

OVERVIEW OF NUTRITION AND SCHOOL FEEDING STATUS OF CHILDREN IN TANZANIA

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1. Introduction

The history of school feeding in Tanzania shows that these activities have been under successful implementation since colonial era. A decade after independence these activities began to lose their popularity due to changing social and economic policies at macro-level. Currently short-term hunger as a result of lack of school feeding programs among school children is a significant problem. Accumulating evidence in the country shows that absenteeism in school, attentional problems and early school dropouts especially in famine-prone regions are linked to short term hunger.

2. Problems facing school children due to lack of school feeding programs.

a) Short-term hunger

50% - 75% of pupils in different parts of the Tanzania go to school without breakfast¹ and they do not get any meal during school hours. The consequences of short-term hunger in the long run are the following major nutritional problems namely

- *Protein-Energy Malnutrition [PEM]*

Underweight and stunting due to chronic malnutrition are common. The prevalence of stunting among rural school children is as high as 47%-56%².

- *Iron Deficiency Anemia [IDA]*

Tanzania has prevalence of 40% of iron deficiency anemia among school children³. This is a serious situation according to World Health Organization standards.

- *Vitamin A Deficiency [VAD]*

The national survey on VAD conducted in 1997 showed that 24.2% of children aged below five years were vitamin A deficient⁴. It is hence assumed that the prevalence of the problem among children aged 6-7 and 8 years is close to 24.2%.

- *Iodine Deficiency Disorders [IDD]*

Preliminary results of the recent national survey on IDD by Tanzania Food and Nutrition Centre show that goiter prevalence is around 8% and that 83% households have access to iodated salt.

b] Absenteeism and dropout from school:

During famine or farming periods when food is scarce many children have been observed to forego schooling in search of food or income to buy food. Dropout rates have also increased significantly ranging from 4.6 in 1981 to 6.7 in 1997⁵.

c] Attentional problem

Lack of attention/concentration has also been linked to short term hunger since this is observed mostly when food scarcity is high.

3. Key issues under the School Feeding Program in Tanzania

The primary aim of school feeding in the country therefore is to fight short-term hunger, which in turn will minimize the related problems. Among the main issues advocated are:

- Ensuring all schools provide adequate mid-day meals on regular basis through support of the community/village government.
- Ensuring food security for school feeding;
- Parents and guardians required to provide breakfast to their children before they go to school or snack for eating while at school.
- District Councils include school feeding issues in their plans implement and monitor activities.
- Non-Government Organizations Civil Societies and Faith groups encouraged continuing support of school feeding activities.

Efforts to advocate these and other related issues have registered some positive results. However the situation of children going to school without taking breakfast and the proportion of schools providing mid day meals is still poor. About 50-75% of pupils in different areas of the country do not get breakfast at home¹ and over 75% of primary schools do not have permanent school feeding program⁶.

4. Reasons for poor provision of mid-day meals in schools:

- Inadequate awareness on the importance of school child nutrition among local government authorities and community members;
- Low priority given to school feeding and school child nutrition relative to other educational requirements;
- Existence of policies at macro level [in the past] which did not fully support school feeding activities;
- Poor household food security
- Poverty.

5. Current efforts contributing to school feeding promotion

- a] Reviewing of school feeding guidelines and strengthening of coordination.
This has been done under the National School Health Program [NSHP]. Under the program key issues have been stipulated, roles and responsibilities of various actors defined and system of regular follow-up and reporting established.
- b] Creation of school health communities whose responsibilities among others is to ensure that school feeding is carried out.
- c] Establishment of community based functioning teams including members of school committee, representative parents, schoolteachers and members of the village government.
- d] Initiation of National School Milk Feeding Program
Involves provision of milk at minimum [subsidized] prices to school children during accepted days of the week.
- e] Other supportive [complementary] efforts:
 - Establishment of National Deworming Program for School Children.

6. Successes currently observed on school feeding:

- General observations show that schools in various districts have started providing mid-day meals to school children following current efforts.
- Schools and community members continue to demand for improved solar dryers of micro-nutrient-rich foods made locally by trained artisans,
- Some districts have started including school feeding activities in their development plans.

7. Areas for Future Action

- Strengthening behavioral change communication for the program for the purpose of promoting community mobilization and involvement.
- Continue establishing community based functional teams on school feeding management;
- Targeting resources to famine-prone regions/districts
- All district councils to include school feeding activities in their development plans;
- Reviewing the primary school curriculum to include key and current issues in this area.

References

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