Tanzania National Nutrition Survey 2014

HIGH LEVEL STEERING COMMITTEE ON NUTRITION
2nd OF MARCH 2015
Outline

1. Introduction & Rational for a National Nutrition Survey
2. Objectives
3. Methodology
4. Results
5. Conclusion & Recommendations
Introduction
Why a Specific National Nutrition Survey in 2014?

- Need to report on MDGs and MKUKUTA II progress in 2015
- Need to have more frequent data between 2 TDHS
- Following the revision of National Food and Nutrition Policy, need to prepare a National Nutrition Program to reach 2025 WHA targets
Objectives
Main Objective of the Survey

To **assess nutritional status** of children aged 0-59 months and of women aged 15-49 years, **coverage level** of infant and young child feeding practices, **micronutrients interventions** and **handwashing practices** in Tanzania (Mainland and Zanzibar)
Methodology
SMART methodology – the process

- Rigorous standardisation of field procedures
- Data quality checks
- Standardised automated data analysis

Consistent and reliable survey data is collected and analysed.
## DHS vs SMART - Same Methodology?

<table>
<thead>
<tr>
<th>Survey Design</th>
<th>TDHS 2010</th>
<th>Tanzania NNS SMART 2014</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>✓ Cross-sectional Household Survey</td>
<td>✓ Cross-sectional Household Survey</td>
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<tr>
<td>Sampling Design</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ <strong>Representativity: Zonal (8 zones)</strong></td>
<td>✓ <strong>Representativity: Regional (30 regions)</strong></td>
</tr>
<tr>
<td></td>
<td>✓ Two Stage Cluster Sampling</td>
<td>✓ Two Stage Cluster Sampling</td>
</tr>
<tr>
<td></td>
<td>✓ Cluster Selection → EA from census selected with PPS Method</td>
<td>✓ Cluster Selection → EA from census selected with PPS Method</td>
</tr>
<tr>
<td></td>
<td>✓ HH Selection → Systematic Random Sampling</td>
<td>✓ HH Selection → Systematic Random Sampling</td>
</tr>
<tr>
<td>Sample Size</td>
<td>✓ <strong>475 Clusters</strong></td>
<td>✓ <strong>991 Clusters</strong></td>
</tr>
<tr>
<td></td>
<td>✓ <strong>7491 Children 0-59 months</strong></td>
<td>✓ <strong>16 984 Children 0-59 months</strong></td>
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</table>
## DHS vs SMART - Same Methodology?....

<table>
<thead>
<tr>
<th></th>
<th>TDHS 2010</th>
<th>Tanzania NNS SMART 2014</th>
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<tbody>
<tr>
<td><strong>Training</strong></td>
<td>✓ Survey Training</td>
<td>✓ Survey Training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ <strong>Standardization Test</strong></td>
</tr>
<tr>
<td><strong>Data Collection</strong></td>
<td>✓ <strong>Approximately 5 months</strong></td>
<td>✓ <strong>Less than 2 months</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ <strong>Data entry during fieldwork</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ <strong>Intensive Supervision &amp; Data Quality Review</strong></td>
</tr>
<tr>
<td><strong>Analysis and Reporting</strong></td>
<td>✓ Standardized and comprehensive format</td>
<td>✓ Standardized and comprehensive format</td>
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<tr>
<td></td>
<td>✓ <strong>Preliminary Results 2 months after data collection</strong></td>
<td>✓ <strong>Exclusion of SMART flags</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ <strong>Double Data Entry</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ <strong>Data Quality Review</strong></td>
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<tr>
<td></td>
<td></td>
<td>✓ <strong>Plausibility Check Report</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ <strong>Final Report completed in less than 2 months after data collection</strong></td>
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</table>
Results
Prevalence of Underweight was reduced by 19% since 2010 and 46% since 1992. Tanzania is on track to reach the target indicator 1.8 of MDG1.
Stunting prevalence was reduced by 18% since 2010 and by 30% since 1992.
Status of Stunting in Tanzania according to SMART Survey 2014

Legend:
- Low: Under 20%
- Medium: 20% to 29%
- High: 30% to 39%
- Very high: 40+

Map showing the status of stunting in each region of Tanzania.
+2,700,000 stunted children
58% of stunted children live in 10 regions
### Comparison of Acute Malnutrition in Tanzania (National, Mainland and Zanzibar) - TDHS 2010 versus NNS SMART 2014

<table>
<thead>
<tr>
<th></th>
<th>National</th>
<th>Mainland</th>
<th>Zanzibar</th>
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<tbody>
<tr>
<td>2010 TDHS</td>
<td>3.6</td>
<td>3.5</td>
<td>4.5</td>
</tr>
<tr>
<td>2014 NNS SMART</td>
<td>1.2</td>
<td>1.1</td>
<td>0.9</td>
</tr>
<tr>
<td>2010 TDHS</td>
<td>4.8</td>
<td>2.9</td>
<td>4.5</td>
</tr>
<tr>
<td>2014 NNS SMART</td>
<td>3.8</td>
<td>2.8</td>
<td>12.0</td>
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Children 0-59 months of age, assessed by WHO 2006 Growth Standards

+105,000 SAM children
+340,000 MAM children
There are improvements of all forms of malnutrition among children under five years in Tanzania.
Trends in vitamin A supplementation among children (6-59 months)

