and widening in scope efforts against bad customs, tradition and behaviour that have negative effects on nutrition.

### **C. Water**

72. There is also a strong relationship between water and the presence or absence of malnutrition, disease and poverty.

Lack of sufficient, clean and safe water may become a major source of infectious diseases such as diarrhoea which eventually causes malnutrition. Distant water sources result into an extra work burden for women, thus reducing their time for child, family and personal care. Water is also the main source of some minerals required by the human body.

73. Programmes aimed at supplying people with sufficient, clean and safe water close to their residences should be enhanced.

### **D. Environmental Sanitation**

74. Poor environmental sanitation can cause poor health and malnutrition. A dirty house, poor personal hygiene, dirty water etc, facilitate easy spread of infectious diseases.

€ 75. The Government has for a long time been stressing disease  
r prevention but because many people have not yet understood  
t the importance of this they have not been able to effectively  
prevent diseases caused by poor environmental sanitation.  
Moreover, people have not, so far, acquired the culture of  
maintaining a clean environment.

76. In order to avoid the effects of poor environmental sanitation,  
it is important that the programme on clean environment for  
better health be enhanced and sustained.

### **E. Shelter and Clothing**

77. Shelter and clothing are among the essential necessities of  
human beings. There is a strong relationship between nutrition,  
clothing and shelter. A person lacking good shelter and  
appropriate clothing has poor health conditions and would be  
vulnerable to diseases such as tuberculosis, pneumonia and  
respiratory infections which affect nutrition.

78. A family which does not have a good shelter will fail to store  
and prepare food in a clean environment. Moreover, it will not  
be possible to keep clean household food equipment and utensils.

79. The programme for constructing decent and low cost houses  
in urban and rural areas should be enhanced. Moreover,  
arrangements should be made for access to suitable and cheap  
clothing.

**CHAPTER FIVE**  
**FOOD AND NUTRITION COMMITTEES**

- A. ~~The National Food and Nutrition Expert Committee~~**
- B. Primary Health Care Committees for Regions, Districts, Wards and Villages**

80. Food and nutrition programmes which have not involved all the important sectors responsible for food and nutrition have not achieved any significant success. This policy involves many sectors and for this reason its success will depend on the harmonization of action and cooperation between those sectors.

81. It is important, therefore, that there should be food and nutrition committees at national, regional, district, division, ward and village levels, to supervise the programmes and advise the Government at their respective levels on the appropriate strategies, methods and on the projects relevant in improving the situation on food and nutrition. In brief, these committees can be categorized and defined as follows:

**A. The National Food and Nutrition Expert Committee**

82. The structure, appointments and management of the National Food and Nutrition Expert Committee shall be as follows:

1. The Chairman shall be the Director of Social Services in the Ministry which will be responsible for Planning Affairs.

- 6 i. The Secretary shall come from the Ministry of Health.
- 1 ii. Members shall be appointed by the Ministry responsible for  
1 Health through the institute responsible for Food and  
Nutrition in Tanzania.
- v. The National Food and Nutrition Expert Committee will be  
under the supervision of the Ministry responsible for Health  
under the chairmanship of the Ministry responsible for  
Planning.

83. In accordance with this policy members of the National Food and Nutrition Expert Committee shall be appointed from the following sectors:

- Institution responsible for Food and Nutrition.
- Ministry responsible for Agriculture, Livestock Development and Cooperatives.
- The Prime Minister's Office.
- Ministry responsible for Education and Culture.
- Ministry responsible for Land, Housing and Urban Development.
- Commission responsible for Planning.
- Ministry responsible for Science, Technology and Higher Education.
- Ministry responsible for Labour, Social Welfare and Youth Development.

- Ministry responsible for Works and Communication.
- Ministry responsible for Information and Broadcasting.
- Ministry responsible for Industry and Commerce.
- Ministry responsible for Community Development, Women Affairs and Children.
- Ministry responsible for Regional Administration and Local Government.
- Ministry responsible for Transport.
- Ministry responsible for Natural Resources and Environment.
- Ministry responsible for Water, Energy and Minerals.
- Existing Universities in the country.
- The Tanzania Women Organization (UWT).
- Chama Cha Mapinduzi (CCM), department responsible for Economic and Public Services.

