THE PRIME MINISTER'S OFFICE

THE FOURTH JOINT MULTISECTORAL NUTRITION REVIEW MEETING

Good Nutrition: A key to Industrial Development in Tanzania

CONVENED BY THE HIGH LEVEL STEERING COMMITTEE FOR NUTRITION (HLSCN)

Dodoma **6 - 8th September 2017**

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Tanzania Food and Nutrition Centre

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FOREWORD

Nutrition is unquestionably a cross-cutting issue that impacts every walk of life, particularly in Health, Education, Agricultural and Economic Sectors. These sectors are not only closely related with human capital and national development but also are at the center of our national prosperity. Improving nutrition has considerable economic and social benefits, as it reduces morbidity and mortality, improves the learning and earning capacity of communities, reduces intergenerational transfer of poverty and inequality with long term impact on economic productivity and overall social and economic development.

Malnutrition is one of the most serious health problems affecting infants, children and women of reproductive age among others. Despite progress made in addressing malnutrition a significant proportion of children and women in Tanzania still suffer from different forms of under nutrition, including low birth weight, stunting, underweight, wasting, and deficiency of micronutrients namely vitamin A, iodine and iron. Furthermore, a double burden of malnutrition is emerging with increasing levels of overweight, obesity and diet related non-communicable diseases including, type-2 diabetes, hypertension, heart diseases and cancers in adults.

In view of the above, Tanzania Food and Nutrition Centre as secretariat of the High Level Nutrition Steering Committee organized the fourth Joint Multisectoral Nutrition Review meeting (JMNR). The review meeting was organized at Treasury Square Convention Centre in Dodoma from 6th to 8th September 2017. The theme for the review meeting was ***"Good Nutrition: A Key to industrial development in Tanzania".***

The focus of the review meeting was to take stock on the implementation of the multisectoral response on tackling the root causes of malnutrition basing on priorities and strategies proposed in the Tanzania National Multisectoral Nutrition Action Plan 2016-2021 and its respective Common Results and Accountability Framework (CRRAF). The forum was also used to official launch and disseminates the NMNAP to key stakeholders.

With a cogent NMNAP, CRAAF and Nutrition Scorecard, Tanzania have all the tools needed to Scale - Up Nutrition in a well guided manner. What remains to sustain the momentum, and I am optimistic that with continued support from stakeholders reducing malnutrition is possible.

Dr. Joyceline E. Kaganda

Managing Director - TFNC

ACKNOWLEDGEMENT

Successful accomplishment of the 2017 and 4th JMNR would not have been possible without the tremendously efforts and commitment of various stakeholders. The High level Steering Committee Nutrition (HLSCN) wishes to extend a sincere note of thanks to all those who contributed in one way or another to this remarkable event.

We are thankfully to the chair of JMNR Dr. Joyceline Kaganda the Managing Director of Tanzania Food and Nutrition Centre and a Co-chair Adam Hancy, Also session chair persons namely; Dr. Biram Ndiaye, Chief Nutrition at UNICEF Tanzania; Mwita Waibe from PO-RALG; Dr. Festo P. Kavishe an Independent Human Development Consultant, Gayle Martin from World Bank; Mr. Obey Assery of PMO; and Dr. Vincent Assey from MoHCDGEC

We gratefully acknowledge the effort of Tanzania Food and Nutrition Centre (TFNC) under the Management of Dr. Joyceline Kaganda for organizing this event. Special thanks to each and every one in the organizing committee for their dedication, it will not be possible to mention all the names.

A vast number of individuals and organizations made this event more meaningfully and a learning platform through sharing their experiences and success stories. We would like to extend our appreciation to all presenters and exhibitors from ministries; MoHCDGEC, MoALF, PO-RALG, MoEST.; from LGAs SIHA DC, ROMBO DC, TANGA RS, MASWA DC, MULEBA DC and BOMBO regional Hospital. From Nutrition Projects IMA World Health, CUAMM, PACT, COUNSENUTH, HKI, MBNP. BCG, ECSA, IHI, SUA, TASAF. Participant's in-terms of Exhibitions: WFP, GAIN, COUNSENUTH, MWANZO BORA, CRS, CUAMM, IMA, MARI, SHAMBANI MILK, Prof. Tiisekwa

To all participants from LGAs, RS, NGOs, CSOs, MDAs, Academic Institutions, media houses and Private sectors, we really appreciate your presence and valuable inputs shared through group works and plenary sessions.

