

## SCN Working Group on Micronutrients: Information Sharing Template for 2006 and Earlier Activities

**Table 1: Demographic Information**

Reporting Individual	Bertha Mlay
Institution/Organization	UNICEF Dar Es Salaam - TANZANIA
Contact address (Email)	bmlay@unicef.org
Position	Project Officer - Nutrition
Department/Section	Nutrition Section / ECD
Major focus of activities	Research, Policy/Advocacy, Programming/Interventions
Summary of activities	Major activities supported by UNICEF include policy and advocacy, programming, research and implementation of the interventions mainly in the area of Control of Iodine Deficiency disorders through salt iodation, Vitamin A supplementation (Twice yearly Vitamin A supplementation integrated with other health services e. g de-worming, growth monitoring and promotion, immunizations and ITN distribution. Advocacy done to influence policy e.g. establishment of salt regulation.

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**Table 2: Measurement, assessment, monitoring and reporting micronutrient deficiencies**

Geographic area(s) covered by this table	Country -National programs – (TANZANIA)														
Project Name	1) Control of Iodine Deficiency Program 2) Vitamin A Supplementation Program.														
Supporting Agencies	(i) Control of Iodine deficiency program – UNICEF and USAID (ii) Vitamin A Supplementation – UNICEF, CIDA, MI, USAID/HKI														
Approximate # of beneficiaries	i) IDD (Iodated salt) - About 35 million People ii) VAS – 6 million under five children and 1.5 million Post natal mothers.														
	Micronutrients														
	Iodine	Iron	Folate	Zinc	Calcium	Vit A	Vit B-12	Vit C	Vit D	Vit B-1	Vit B-2	Vit B-3	Vit B-6	Vit K	Vit E
<b>Activities</b>															
<b>Prevalence Assessment</b>	X					X									
<p><b>Control of IDD:</b> House hold using iodated salt: 83.8% and iodine urinary 203.6 ug/L (TFNC National survey, 2004). DHS 2004/05 indicates that; households using iodated salt &lt; 15 ppm = 29.8% and those using salt with ppm 15+ = 43.4% that is 74% households were found using salt which have at least some iodine. Assessment needed to verify the data due to conflicting methodology.</p> <p><b>Vitamin A Deficiency:</b> Existing data shows that Vitamin A deficiency for under five children is 24% and 69% for lactating mother (UNICEF /TFNC1997). Assessment planned for 2007 to establish current status as changes are expected since initiation of twice yearly vitamin A supplementation in 2001.</p>															
<b>Training/Capacity Building</b>	X					X									
<p><b>IDD:</b></p> <ul style="list-style-type: none"> <li>- Total of 3,700 small scale salt producers in Tanzania Mainland and 250 in Zanzibar trained on the importance of iodine, magnitude of IDD problems in Tanzania, causes of iodine deficiency, effects of iodine deficiency and control measures, appropriate salt iodation procedures, salt testing, proper packaging, storage and Tanzania salt regulation.</li> <li>- Sensitization conducted to 359 district leaders in the 23 salt producing districts</li> <li>- Training of 525 salt inspectors (Health officers/ Mining Officers) done</li> <li>- Total of 274 trainers of small scale salt producers trained from 23 districts</li> <li>- School children trained on salt monitoring</li> </ul> <p><b>Best practice:</b> targeting small scale salt producers to accelerate salt iodation</p> <p><b>Vitamin A Supplementation</b></p>															

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Zonal, Regional District Reproductive and Child Health coordinators including cold chain coordinators, council health management teams and all implementers up to community level in all 199 districts trained on the importance of vitamin A supplementation, administration procedures, target groups, doses, monitoring and recording, calculating the coverage. Please note the training cover other component which are integrated

De-worming.

- Community sensitization done but still there is a knowledge gap on Vitamin A.

**Best practice:** Use of integrated package, linking VAS with child health days and advocating for inclusion of vitamin A in the comprehensive councils health plans inline with SWAPS.

<b>Monitoring and Evaluation</b>	X					X									
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### **IDD- Salt Iodation**

- Regular salt monitoring is done at factory level, borders, whole sales, retail shops by health officers, whereas periodic monitoring done by people from national level – TFNC, Ministry of Energy and Minerals, Tanzania Food and Drug Authority (TFDA) and Tanzania Bureau of Standards (TBS)
- Periodic Evaluations done through National IDD Surveys as well Demographic Health Surveys.