84. The responsibilities of the National Food and Nutrition Expert Committee shall be as follows:-

- i. To coordinate all matters pertaining to food and nutrition and advise the government accordingly.
- ii. To receive and discuss reports on the country's food and nutrition situation from ministries, regions and other concerned institutions.
- iii. To discuss and propose projects and methods that are appropriate in raising food and nutrition conditions in the country.

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- iv. To present proposals on food and nutrition to the Minister of the Ministry responsible for Health who shall in turn present the same before the Cabinet after its discussion and approval by the Principal Secretaries Committee of those Ministries who are members of the National Food and Nutrition Expert Committee.

**B. Primary Health Care Committees for Regions, Districts, Wards and Villages**

85. In accordance with this Policy, Primary Health Care (PHC) Committees which have already been established by the Ministry of Health shall also be responsible for food and nutrition activities at the Regional, District, Ward and Village levels.

86. The responsibilities of these committees in the supervision of food and nutrition development activities at each level can be defined as follows:-

**(a) The Regional Primary Health Care Committee**

- i. Shall identify and analyse food and nutrition problems in the region and develop strategies and methods for solving them.
- ii, Shall coordinate all food and nutrition activities in the districts by incorporating their plans of action in the regional development plans every year.

- iii. Shall coordinate the projects being undertaken by non-governmental organizations and institutions.
- iv. Shall receive implementation reports from districts, discussing them and issuing a guideline for appropriate implementation of the food and nutrition projects at the level.
- v. Shall use the food and nutrition situation as an important indicator for measuring Regional Development.
- vi. Shall supervise the collection, analysis and storage of food and nutrition data and use them in the regional development plans.

**(b) The District Primary Health Care Committee**

- i. In collaboration with non-governmental organizations shall analyse the food and nutrition situation in the district, and shall set strategies and methods appropriate for improving the standard of nutrition through the utilization of available resources at this level.
- ii. Shall coordinate the implementation of all food and nutrition projects at this level as well as incorporating such projects in the district development plans.
- iii. Shall receive reports on the implementation of food and nutrition projects from the wards and villages as well as discussing them and giving advice on the appropriate implementation methods to the Ward and Village Primary Health Care Committees.



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- iv. Shall present implementation reports to the Regional Primary Health Care Committee together with proposals of plans ~~deserving attention at the regional and national level.~~

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**(c) Ward Primary Health Care Committee**

- i. Shall identify and analyse food and nutrition problems and plan the implementation of the strategies set for improving the condition of food and nutrition at this level.
- ii. Shall receive and discuss implementation reports from village governments and give advice accordingly.
- iii. Shall present reports on the implementation of food and nutrition projects to the nutrition experts committee at the district level.
- iv. Shall treat the food and nutrition situation as a major criterion for measuring the ward's development.
- v. Shall coordinate all food and nutrition activities undertaken in all villages in the ward.
- vi. Shall collect, analyse, utilize and store the statistics on food and nutrition in the ward.

**(d) Village Primary Health Care Committee**

- i. In collaboration with the village government shall assess and analyze the causes of malnutrition in the village, and shall plan strategies and methods for solving such problems.

- ii. Shall plan the implementation of strategies for food and nutrition projects in the village.
- iii. Shall search for methods for increasing village income for running food and nutrition projects through the utilization of the resources available in the village.
- iv. Shall organize village meetings from time to time as a method of enabling people to be aware of the problems pertaining to food and nutrition.
- v. Shall present reports on project plans and implementation to the ward.
- vi. Shall monitor the food and nutrition situation in the village and propose new strategies for improving the situation.
- vii. Shall use nutrition indicators as an important criterion for measuring village development.
- viii. Shall supervise the collection, analysis and maintenance of statistics on food and nutrition in the village and use them in the village development plans.

