

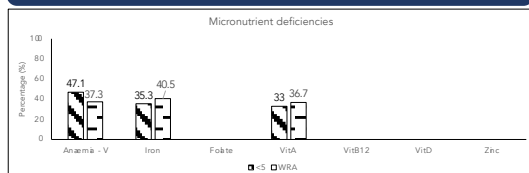
Tanzania Large-Scale Food Fortification (LSFF) Data Landscape

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Data on Selection of Nutrients



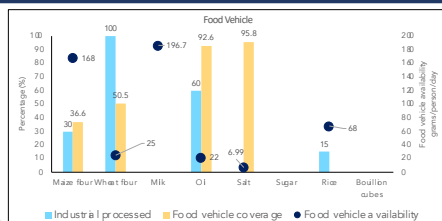
Source: Tanzania Demographic and Health Survey and Malaria Indicator Survey 2011 and 2022. Frequency: Planned every 5 years; Anemia < 5, % estimated using hemoglobin measured in venous blood.

Nutrient	Apparent Intake
Iron (mg/day)	15.8
Folate (µg/day)	No data
Vit A (µg/day)	322.0
Vit B12 (µg/day)	12.5
Vit D (mg/day)	No data
Zinc (mg/day)	11.1

- Anemia, iron, and vitamin A deficiency prevalent in children under 5 (U5) and women of reproductive age (WRA).
- Data needed on school age children.
- Iodine status (not shown) adequate (>100 µg/L) in WRA (196.3 µg/L) [Tanzania DHS 2022].
- Data consistency (changes in results across time in surveys) needs to be addressed.

Source: Tanzania Household Consumption and Expenditure Survey (HCES) [2018]. Potential overestimation of intake from HCES data; Individual dietary intake estimates needed for confirmation.

Data on Food Vehicles



Source: Industrial processed-Key informant interview data captured in GFDx biannual survey (2018-2021); Food vehicle coverage - National Fortification Assessment Coverage Toolkit (FACT) Survey in Tanzania, 2015; Food vehicle availability - FAO Supply Utilisation Accounts (2019-2022); Milk - Ministry of Livestock and Fisheries, Bulamba Speech (2018-2022).

Nutrient	Fe	Zn	Vit A	Vit D	B1	B2	B3	B6	Folate	B12	Iodine	Std. Yr
Food vehicle												
Maize flour	✓✓	✓X	●	●	●	●	●	●	✓X	✓X	●	2019
Wheat flour	✓✓	✓X	●	●	●	●	●	●	✓X	✓X	●	2024*
Milk	●	●	○	○	●	●	●	●	●	●	●	2019
Oil	●	●	✓✓	●	●	●	●	●	●	●	●	2021
Salt	●	●	●	●	●	●	●	●	●	●	✓✓	2021
Sugar	●	●	●	●	●	●	●	●	●	●	●	
Rice	●	●	●	●	●	●	●	●	●	●	●	
Bouillon cubes	●	●	●	●	●	●	●	●	●	●	●	
Mandatory Fortification	Voluntary	No										
Fortification fortification												

✓✓ - Added to address known deficiency
✓X - Added but unknown deficiency status
○ - Can potentially be added to the vehicle
● - No data / Not applicable

Source: Micronutrient status data; Legislation status; DInA key informant interview data
*Updated: Government of Tanzania. Standards (Food Fortification) Regulations, 2024

- A good rationale is needed for adding nutrients when deficiency status is unknown.
- Industry data on production are infrequently shared.

Disclaimer

This country profile may not capture the full scope of the country's large-scale food fortification data value chain and reflects information gathered through key informant interviews and publicly available data as part of meeting preparations.

Opportunities for Data-Driven Decision-Making



Data sharing

- Develop a data sharing agreement between all stakeholders under the umbrella of the National Food Fortification Alliance; allow sharing across agencies.
- Aggregate local-level data shared in regional meetings at the national level.
- Incentivize industry to share their data (e.g., anonymous sharing, tax incentives tied to compliance) and highlight case studies where data sharing by industry has led to a boost in business due to increased visibility of brand.



Monitoring

- Build on the success of the pilot study on use of village health officers for collecting and sharing monitoring results using the National Sanitation Management Information System.
- Need for a real time data system that can track information flows from health officers and regulatory agencies to the Ministry of Health.



Prioritization

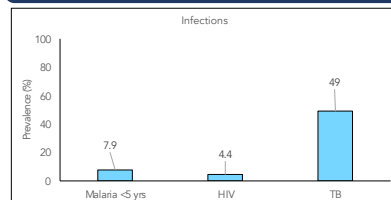
- Prioritize frequent reporting on food fortification indicators in the President's Nutrition Compact; commitment by the government to combat malnutrition through agreements with regional authorities.
- Implement the food fortification guidelines (to be released end of 2025) and harmonize the following across each regulatory agency:
 - Roles and responsibilities as per their mandate.
 - List of indicators.
 - Frequency of enforcement at village/ward (monthly), district (quarterly), and national (annual).



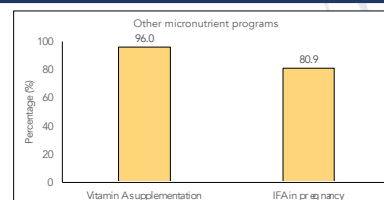
Collaboration

- Partner with the Research and Academia Network to fill the gaps in monitoring and impact data (at retail and household level) and identify solutions to challenges in program implementation and compliance.

Data on LSFF-Related Health Conditions & Programs



Source: Malaria - Tanzania Demographic and Health Survey and Malaria Indicator Survey (2022); HIV - UNAIDS Sentinel surveillance (2023); TB - National TB prevalence survey (2023); Vitamin A supplementation for children US- UNICEF Data Warehouse (2023); Iron-folic acid (IFA) supplementation - Tanzania Demographic and Health Survey and Malaria Indicator Survey (2022).

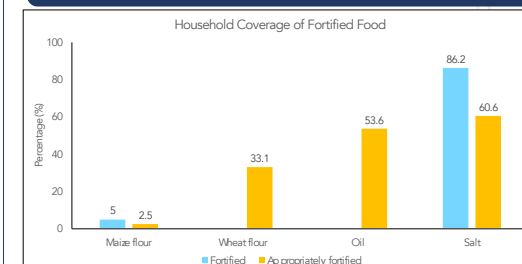


- Uncertainty around interpreting and integrating other micronutrient intervention data.

Compliance to Fortification Standards

- Program monitoring data collected by health officers at retail and household level are utilized locally but not pooled nationally.
- Data on production level compliance available with Tanzania Bureau of Standards but not easily interpretable due to how the data are stored.
- No shared data system available to record results for the food fortification program.
- The Tanzania Bureau of Standards faces geographical challenges in accessing manufacturing maize flour facilities.

Data on Coverage of Fortified Food



Source: Fortified - Tanzania nationwide mills census report (2022) & Tanzania National Nutrition Survey (2018); Adequately fortified - National Fortification Assessment Coverage Toolkit (FACT) Survey in Tanzania (2015).

- Pilot programme for the rapid testing of foods at production and household level possible through health officers, under their mandate in the Public Health Act of 2009.
- The food fortification guideline currently under development proposes that Community Health Workers assess household coverage.

Impact of LSFF

- No studies evaluating the impact of LSFF on biomarkers and health outcomes.
- Data collection funded through donors - not sustainable.