### **Vitamin A Supplementation**

- Regular monitoring done during delivery of two doses June and December by Zonal, Regional and district coordinators. National facilitators monitor the low performing districts.-

National Coverage for each round is above 90% since 2001. National coverage for June 2006 is **92 %**

- Verification of coverage done in 2004 by HKI showed that the coverage was 85%.
- Verification of coverage not done on regular basis due to high cost encored
- Cost- effective analysis shows that twice yearly vitamin A supplementation through child days is cost –effective; US\$ 0.22 per child when programmable cost are considered (UNICEF supported national consultant).

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**Table 3: Food Fortification**

Geographic area(s) covered by this table	Country- National Program (TANZANIA)														
Project Name	Salt Iodation Program														
Supporting Agencies	UNICEF and USAID														
Approximate # of subjects or beneficiaries for each project described	Approximately 35 million people														
	<b>Micronutrients</b>														
	<b>Iodine</b>	<b>Iron</b>	<b>Folate</b>	<b>Zinc</b>	<b>Calcium</b>	<b>Vit A</b>	<b>Vit B-12</b>	<b>Vit C</b>	<b>Vit D</b>	<b>Vit B-1</b>	<b>Vit B-2</b>	<b>Vit B-3</b>	<b>Vit B-6</b>	<b>Vit K</b>	<b>Vit E</b>
<b><u>Commodities</u></b>															
<b>Salt</b>	X														
<b><u>Activities</u></b>															
<b><i>Policy and Advocacy</i></b>	X														
<ul style="list-style-type: none"> <li>- Supported establishment of salt regulation for Tanzania mainland which is currently under review.</li> <li>- Efforts are ongoing to support Zanzibar to establish salt regulation following the initiation of salt iodation program. Regulation for mainland does not cover Zanzibar due to different administrative structures.</li> </ul>															
<b><i>Provision of Fortification Equipment</i></b>	X														
<b>Supplies provided</b> <ul style="list-style-type: none"> <li>- Salt iodation Plant and Drier for central salt processing - Zanzibar.</li> <li>- Small scale salt producers provided with 650 knapsack sprayers (20Litres) and 4,350 hand sprayers (1 litre) in Tanzania mainland as a short term strategy while efforts are being made to mobilize the small scale salt producers to sell their salt to the large factories for centrally processing. Positive results have been observed in Tanga region.</li> </ul> <p>-The medium and large salt producers were previously supported with 72 salt iodations plants which most of them found not in use due to lack of spare parts and labor cost encored to transfer salt to the iodation plants. Majority are using knapsack sprayers.</p>															
<b><i>Provision of Fortification Supplies</i></b>	X														
<ul style="list-style-type: none"> <li>- 5,000 kgs of potassium iodate provided to Tanzania salt producers Association (TASPA) in 2006 which has established a revolving fund mechanism.</li> <li>- During training, the small scale salt producers were supported with potassium iodate as a crush program.</li> </ul>															
<b><i>Fortification Monitoring and Evaluation</i></b>	X														
<ul style="list-style-type: none"> <li>- 78 cartons of test kits were procured and distributed in 2006</li> <li>- Tanzania Food and drug authority (TFDA) supported to conduct regular monitoring. This is also included in the government budget.</li> <li>- Supported establishment of 4 Sentinel laboratories in 2006 to facilitate salt monitoring and quality assurance.</li> </ul>															

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<b>Fortification project size</b>														
<b>National/Regional Program</b>	X													

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**Table 4: Vitamin and Mineral Supplementation**