Finally we extend sincere gratitude to all those who offered financial support namely; UNICEF, UN-REACH, MBNP, USAID, WFP and FAO.

EXECUTIVE SUMMARY

This report[1] summarizes the key outcomes of the 2017 and Fourth Joint Multi-Sectoral Nutrition Review (JMNR) held at Treasury Square in Dodoma on 6th to 8th September 2017. The review was convoked by the **Prime Minister's Office (PMO), through the High Level Steering Committee on Nutrition (HLSCN)** and the organizational support by the **Tanzania Food and Nutrition Centre (TFNC)** and financial support of **several Development Partners**. This review is the fourth in a series of joint nutrition reviews which started in 2014 including the Government, Development Partners, Civil Society Organizations and Private Sector. Prior to this review, the JMNR were conducted to monitor progress on the implementation of the National Nutrition Strategy (NNS, 2011/12 – 2015/16). The 2017 JMNR marks the first review the Implementation of National Multisectoral Nutrition Action Plan (NMNAP) of 2016/17 – 2020/21.

The JMNR provided a multisectoral platform which drew a total of over **300** participants from Ministries that are members of the High Level Steering Committee for Nutrition; selected Members of Parliaments; Departments and Agencies Regional Nutrition Officers and District Nutrition Officers from Tanzania Mainland. Others were representatives from Zanzibar Ministry of Health - Department of Nutrition; Development partners (United Nations Agencies and organizations implementing mega nutrition projects in Tanzania); Civil Society Organizations (Non-Governmental Organizations, Community Based Organizations, and Faith Based Organizations); Private sector; Research and Academic institutions (**see Appendix 2**). The review included members of the media who ensured that key messages from the fourth JMNR are delivered to the general public.

Objectives

The JMNR aimed at reviewing the implementation of the multisectoral response based on priorities and strategies proposed in the National Multisectoral Nutrition Action Plan (NMNAP, 2016/17 – 2020/21) and its Common Results and Accountability Framework (CRRAF). In addition the forum was used to officially launch the newly developed NMNAP.

Expected Results

The expected results for the review were:

1. To review the progress on implementation of the recommendations of the JMNR-3;
2. To review the progress on implementation of the first year of NMNAP through the CRRAF; and

[1] This report is written by the Rapporteur Team, from TFNC namely Luitfrid Nnally, Dr. Ladislaus Kasankala, Maria Ngilisho, Maria Msangi, Julieth Itatiro, Samson Ndimanga, Adam Hancy, Geoffrey Chiduo and Dr. Joyceline Kaganda.

3. Create a platform for sharing success stories and challenges experienced from the implementation of the nutrition relevant actions for 2016/2017.

Indicators of Achievement

The review intended to achieve the following outputs:

1. Report on the status of implementation of the said recommendations.
2. Status of implementation of first year of NMNAP is reviewed (2016/17 financial year) showing resource allocation and actual disbursement.
3. Status of alignment of LGAs and MDAs 2016/17 AWP with the NMNAP Priority areas.
4. Gaps in resource allocation for NMNAP priority areas.
5. Known best practices and effective models for up-scaling nutrition interventions and challenges and mitigation strategies.

The Agenda

The agenda shown in **Appendix 3** was used to ensure that the objectives of the JMNR3 were met using a multisectoral approach that brought together nutrition specific, nutrition sensitive and enabling environment sectors and programmes.

