HUNGER AND NUTRITION COMMITMENT INDEX (HANCI)

Key data for Tanzania

HANCI compares 45 developing countries for their performance on 22 indicators of political commitment to reduce hunger and undernutrition. These come under three areas of government action: public spending, policies and laws.

Public spending
- Government expenditure on agriculture as a percentage of total: 5.5% (22nd)
- General government expenditure on health as a percentage of total: 13.8% (8th)

Policies
- Access to land: Medium/High (6th)
- Access to agriculture research and extension services: High (1st)
- Coverage of civil registration system – live births (latest year): 16% (41st)
- Status of Welfare Regime: 4 (10th)

Laws
- Level of Constitutional protection of the right to food: Medium/Low (15th)
- Women’s access to agricultural land (2012): Medium (23rd)
- Women’s Economic rights: Medium (33rd)
- Constitutions recognising the right to social security: Yes (Joint 1st)

1 Tanzania is one of 8 HANCI countries with a medium to low level of constitutional protection of the right to food. 2 Tanzania is one of 32 HANCI countries where women have equal legal rights but there are discriminatory practices. 3 Tanzania is one of 13 HANCI countries where there are no economic rights for women in law and systematic discrimination based on sex may have been built into law. 4 Tanzania is one of 29 HANCI countries where the constitution clearly references a right to social security.
### Nutrition Commitment Index (NCI)

<table>
<thead>
<tr>
<th>Public spending</th>
<th>Score</th>
<th>NCI Rank of 45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate budget for nutrition</td>
<td>Yes</td>
<td>1st&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

#### Policies

<table>
<thead>
<tr>
<th>Policies</th>
<th>Score</th>
<th>NCI Rank of 45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin A supplement for children</td>
<td>99%</td>
<td>10th</td>
</tr>
<tr>
<td>Government promotes complementary feeding</td>
<td>Yes</td>
<td>1st&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>Access to an improved water source</td>
<td>53%</td>
<td>37th</td>
</tr>
<tr>
<td>Access to sanitation</td>
<td>10%</td>
<td>44th</td>
</tr>
<tr>
<td>Health care visits for pregnant women</td>
<td>88%</td>
<td>21st</td>
</tr>
<tr>
<td>Nutrition features in national development policies</td>
<td>No</td>
<td>40th</td>
</tr>
<tr>
<td>National nutrition plan (yes/no)</td>
<td>Yes</td>
<td>1st&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Multi-sector and multi-stakeholder coordination (yes/no)</td>
<td>Yes</td>
<td>1st&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td>Time bound nutrition targets (yes/no)</td>
<td>No</td>
<td>17th&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td>National nutrition survey (yes/no)</td>
<td>Yes</td>
<td>1st&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

#### Laws

<table>
<thead>
<tr>
<th>Laws</th>
<th>Score</th>
<th>NCI Rank of 45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring and enforcement of International Code of Marketing of Breastmilk Substitutes</td>
<td>Highest</td>
<td>1st&lt;sup&gt;7&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

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<sup>1</sup>Tanzania is one of 23 HANCI countries with a separate nutrition budget.  
<sup>2</sup>Tanzania is one of 36 HANCI countries to promote complimentary feeding.  
<sup>3</sup>Tanzania is one of 41 HANCI countries to have a costed national nutrition plan.  
<sup>4</sup>Tanzania is one of 36 HANCI countries to have a multi-sectoral and multi-stakeholder coordination mechanism.  
<sup>5</sup>Tanzania is one of 28 HANCI countries to have no time-bound nutrition targets.  
<sup>6</sup>Tanzania is one of 34 HANCI countries to have conducted a DHS/MICS/comparable national nutrition survey in the past three yrs.  
<sup>7</sup>Tanzania is one of 18 HANCI countries where ICBMS provisions are fully enshrined in law.
Hunger and Nutrition Commitment Index (HANCI)

Key data for Tanzania

Progress

• Tanzania has instituted a separate budget line for nutrition, improving public oversight and accountability for spending.

• The Government of Tanzania has established a National Nutrition Strategy and a coordinating body bringing together stakeholders from across sectors.

• Tanzania has institutional, legal and market frameworks that allow a majority of poor rural households, including women, indigenous populations and other vulnerable groups, to gain access to secure land tenure.

• Tanzania scores top marks for its diverse and effective research and extension services, effectively reaching out to poor farmers, whether men or women.

• The government promotes complementary feeding practices and 99% of children aged 6–59 months received 2 high doses of vitamin A supplements within the last year.

• In the area of maternal health, 88% of women aged 15–49 were attended at least once during pregnancy by skilled health personnel.

• The principles of the International Code of Marketing Breastmilk Substitutes are fully enshrined in Tanzanian law.

Areas for improvement

• The Vision 2025 long term development strategy does not recognise a role for nutrition as a key development factor (unlike its shorter term MKUKUTA II poverty reduction strategy).

• People’s access to improved sources of drinking water (53%) and sanitation (10%) are relatively low in Tanzania, and this is likely to significantly hold back better nutrition outcomes.

• The government could set out time-bound nutrition targets in its national nutrition and development strategies, to show leadership and forward vision.

• The constitution of Tanzania sets out a right to social security and a right to a minimum wage, however, it does not explicitly or implicitly enshrine a right to food.

• Whereas Tanzanian law asserts equal land ownership rights, in practice discrimination against women reduces their access to, and ownership of land. This increases women’s vulnerability to hunger and undernutrition.

• Tanzanian law does not protect economic rights for women; systematic discrimination based on sex may be built into law.

• Only one in six live births are officially registered in Tanzania. This potentially limits many children’s access to basic services, where such access is dependent on proof of legal identity.