Geographic area(s) covered by this table	Country – National Program (TANZANIA)														
Project Name	Vitamin A Supplementation Program														
Supporting Agencies	UNICEF, CIDA, MI, USAID/HKI														
Approximate # of subjects or beneficiaries for each project described	Approx. 6 million underfive children and 1.5 million postnatal mothers														
	<b>Micronutrients</b>														
	Iodine	Iron	Folate	Zinc	Calcium	Vit A	Vit B-12	Vit C	Vit D	Vit B-1	Vit B-2	Vit B-3	Vit B-6	Vit K	Vit E
<b>Activities</b>															
<b>Prevention Program</b>						X									
Two doses Vitamin A supplementation is given to children 6- 59 months since 2001.															
<b>Treatment Orientation</b>						X									
Disease targeted approach is being used for children presenting with diseases like diarrhea, measles, Pneumonia and severe malnutrition.															
<b>Supplementation project size</b>															
<b>National/Regional Program</b>						X									
<b>Equipment/Supplies</b>						X									
Vitamin A capsules donated by CIDA/MI. Other supplies e .g scissors procured locally															
<b>Supplement's Primary Distribution</b>															
<b>Through Public Channels</b>						X									
Vitamin A capsules are distributed through government health facilities as well as community posts during child health days and outreach services.															
<b>Through Private Channels</b>						X									
Vitamin A capsules are distributed through Medical Supplies department (MSD) which operates as a private sector. Efforts are being made to supply private hospitals with vitamin A capsules															
<b>Supplementation Targeted Groups</b>															

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<b>Children 6-24 months of age</b>						X													
Children 6 – 24 months are supplemented with 2 doses Vitamin A yearly. Also covered under routine supplementation.																			
<b>Children 2 – 5 yrs of age</b>						X													
Twice yearly Vitamin A supplementation continue up to 5 years.																			

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**Table 6: Other Public Health Intervention Links**

Geographic area(s) covered by this table	Country - National Programs – (TANZANIA)																		
Project Name	i) Control of Iodine Deficiency ii) Vitamin A supplementation																		
	<b>Micronutrients</b>																		
	Iodine	Iron	Folate	Zinc	Calcium	Vit A	Vit B-12	Vit C	Vit D	Vit B-1	Vit B-2	Vit B-3	Vit B-6	Vit K	Vit E				
<b>Activities</b>																			
<b>Hookworm Control</b>						X													
Twice Yearly Vitamin A supplementation is integrated with de-worming to under five children. National coverage is above 90% for both.																			
<b>Malaria Prevention and Control</b>						X													
Twice yearly vitamin A supplementation is integrated with ITN distribution in some of the regions, e. g in 2005, Lindi and Mtwara regions integrated Vitamin A supplementation, de-worming and ITN distribution all with high coverage of above 90%																			
<b>Polio/Immunizations</b>						X													
<ul style="list-style-type: none"> <li>- Vitamin A supplementation is linked with routine immunizations as well as measles campaigns. In 2005, Vitamin A supplementation and de-worming was integrated with measles campaign during the first round, with high coverage of 98%.</li> <li>- The twice yearly Vitamin A supplementation is currently included in the under five children growth monitoring cards up to the age of 5 years when compared to the previous one which included only three doses at 9, 15 and 21 months.</li> </ul>																			
<b>Integrated Mgmt of Childhood Illness</b>	X					X													
<ul style="list-style-type: none"> <li>- <b>Vitamin A supplementation:</b> is adopted in IMCI strategy, care and treatment package as well as community IMCI package.</li> <li>- <b>Iodated salt:</b> Use of iodated salt is integrated in the IMCI package under Infant and Young Child Feeding as well as Maternal Nutrition by adoption of <b>Essential Nutrition Actions (ENA)</b> package.</li> </ul>																			
<b>Community/Rural Development</b>						X													
Twice yearly vitamin A supplementation: is linked with Rural development during child days which involve all key sectors like Community Development, Agriculture, Education and leaders from different levels e. g national, region, district, wards and village with strong community																			

participation. Issues beyond Vitamin A supplementation are reported and addressed.													
<b>Agricultural Extension</b>						X							
Supported production and consumption of foods rich in vitamin A through establishment of home and school gardens (in previous years).													
<b>Baby Friendly Hospital Initiative</b>						X							
<b>Vitamin A:</b> is linked with Baby friendly hospital initiative by promoting optimal breast feeding as a good source of vitamin A.													
<b>Safe Motherhood</b>	X					X							
<b>Vitamin A Supplementation:</b> is linked with safe motherhood through supplementation of postnatal mothers, promotion of breast feeding and health education taking place during antenatal and postnatal visits.													
<b>Use of Iodated salt:</b> Efforts are on going trying to promote salt testing during antenatal and postnatal visits.													
<b>Emergency Situations</b>	X												
<b>Twice yearly Vitamin A supplementation:</b> to under five children is implemented in the local community as well as in the in the refugee camps. This is also integrated with de-worming.													