Facilitation

The review was facilitated by Dr. Joyceline Kaganda, the Managing Director of TFNC and Adam Hancy of TFNC. The JMNR was organized in terms of sessions which were led by chairpersons as follows:

1. **Session** 1: Official Opening and Launching of National Nutrition Action Plan (NMNAP) – Mr. Mavunde
2. **Session 2**: NMNAP Implementation Status 2016/17 - Dr. Biram Ndiaye – UNICEF
3. **Session 3**: Knowledge, Learning and Experience Sharing
    - **Theme 1**: Implementation of NMNAP by LGAs: Challenges and Success Stories - Mwita Waibe – PORALG
    - **Theme 2**: Reaching the Community: Challenges, Success Stories and Models for Scaling Up - Gayle Martin – WB
    - **Theme 3**: Strengthening Nutrition Linkages and Synergies in NMNAP Implementation - Mr. Obey Assery – PMO
    - **Theme 4**: Innovative Technology/Tools For Nutrition Planning/Programming - Dr. Vincent Assey – MoHCDGEC

4. **Session 4:** Recommendations for JMNR 2017 – Dr. Festo Kavishe, an Independent Human Development Consultant.

Structure of the Report

The report is presented in five sections. **Chapter 1** is an introduction that provides the background and rationale; objectives; expected outcome and respective indicators for the JMNR. **Chapter 2** presents the proceedings of Day One; **Chapter 3** presents the proceedings of day Two; **Chapter 4** presents proceedings of day three; and **Chapter 5** Presents Recommendations and Conclusion. Chapter 2 – 4 presents daily proceedings of the review by summarizing the key messages from the session presentations and discussions. During the review, each day was started with a recap of the previous day. **Chapter 6** is an appendix that provides the list of the organizing committee, list of participants, the agenda, the detailed findings of the review of the NMNAP 2016/17 -2020/21, and some key speeches made at the 4th JMNR that were made available.

Recommendations

The key output from the 4th JMNR meeting were twelve (12) recommendations which indicates key actions, responsible institution and the timeline to complete them.

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CHAPTER ONE

INTRODUCTION

1.1 Background and Rationale

The Joint Multi-sectoral Nutrition Review is an annual event, which brings nutrition stakeholders to review the progress of implementation of nutrition actions in the country for the previous financial year. Stakeholders involved in the annual review includes Government Ministries, departments and Agencies; development partners, Civil Society Organizations, Local Government Authorities and Private Sector The main purpose of the meeting was to track progress in the implementation of various nutrition interventions undertaken in the previous financial year. This year marks a fourth review since the first meeting, which was organized in 2014.

The fourth JMNR meeting focused on the first year of implementation of the National Multi-sectoral Nutrition Action Plan (NMNAP) 2016/17 – 2020/21 through its respective Common Results and Accountability Framework (CRRAF). In addition, the forum was also used as a platform for official launching of NMNAP, which reiterated government commitment to reducing malnutrition as substantiated by the several policy actions undertaken at national and subnational Levels. Those actions include citing nutrition as a key strategic area[2] in the 2nd National Five-Years Development Plan 2016/17 – 2020/21, strengthening nutrition coordination mechanisms and increased financial and human resource allocation at RS and LGAs. Other actions are inclusion of nutrition priorities in the councils' plans and budget, as well as of promoting allocation of minimum budget per child under the age of five in all councils only to name but a few.

The 4th Annual Joint Multisectoral Nutrition Review meeting (JMNR) was organized by the High-Level Steering Committee for Nutrition (HLSCN) through Tanzania Food and Nutrition Centre (TFNC). The theme of this review was ***Good nutrition: A key to industrial development in Tanzania***; and was held from 6th to 8th September 2017 at Treasury Square in Dodoma.

This review meeting was conducted in response to the need of building a strong and harmonized nutrition system for delivery of nutrition services at all levels as depicted in the NMNAP. The JMNR provided a platform for strengthening networking, coalitions building and creating a common understanding between stakeholders on the growing need to invest on nutrition, owing its contribution

[2] The Theme for FYDPII is "Nurturing Industrialization for Economic Transformation and Human Development"

to the achievement of the national plan of becoming an industrialized and middle income country come 2025[3].