## **CHAPTER SIX**

### **ROLES OF VARIOUS SECTORS IN THE IMPLEMENTATION OF THE FOOD AND NUTRITION POLICY FOR TANZANIA**

- A. Roles of Various Governmental Sectors**
- B. Roles of the Ruling Party (Chama Cha Mapinduzi)**
- C. Conclusion**

#### **A. Roles of Various Governmental Sectors Ministry responsible for Health**

87. The roles of the Ministry responsible for Health in the implementation of this Policy are as follows:-

- i. To further develop and supervise the implementation of the Food and Nutrition Policy in Tanzania.
- ii. To prepare and supervise the budget for food and nutrition plans in the country.
- iii. To plan and provide health and nutrition education in the country, focusing on special groups such as children, pregnant and lactating women, elderly people, sick people and groups living in institutions such as prisons, hospitals, schools and colleges.

- iv. To follow up on all the institutions concerned with the upkeep of larger groups of people so as to ensure that they honour the prevailing guidelines regarding the food requirement of these groups.
- v. To mobilize and educate the Party, Government leaders and journalists on food and nutrition issues in order to enable them to effectively advocate and educate the public on the importance of better food and nutrition.
- vi. To provide people with various relevant literature and visual aids on food and nutrition.
- vii. To strengthen and sustain programmes on Maternal and Child Health (MCH), Primary Health Care (PHC), Family Planning and Public Health Education through the involvement of all members of the society.
- viii. To encourage good environmental sanitation especially the construction and use of latrines in urban and rural areas, in schools, at market places, health units and transport stations.
- ix. To formulate and develop research relevant in solving the problem of malnutrition in the country.
- x. To produce, manufacture, or purchase and distribute in appropriate form nutrient supplements like iodine, iron and vitamins A and C as well as vaccines against immunizable diseases.
- xi. To strengthen food quality control.
- xii. To supervise and coordinate nutrition programmes and projects which are sponsored by donors.

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- xiii. To provide expert guidelines aimed at improving the food and nutrition situation in regions and districts.
- xiv. To supervise national institutions and other relevant bodies under the Ministry to ensure that they fully participate in the implementation of the Food and Nutrition Policy.
- xv. To cooperate with the ruling Party, the Ministries and other institutions in the implementation of the food and Nutrition Policy.

**Ministry responsible for Agriculture, Livestock Development and Cooperatives**

88. The Ministry responsible for Agriculture, Livestock Development and Cooperatives has a very important role to play in ensuring that there is sufficient food for all people at all times. Thus the role of this Ministry in the achievement of Food and Nutrition Policy in Tanzania is as follows:-

- i. To encourage people to produce various food crops in the country with the aim of enabling everyone to get food that is both adequate and meets the nutritional requirements at all times.
- ii. To ensure that irrigation farming aimed at the production of various food crops is enhanced and sustained in the country.

- iii. To effectively supervise the implementation of the various rules and regulations pertaining to proper land conservation and use to facilitate sustained production of various food crops.
- iv. To cooperate with Ministries responsible for Industries, Commerce, Transport, Science and Technology and financial institutions to ensure that peasants and farmers acquire adequate and appropriate farming implements and inputs promptly at affordable prices or with soft loans to enable them to increase the production of food crops in the country.
- v. To ensure that food crop producers get good prices for their crops so that they will have the incentive to produce more and better food. This will also prevent across the border trade in food crops which has a negative impact for the country.
- vi. To ensure that food supply matches population increase in the country.
- vii. To disseminate appropriate technology for harvesting, processing, preservation and transportation of food crops in villages.
- viii. To fully educate people on good crop harvesting and preservation principles for various food crops and to ensure that those principles are being observed.
- ix. To control wild animals which destroy plants and food crops and to ensure that enough insecticides and pesticides are available and distributed promptly.
- x. To enhance and sustain training and research programmes on various food crops in the country.

- xl. To control the use of fertilizers and insecticides in farms to avoid adverse effects on people's health and on food crop quality.
- xli. To encourage and supervise the construction of granaries in regions and districts with extra food for strategic use.
- xlii. To enhance strategies and methods for controlling the spread of food crop diseases found within and outside the country.
- xliii. To encourage and supervise the implementation of all Party directives especially "Siasa ni Kilimo" (Politics is Agriculture), CCM Guideline of 1981, and the CCM Programme of 1987 to 2002 on crop farming in the country.

