

Improving nutrition and health status of Tanzanian children through improved complementary foods

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Challenges & Study objective

- Prevalence of stunting in Dodoma (45.2%) is higher than the \checkmark national average (35.0%).
- Tanzania Food and Nutrition Centre recommends support to \checkmark community-based programs to ensure optimal and appropriate complementary feeding practices.

Table 1. Complementary food composition

Ingredients	Food Group	Quantity	Nutrient category
Maize	Cereal	273 g	Carbohydrate
Finger Millet	Cereal	273 g	Ca, Fe, Mg & Zn
Soya bean	Legume	273 g	Protein
Pigeon pea	Legume	181 g	Protein
Amaranth	Green leafy vegetable	50 grams	Fe & Zn
Carrot	Vitamin A rich vegetable	50 grams	Vitamin A
Iodized Salt	Condiments	For taste	lodine
Vegetable Oil	Fats and Oil	A table spoon	Fat

Main study objective: To improve the nutrition status of children 6-23 months through improved complementary foods that utilize locally available cereals and legumes.

Introduced technologies

- ✓ Nutritious complementary food formulations (**Table 1**).
- ✓ Nutrition education (**Table 1**).
- \checkmark Improved food safety focusing on aflatoxin contamination (Fig 1).

✓ Proper Post-harvest crop handling methods (**Fig 1**)

Evidence

- Prevalence of underweight and wasting reduced by consumption of improved nutritious complementary food (Table 2)
- ✓ Improved household dietary diversity (**Table 2**)
- ✓ Improved food safety (**Fig 1**)
- Increased proportion of mothers using proper Post-harvest crop handling methods (Fig 1) which improves nutrition & health as well as socio economic development. Complementary food promotes utilization of pigeon pea which ultimately rumps up local consumption and reduces overdependence on export markets(**Table 1**).

Table 2. Improved child nutritional status

SI Indicator	Nutrition Education in Complementary Food Recipe Preparation		
Human (Nutrition)	Baseline	Endline	% Change
Dietary diversity (number of food groups consumed)	2	5	+150
Underweight (%)	20	0	-100

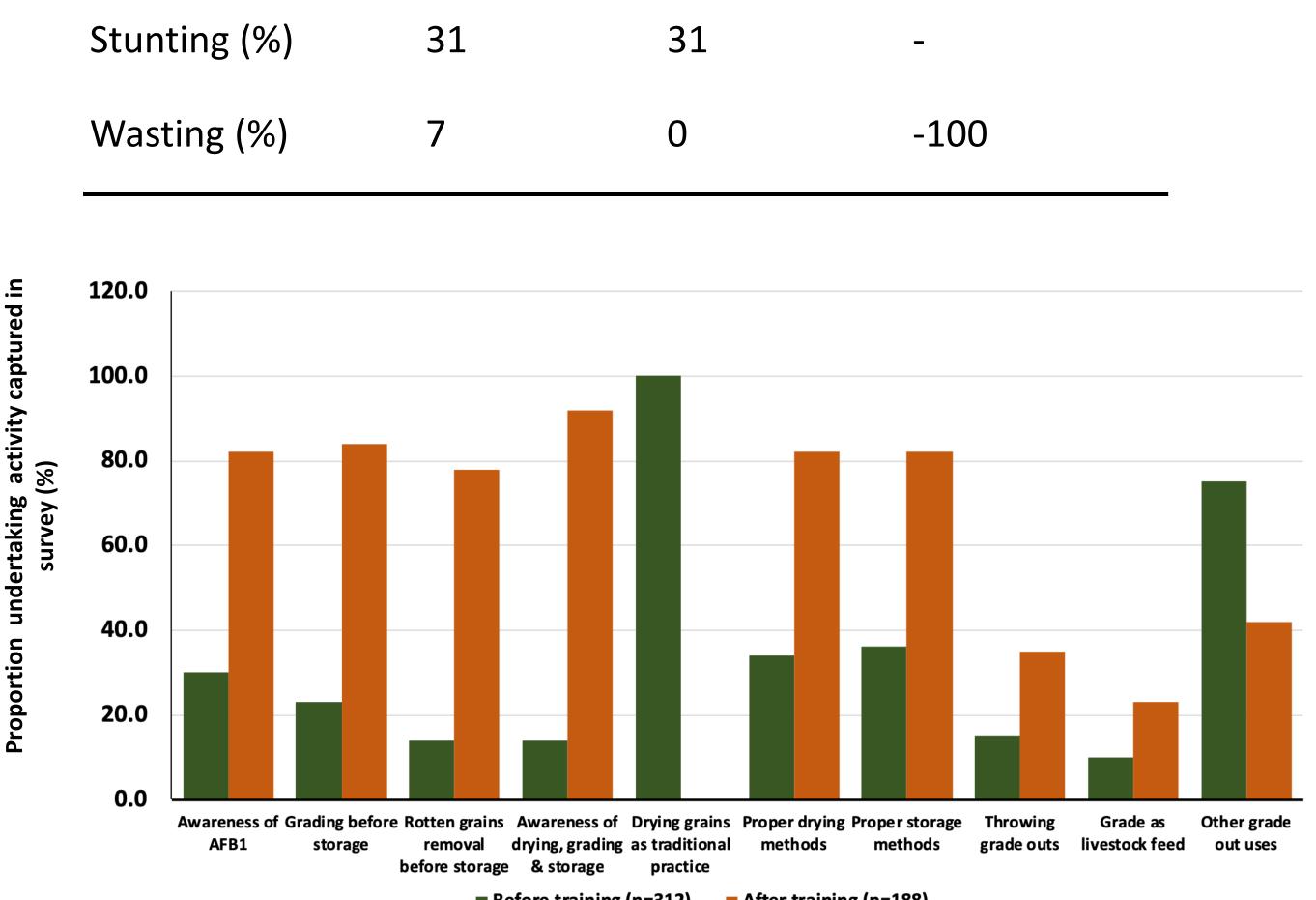
Approaches of taking the technologies to scale

✓ Direct training to household caregivers (n=300). ✓ Facilitation of caregivers to give mother to mother training (*n=300*).

✓ Field days (n = 600) and Agricultural Shows (n = 1000).



Plate 1: Nutrition education session in Kongwa, Kiteto



Before training (n=312) After training (n=188)

Fig 1: Changes in farmer knowledge, attitude, and practice (KAP) awareness on AFB₁

Proposals for the future

Partners



- Integration of education and health sectors to scale \checkmark out strategies.
- Widen scope of agencies involved particularly \checkmark development agencies.

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