1.2 Objectives

The general objective of the 4th JMNR was to review, analyze, and document progress; identify challenges and lessons learnt from the first year of the implementation of NMNAP. The specific objectives were:

a) To review progress on implementation of the recommendations of the 3rd JMNR;
b) To review the progress in the implementation of the first year of NMNAP (financial year 2016/17); and
c) To provide a platform for participants to share experiences using predefined modules: reaching the community, fostering linkages and synergies in nutrition response and innovative technologies within nutrition arena.

1.3 Output

Expected outputs for the JMNR were:

a) Status of the implementation of the recommendations of the (JMNR-3);
b) Status of implementation of first year of NMNAP (financial year 2016/17); and
c) Better knowledge of effective models for up-scaling of high impact interventions and measures to counter possible challenges in the implementation of the relevant nutrition actions at all levels.

1.4 Participants

The 4th JMNR drew approximately 320 participants from a wider spectrum of multi-sectoral stakeholders including: Ministries that are members of the High Level Steering Committee on Nutrition, Members of Parliaments, government institutions and agencies, representatives from Regional Secretariat and Local government authorities, Zanzibar Ministry of Health and Ministry of Agriculture, Natural resources, Livestock and Fisheries, United Nations Agencies, Donors, Civil Society Organizations (Non-Governmental Organizations, Community Based Organizations, and Faith Based Organizations); Private sector, Research and higher level institutions, and the media.

[3] Anchored within the Five-Year Development Plan II (2016/17 – 2020/21) the NMNAP's broad goal is to accelerate scaling up of high impact multi-sectoral nutrition specific and nutrition sensitive interventions and creating an enabling environment for improved nutrition, to contribute to the building of a healthy and wealthy nation

1.5 Approaches of the Review

The 4th JMNR was organised in three phases so as to achieve the desired outputs as well as align itself to the preceding reviews. The phases were as follows:

1.5.1 **Phase 1:** The Preparatory Stage

This is the initial stage commenced in June to August 2017. At this stage several activities were included such as: organizing and undertaking several preparatory meetings, identification and invitation of participants and other invitees; logistic arrangements and budgeting, collecting and analysing data on **Bottleneck Analysis (BNA)** of key specific nutrition interventions and **Annual Work Plan (AWP)** for financial year 2016/17; and preparation of reports and power point presentation that were made available and presented in the review meeting.

Other activities were to collect and analyse data on consolidated national multi-sectoral nutrition scorecard; collection and review of abstracts from nutrition stakeholders for consideration of slotting in the review meeting agenda; receiving and reviewing presentations from stakeholders ready for being presented in the review meeting; vetting and identifying best performing LGA for FY 2016/17 to be awarded in the review meeting based on the criteria set using the BNA and AWP reports.

1.5.2 **Phase 2:** Main Event

The 4th Joint Multi-sectoral Nutrition Action Plan (JMNR) Review meeting was conducted from 6th to 8th September 2017 (as seen in the Agenda shown in Appendix 3). The main approaches used were exhibitions, presentations, plenary discussions and group works. Each theme had a chairperson who facilitated the proceedings within it. In addition there were side meetings in the second day; and the secretariat were meeting on the daily basis for reviewing progress of the meeting and adopting adjustment of the agenda as deemed necessary.

1.5.3 **Phase 3:** Post - Meeting Activities

Activities involved post – JMNR includes: drafting of the 4th Joint Multi-sectoral Nutrition Action Plan (JMNR) Report by TFNC; validation of the report; and endorsement of the JMNR Recommendations by Multi-sectoral Nutrition Technical Working Group (MNTWG) and the High Level Steering Committee for Nutrition (HLSC) and dissemination of the report.

CHAPTER TWO

OFFICIAL OPENING OF THE REVIEW MEETING

2.1 Introduction

The official opening of the review meeting was graced by **Honorable Kassim Majaliwa Kassim**, the **Prime Minister of the United Republic of Tanzania**. Accompanying him in the event were, high level government officials namely: **Honorable Ummy Mwalimu**, the Minister of Health Community Development Gender Elderly and Children; **Honorable Philip Mpango**, the Minister of Finance and Planning; **Honorable Anthony Mavunde**, the Deputy Minister President's Office, Policy, Coordination and Parliament; and **Honorable Suleiman Jaffo**, the Deputy Minister President's Office Regional Administration and Local Government.