#### **Ministry responsible for Natural Resources and Environment**

89. For the implementation of the Food and Nutrition Policy in Tanzania, the Ministry responsible for Natural Resources and Environment has the following roles to play:-

- i. To stress environmental conservation and proper use of the available natural resources for the purpose of raising the standard of human health and nutrition of the population.
- ii. To cooperate with the Ministry responsible for Agriculture and Livestock Development to control wild life which destroys food crops.
- iii. To enhance training and research programmes on natural resources and the environment for the purpose of improving peoples health and nutrition.

## **Ministry responsible for Education and Culture**

**90. The roles of the Ministry responsible for Education and Culture in making the Food and Nutrition Policy in Tanzania a success are as follows:-**

- i. To ensure that health and nutrition education is effectively provided at all levels of education.**
- ii. To enhance and supervise the Health and Nutrition training programme in primary schools.**
- iii. To ensure that the production of various food crops in primary and secondary schools and colleges is enhanced to enable those institutions to be self-sufficient in food needed to meet their nutritional requirements.**
- iv. To emphasize the teaching of better methods of production, harvesting, processing and preservation of food crops in Agriculture and Domestic Science subjects taught at various levels of education.**
- v. To offer, in its institutes, knowledge that will enable the recipients to identify customs and traditions which affect the health and nutrition and adopt those that promote better health and nutrition in this country.**



**Ministry responsible for Community Development, Women Affairs and Children**

**91. Responsibilities of the Ministry responsible for Community Development, Women Affairs and Children are as follows:-**

- i. To formulate strategies and methods for involving the public in various social development fields such as environmental sanitation, building of decent houses, water, health and nutrition.**
- ii. To encourage care for special groups in the country.**
- iii. To formulate and undertake projects aimed at improving the condition of food and nutrition in the country.**
- iv. To train executives, Party and Government leaders and leaders of various institutions on public mobilization and involvement in the initiation and development of various social services which improve health and nutrition in the country.**
- v. To enhance and sustain health and nutrition education in its colleges.**
- vi. To mobilize the public and encourage the acquisition and use of better and appropriate technology in order to reduce women's workload thus allowing them sufficient time to rest and look after themselves, their children and families much better.**

- vii. To ensure that all rules and regulations in the Policy of National Guidance of Children and Youth in Tanzania on the establishment and management of child care centres are implemented accordingly to improve Child Care, Health and Nutrition in the country.

**Ministry responsible for Labour, Social Welfare and Youth Development**

92. The Ministry responsible for Manpower in collaboration with Ministries concerned with Social Development, Women, Labour and other institutions concerned with workers' interests is responsible for considering and extending maternity leave and other fringe benefits for employed lactating women to allow them sufficient resting period and time to look after their children as required.

**Ministry responsible for Water, Energy and Minerals**

93. Roles of the Ministry responsible for Water and Energy are as follows:-

- i. To enhance the programme for supplying clean and safe water to all people.
- ii. To encourage proper care for water sources in the country.
- iii. To formulate and disseminate better and cheaper energy in both rural and urban areas to relieve women of the heavy workload.

- iv. To iodate salt meant for human and animal consumption on a permanent basis.

### **Ministry responsible for Information and Broadcasting**

94. The Ministry responsible for Information and Broadcasting has the role of mobilizing and educating the public on the importance of better food and nutrition.

### **Ministry responsible for Industry and Commerce**

95. In order to make this Policy a success the Ministry responsible for Industry and Commerce will play the following roles:-

- i. To enhance food crops processing industries which are already in existence in the country.
- ii. To establish food crops processing industries in collaboration with Ministries responsible for Agriculture, Livestock, Natural Resources and Local Government in areas where such crops are produced in abundance to avoid destruction or loss of nutritional quality.
- iii. To effectively control the standards and quality of food produced in the country and that imported from outside the country.

- iv. To persuade potential investors to establish food crop processing industries in the country in collaboration with Ministries responsible for Agriculture, Livestock, Higher Education, Science, Technology, Natural Resources and Local Government.