Coverage of Vitamin A Supplementation increased in Mainland but not in Zanzibar
Exclusive Breastfeeding among infant 0-5 months in Tanzania - TDHS 2010 versus NNS SMART 2014

<table>
<thead>
<tr>
<th></th>
<th>2010 TDHS</th>
<th>2014 NNS SMART</th>
<th>2010 TDHS</th>
<th>2014 NNS SMART</th>
<th>2010 TDHS</th>
<th>2014 NNS SMART</th>
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<tbody>
<tr>
<td>National</td>
<td>49.8</td>
<td>41.1</td>
<td>41.8</td>
<td>19.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mainland</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Zanzibar</td>
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</table>
Quality of Complementary Food for Children 6-23 months has not improved in Tanzania.
Chronic Energy Deficiency among women (15 – 49 years) - Thinness

Chronic Energy Deficiency among women has improved in Mainland and Zanzibar
Obesity among women (15 – 49 years)

Obesity among women has increased in Mainland and Zanzibar.
Iron Folic Acid Supplementation among women 15-49 years during pregnancy in Tanzania
TDHS 2010 versus NNS SMART 2014

Coverage of Iron and Folic Acid Supplementation during pregnancy has improved, but the level is still very low
Use of Iodized Salt at Household level has decreased in Mainland despite provision of potassium iodate to TASPA
Conclusion & Recommendations
Conclusion and Recommendations

• The National Nutrition Survey showed a marked improvement in the prevalence of all forms of malnutrition among children under five years in Tanzania.

• The increased Political commitment translated into increased allocation of human and financial resources and improved coordination mechanisms for nutrition since 2011 are among the reasons that contributed to this success.

Underweight
The prevalence of underweight among children under five was reduced by 46 per cent between 1991 and 2014.

Tanzania is on track to reach the 50% target by 2015 for indicator 1.8 of MDG1.
Conclusion and Recommendations

• Stunting

✓ Stunting prevalence was reduced by 18% since 2010 and by 30% since 1992.

✓ Stunting prevalence was reduced from “very high” level to “high” level.

✓ However, more than 2,700,000 children U5 are stunted in Tanzania

✓ More than 58% of stunted children live in 10 regions: Kagera, Kigoma, Mbeya, Mwanza, Dodoma, Morogoro, Geita, Dar-Es-Salaam, Tabora and Ruvuma.

⇒ Nutrition Interventions should be prioritized in the regions with the higher number of stunted children and the higher prevalence of chronic malnutrition.
Conclusion and Recommendations

Plan to reduce stunting should focus on interventions with the highest likelihood of impact:

- Target children U2 and pregnant women
- Promotion of appropriate IYCF practices
- Promotion of multiple micronutrient supplementation/balanced energy-protein supplementation in pregnancy

To strengthen nutrition-sensitive interventions: policies and programming in agriculture and food security; social safety nets; early child development; women’s empowerment; child protection; girls schooling; water, sanitation, and hygiene; HIV/AIDS, health and family planning services.
Conclusion and Recommendations

• **Wasting**

- Prevalence of acute malnutrition in Tanzania is very low (less than 5%), but the caseload of moderate and severe acute malnutrition is high.
- Approximately 340,000 children will suffer from Moderate acute malnutrition in Tanzania for 2015.
- More than 105,000 children will suffer from Severe Acute Malnutrition in Tanzania for 2015. Severe acute malnutrition is associate with high risk of dying if not treated.

- Scale-up treatment of severe acute malnutrition through health facilities and community management of acute malnutrition.
Conclusion and Recommendations

• Infant and Young Child Feeding (IYCF) practices

✓ Indicators of IYCF Practices has not improved between 2010 and 2014 and this is relation with low coverage

⇒ Scale-up promotion of infant and young child feeding practices using SBCC approach with a focus on interpersonal communication at community level
Conclusion and Recommendations

• Vitamin A supplementation and Deworming

⇒ Strengthen integrated Child Health Days

✓ Improved planning at District level
✓ Strengthening distribution channels of Vit. A and deworming supplies and M&E of Child Health Days
✓ Increased social mobilization before and during Child Health Days
✓ Increased community involvement during Child Health Days
Conclusion and Recommendations

• Salt Iodization

✔ Strengthen actions towards universal iodization of salt in all regions, especially in the 9 regions with a percentage of iodized salt at HH level below 40% (Lindi, Mtwara, Ruvuma, Singida, Tabora, Rukwa, Shinyanga, Simiyu and Geita)

✔ Strengthen the capacities of small producers to produce adequately iodized salt (quality control & enforcement system)

✔ Raise awareness on the importance of adequately iodized salt among both producers and consumers

✔ Distribute free potassium iodate to small scale producers
Conclusion and Recommendations

• Iron supplementation
  ⇒ Develop a plan to fight anemia among women at reproductive age & children U5

• Overweight and Obesity
  ⇒ Develop a plan to fight against overweight and obesity

• For TDHS 2015, it is planned that TFNC will support Training of enumerators on anthropometric measurements including standardization test
  ⇒ Identify the best supervisors of the SMART survey to be involve as trainers on anthropometry

• Follow-up NNS in September-November 2016
  ⇒ Monitor effects of present and future interventions on trends of malnutrition
Acknowledgements

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• **SMART Survey Technical Committee**
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Asante Sana