The high level delegation was also accompanied by Madame Maniza Zaman, Unicef Representative on behalf of One UN and Mr Andrew Cares, USAID Mission Director on behalf of Developmet Partners

Apart from inauguration of the meeting, the Prime Minister also launched the National Multisectoral Nutrition Action Plan (2016/17 – 2020/21) and its respective Common Result Framework for Action and Accountability. He also provided certificates to Regional and Nutrition Officers whose regions and councils did well in planning, budgeting and implementing nutrition actions in the 2016/17 fiscal year. The official opening speech was preceded by statement from various speakers.

2.2 Statement from TFNC

The statement from Tanzania Food and Nutrition Centre (TFNC) was given by its Managing Director **Dr. Joyceline Emmanuel Kaganda**. She emphasized the fact that preparation of JMNR was a participatory process involving nutrition stakeholders at various levels. She insisted that the forum was intended to provide an opportunity for re-examining critically factors contributing to malnutrition, especially for vulnerable groups based on current scientific knowledge and experience over the years for addressing nutrition problems. The JMNR aimed at contributing to renewed government commitment

towards addressing critical issues basic to improving nutrition status of the community. It focuses on priority areas which if implemented well, can make a great difference.

Dr. Kaganda insisted that improved nutrition can be achieved through implementation of sound policies and programs while enhancing partnerships amongst nutrition stakeholders so that the available resources are used optimally to deliver evidence based and cost-effective nutrition interventions. A call was made for a **united stand towards achieving the noble goal** of improving the quality of human life for the current and future prosperity of our nation. "Tanzania Food and Nutrition Centre (TFNC) is committed to lead the way".

2.3 Statement of Commitment from SUN Network

Statement from Donors Network - USAID

The Tanzania Country Director of USAID, **Mr. Andrew Cares** commended the collaboration of multisectoral stakeholders and development partners including SUN Movement, WB, CIFF, DFID, Irish Aid and USAID among others in supporting the implementation of nutrition actions in Tanzania. He emphasized the significance of strengthening coordination and capacity development for enhancing operationalization of nutrition interventions.

He assured the Government of Tanzania that **its goal is also the goal** of USAID, and **its priorities are also priorities** of USAID. It was emphasized that there is continued need for strengthening communication and systems for delivery of nutrition and health interventions. He ended his remarks by quoting the Father of Nation, **Mwalimu Julius Kambarage Nyerere** in his book titled Uhuru na Maendeleo (published in 1973) *"Ikiwa unataka maendeleo endelevu lazima uwashirikishe wananchi"* which simply means "If you want to achieve sustainable development you must involve the citizens".

Statement from UN Network - UNICEF

The Country Representative of UNICEF, **Madam Maniza Zaman**, gave a short remark on behalf of the UN Agencies in Tanzania. In her remarks, she highlighted that the issue of improving nutrition is recognized in the Sustainable Development Goals (SDGs) particularly SDG 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture) and SDG 3 (Ensure healthy lives and promote well-being for all at all ages). Prevention of malnutrition is therefore important for human development to occur because stagnation in one leads to stagnation in another aspect.

While recognizing the on-going efforts in fighting against malnutrition in Tanzania, she emphasized the need for strengthening coordination at sub-national levels, and this requires among other things review of ToR for multisectoral coordination structures in the Region and Council levels. She

underscored the fact that the Multisectoral Nutrition Information System, particularly the Common Result Resource and Accountability Framework (CRRAF) is key for tracking the progress of implementation of nutrition relevant actions.

On her final remarks, she made a call for resource mobilization for NMNAP, and as UN agencies and other development partners are supporting the plan, she encouraged an increased allocation of local funding through LGAs budgets. She applauded the inclusion of nutrition budget line code in the LGAs planning tools namely PlanRep tool and Epica. She assured the Government of continued support from the UN system for enhanced implementation of NMNAP.