**Ministry responsible for Regional Administration and Local Government**

96. In order to effect the Food and Nutrition Policy in Tanzania the Ministry responsible for Regional Administration and Local Government has the following duties:-

- i. To encourage village Governments to fully involve people in the programmes for improving essential services particularly health, education, water and environmental sanitation in their areas.
- ii. To encourage village governments to construct and supervise various small food crop processing industries in areas where relevant crops are produced in abundance.
- iii. To mobilize people to establish and enhance cooperative societies for building decent houses in both urban and rural areas.
- iv. To ensure that food is sold in a clean environment.
- v. To encourage village governments to fully supervise health and nutrition activities in primary schools.

- vi. To motivate and encourage village governments to develop effective strategies for achieving household food security.
- vii. To supervise the distribution of food crops in regions, districts and villages.

**Ministry responsible for Works and Communication**

97. To make the Food and Nutrition Policy in Tanzania a success, the Ministry responsible for Works has the duty to construct and maintain all major roads in the country in order to simplify distribution of food crop.

**Ministry responsible for Transport**

98. To effect this Policy, the Ministry responsible for Transport has a duty to plan a better Transport system so that an effective market system for food crops is established.

**Commission responsible for Planning**

99. The duties of the Commission responsible for Planning are as follows:-

- i. To incorporate food and nutrition issues in the National Development Plans.

- ii. To collect and store all important statistics concerning food and nutrition in the country and eventually use them in National Plans.
- ~~iii. To solicit funds for the implementation of the Food and Nutrition Policy in Tanzania and to fully monitor its implementation.~~

#### **The Prime Minister's Office**

100. The Prime Minister's Office has a duty of supervising and ensuring that concerned Ministries are effectively implementing their duties identified and categorized in this Policy accordingly.

#### **B. Roles of the Ruling Party (Chama cha Mapinduzi)**

101. To supervise the implementation of this Policy, the Ruling Party (Chama Cha Mapinduzi) and its Mass Organizations at all levels, has the following duties:-

- i. To enhance efforts to direct the government to increase the quality of essential services to the public such as education, health, water and environmental sanitation housing and clothing in order to raise the standard of living for all Tanzanians.
- ii. To mobilize people wherever they are for their full participation in the accomplishment and enhancement of the provision of essential services to public.

- iii. To mobilize and educate people so that they become aware of the importance of providing care to special groups such as pregnant and lactating women, children, the elderly the sick people and the disabled.
- iv. To educate the people to become aware of the importance of health and nutrition education and the adverse effects of bad traditions and customs on health and nutrition.
- v. To mobilize and educate people on the importance of enhancing, adopting as well as preserving good traditions and customs which sustain better health and nutrition.
- vi. To seriously monitor the implementation of "Siasa ni Kilimo" (Politics is Agriculture), CCM Guideline of 1981, CCM Programme 1987 - 2002, and the Party's Directives on the Socio-Economic Development to ensure that the issue of the production of various food crops is given the attention it deserves in accordance with the requirements for better nutrition.

### **C. Conclusion**

102. The implementation of the Food and Nutrition Policy shall be simplified through the preparation of a plan of action which will involve various sectors. In order to make that plan of action successful it is important for each sector involved to incorporate those relevant aspects as classified in the policy in their development plans.