Statement from CSOs Network

A statement from CSOs Network was made by **Dr. Tumaini Mikindo** of Partnership for Nutrition in Tanzania (PANITA). PANITA is an umbrella network organization for Civil Society Organizations (CSOs) dealing with nutrition in the country. The CSOs network commended the Government of Tanzania, particularly the fifth phase under His **Excellency President John Pombe Magufuli, the President of the United Republic of Tanzania** for its dedication to bring economic growth, and specifically for sustaining involving and valuing the contribution of CSO in efforts to address malnutrition in the country.

It was clearly mentioned that the Government is in a driver's seat, in efforts to address malnutrition evidenced by setting a conducive enabling environment through policy framework, guidelines and strategies such as the NMNAP which is about to be launched. Further evidences is on commitment through allocation of **TZS 11 billion** to cater for nutrition interventions in LGAs during the fiscal year 2017/2018, which is a bold action that has never happened in the history of Tanzania. Emphasis now should be on timely disbursement of funds, and establishing the mechanisms to ensure that the funds are not diverted to other activities which are not related to nutrition. The representative ended his remarks by assuring the Government and members of multisectoral nutrition community of the continued support of CSOs in all undertakings geared towards realization of the NMNAP targets.

Statement from SUN Business Network

The Country Director of Global Alliance for Improving Nutrition (GAIN), **Mr. Enock Musinguzi** gave remarks on behalf of Scaling Up Nutrition (SUN) Business Network. In His remarks, it was mentioned that the SUN Business Network in Tanzania have 90 members which are Private Organizations, all of them being Small and Medium Size (SME) food processors. He appreciated that the private sector particularly food processing sub-sector is accorded special role in the partnership for alleviating malnutrition in Tanzania. He commended the continued engagement of business

community in resource mobilization, policy review, development of nutrition sensitive agricultural crop value chain and enhancement of micronutrient content of food through fortification.

2.4 Statement of Commitment from Key Line Ministries

Statement from the Ministry of Water and Irrigation

Engineer Dorisia Mulashani, Director of Programme Coordination gave remarks on behalf of the Permanent Secretary for the Ministry of Water and Irrigation. She reiterated on the continued commitment of the Ministry to scale up interventions geared towards increasing supply of safe water, hygiene and sanitation services to majority of Tanzanians in both urban and rural areas. This commitment is in line with the nutrition community goal towards reduction of all forms of malnutrition and stunting in particular, owing to the known evidence linking stunting and safe water, hygiene and sanitation.

Statement from President's Office, Regional Administration and Local Government

Honourable Suleiman Jaffo (MP.), the Deputy Minister of Presidents Office, Regional Administration and Local Government (PO - RALG) gave remarks to reiterate PO – RALG commitment to the implementation of NMNAP. He emphasized on the role of PO-RALG in coordination of actions implemented by Regions and Councils through the Decentralization and Devolution. Amongst initiatives undertaken is on mobilization and allocation resources towards eradication of malnutrition; PO – RALG has set minimum budget allocation for each council amounting to TZS **500** per child under-five years of age in the year 2016/2017, which was increased to **TZS 1000** Tanzanian shillings per child in the year 2017/2018.

It was informed that, PO-RALG has directed Finance Committee in all councils in Tanzania to include nutrition as a permanent agenda in their monthly meeting sessions, to ensure that nutrition interventions are funded according to the plans. He reiterated on the directive made by **Her Honourable Samia Suluhu Hassan**, the **Vice President of the United Republic of Tanzania** to develop a performance contract with all Regional Commissioners in Tanzania by 22nd September 2017. The contract intends to ensure closely follow-ups, monitor and manage nutrition interventions in areas under their jurisdiction. Likewise, performance contracts will also be developed for Regional and District Medical Officers.

On his concluding remarks, he restated the government commitment in ensuring the availability of enough human resources to work in various strategic institutions and LGAs. It was reported that during the fiscal year 2017/2018 the Government of Tanzania intends to employ and deploy 606 nutritionist.