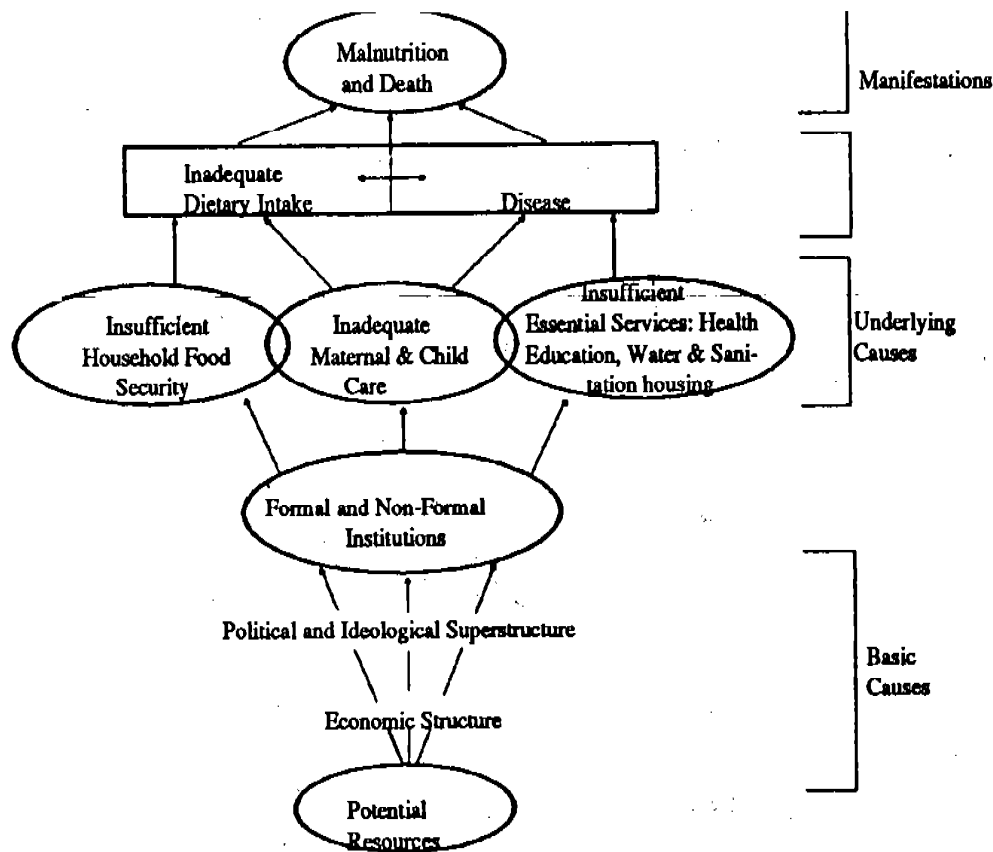
103. All sectors concerned with the supervision and implementation of this policy will be required to prepare relevant plans of action which will go hand in hand with the implementation of this Policy. Furthermore, the implementation of this Policy will be mainly assisted by the implementation of other various plans, programmes and policies for Social, Political, Economic, Education, Agriculture, Health, and Social Welfare Development such as:-

- i. Socialism and Self - reliance.
- ii. Education for Self - reliance.
- iii. Enhancement of Primary, Technical, Secondary and Adult Education.
- iv. Agriculture, Livestock, Fishery, Environment, Science and Technology Policies.
- v. Water and Energy Policy.
- vi. Health Policy.
- vii. The Policy of National Guidance of Children and Youth in Tanzania.
- viii. National Population Policy and the Programme for its implementation.
- ix. The CCM Programme 1987 - 2002.

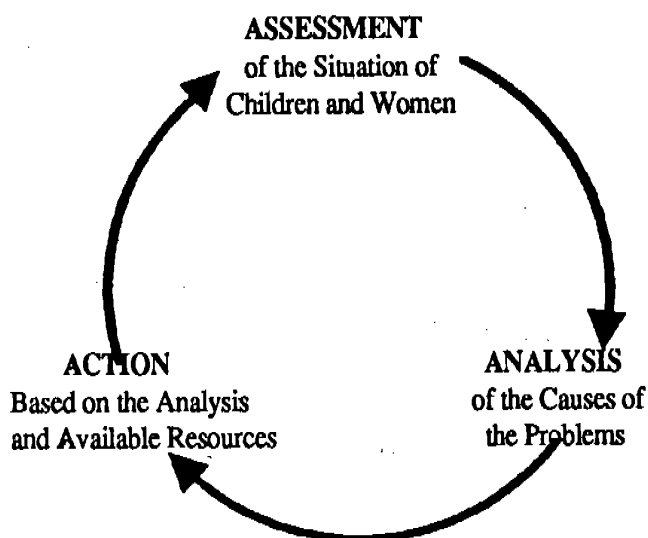


104. The major implementors of the Food and Nutrition Policy are the people of the United Republic of Tanzania. They should cooperate fully with their Government by observing and ~~translating into practice various directives from its organs on~~ better production, preservation, distribution and consumption of food for their own benefit and the benefit of the nation as a whole.

105. The Party and the Government at all levels shall ensure that everybody concerned with the implementation of this Policy shall fulfill their obligations as required in this Policy.



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