Statement from Prime Minister's Office

Honourable Anthony Mavunde (MP.), Deputy Minister of State in the Prime Minister's Office responsible for Policy, Parliamentary Affairs, Labour, Employment, Youth and the Disabled, gave remarks to reiterate Prime Minister's Office (PMO) to the realization of NMNAP targets. He emphasized on the continued coordination of nutrition activities through the high level coordination structures particularly the High Level Steering Committee for Nutrition which is chaired by the Permanent Secretary at the PMO.

Statement from Ministry of Finance and Planning

Honourable Dr. Philip Mpango (MP.), Minister for Finance and Planning gave commitment statement of the Ministry towards nutrition in the country. He elaborated on the significance of nutrition in national development and the fact that in Africa, malnutrition account to 2% to 11% the loss of the Gross Domestic Product of nations. With this fact, and the need to ensure we build enough human capital, we are dedicated to increase investment in provision of nutrition services at all levels, nutrition smart agriculture, food fortification and nutrition education.

He insisted that, nutrition is among priority area in the development context; as it is included in the Five Year Development Plan II (FYDP II), which includes nutrition targets such as to reduce stunting, and anemia among under-five children and women of reproductive age (15 - 49 years). This dedication is also reflected in the year 2017/2018 budgets where **TZS 11 billion** have been allocated to implement nutrition relevant actions in LGAs. He reiterated the Government's commitment to mobilize these funds through local revenues and external sources of funds.

He concluded that, these dedication is in line with the Africa Union Declaration on "Accelerated Agricultural Growth and Transformation for Shared Prosperity and Improved Livelihoods" which was made during the 23rd Ordinary Session of the AU Assembly comprised by Heads of State and Government in Malabo, Equatorial Guinea, from 26 - 27 June 2014. Honourable Minister urged Ministries and LGAs to prioritize nutrition in their actions, and that the 1000 shillings allocated per child should be used for the intended purposes, not seminars nor allowances. The Ministry of Finance and Planning will establish financial tracking system to enhance financial prudence in budgeting entities. He will also appoint nutrition focal person under his Ministry.

Statement from Ministry of Health, Community Development, Gender, Elderly and Children

Honorable Ummy Mwalimu (MP.), Minister of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) thanked the **Prime Minister** for agreeing to grace the official opening of the 4th JMNR and launching of NMNAP after a long marathon of activities at the parliament during the day. She also thanked and restate the **Honourable Samia Suluhu Hassani, the Vice President of the United Republic of Tanzania** for her commitment towards improvement of maternal and child health.

She acknowledged the support given to the Health Sector by the Prime Minister's Office through chairing the High Level Steering Committee on Nutrition; and the support of the PO-RALG in spearheading the effort to allocate **TZS 11 billion** to cater for provision of nutrition services at LGA level, this effort in by far and above the **TZS 8.9 billion** requested.

The Minister acknowledged the collaboration by various sectoral ministries such as the Ministry of Water and Irrigation for increasing the coverage of safe water, hygiene and sanitation services; Ministry of Energy and Minerals for supporting salt iodation initiative and the Ministry of Finance and Planning, particularly **Hon. Dr. Philip Mpango** for walking the talk as far as nutrition financing is concerned. She also applauded the support rendered by the SUN Business Network especially in efforts to supporting food fortification. Further acknowledgements were extended to Development Partners, Donor Organizations, CSOs, Media, Research and Higher Learning Institution for continued supporting nutrition work in Tanzania.

She echoed on the prevalence of stunting rates in Tanzania is currently 34%, which is high and of public health concern. The high number of stunted children under-five years of age, jeopardises the returns from investment made in other sectors such as in educational infrastructure and enabling environment; this is due to the fact that those affected children are unlikely able to achieve their potential for educability. She highlighted on the other forms of malnutrition particularly anemia among children and women of reproductive age and their consequences in national development; and the increasing caseload of children born with neuro tube defects and hydrocephalus. All these will be tamed if we can increase investment in nutrition.

She pointed that the presence of **Prime Minister** in this platform have motivated the nutrition stakeholders to even work harder in their respective areas and contribute to the realization of the NMNAP targets; and further insisted on effective coordination and collaboration among stakeholders. She was optimistic that the funds allocated for nutrition work in LGAs will be timely disbursed and used in accordance to the activities allocation in the budgets. She ended her remarks by **requesting the Honourable Prime Minister to officially open the meeting and launch the NMNAP**.

2.5 Opening Speech by Honourable Kassim Majaliwa, Prime Minister of the United Republic of Tanzania

The Prime Minister, **Hon. Kassim Majaliwa** and the Guest of Honour made the official opening speech to the JMNR by emphasizing the significance of nutrition in national development, and the need to address the root causes of malnutrition. In his speech (see Appendix 4), he reiterated that good nutrition can only be achieved through combined efforts between the government and a wider coalition of nutrition stakeholders, under the coordination of the Prime Minister's Office. While insisting on importance of good nutrition, he cited the late **Mwalimu Julius Kambarage Nyerere,** the first President and founder of the United Republic of Tanzania who three decades ago said: *"***I have talked about the issue of food, because it is the foundation of human development. A person who is hungry cannot work productively and contribute to economic growth because he is physically and mentally weak***"*.

He emphasized that improving nutrition is among the priorities of the Sustainable Development Goals 2 and 3, and this should focus on the first 1000 days of child's life. Benefits of addressing malnutrition in early days of life includes enhancement of physical and mental development in children with long term impact of productivity and development of a nation. He mentioned that investment in nutrition can increase the Gross National Product by 2% to 3% annually.

It is in recognition of these facts, the Government of Tanzania has consistently increased allocation of financial resources to cater for nutrition interventions from Tanzania shillings 65 million in 2011/12 to 219 in 2016/2017 fiscal year. Also through its Second Five Years Development Plan the government

has planned to spend 254.4 billion shillings in 2016/17 through 2020/21 to implement nutrition interventions.

Hon. Majaliwa ended his speech by applauding the Theme of the 4th JMNR meeting that it is in line with the nation's ambition of building an industrialized economy and called upon increased investment in food fortification and processing sub sector.

2.5 Launching of NMNAP

The Prime Minister Majaliwa Kassim Majaliwa officially launched the National Multisectoral Nutrition Action Plan and Common Results and Accountability Framework 2016-2021. The plan provides a comprehensive framework of priority actions for addressing malnutrition in Tanzania. It is a tool that guides stakeholders in their efforts to address malnutrition. The launching event was also used to disseminate the document to nutrition stakeholders.

During this session the Hon. Prime Minister awarded the best performing LGAs according to four categories. The best performing LGAs for each category were as follows:

- *Iron-Folic Acid Supplementation (IFAS)*: Kahama Town Council, Iringa Municipal Council and Bukoba Municipal Council.
- *Provision of counselling services to mothers on Infant and Young Child Feeding (IYCF)*: Njombe District Council, Ludewa District Council, and Chalinze District Council.
- *Provision of Integrated Management of Acute Malnutrition (IMAM) services*: Momba District Council, Mafinga Town Council, and Songea Municipal Council.
- *Domestic resources spending on nutrition using minimum budget allocation criteria*: Mafinga Town Council, Urambo District Council, and Shinyanga District Council.

Hon. Kassim Majaliwa, Prime Minister of the URT presenting the NMNAP document to the WFP Country Director

Souvenir photo with District Nutrition Officers from best performing LGAs.

CHAPTER THREE

PROCEEDINGS OF DAY ONE

3.1 Introduction and Objectives of the Review Meeting

The day started by the TFNC Managing Director, Dr. Joyceline Kaganda who was the lead facilitator welcoming and introducing participants in groups. The groups introduced were Government Ministries Departments and Agencies; Members of Parliaments, representatives from Regional Secretariat and Councils, representatives from Zanzibar, United Nations Agencies, Development Partners, Civil Society Organizations, Faith Based Organizations, Private Sector, Research and Higher Learning Institutions and the Media. A full list of participants is attached as Appendix 2.

A slight change of program for the day was made, whereby it was mentioned that the official opening was shifted to afternoon which means that the afternoon session was shifted and to start in the morning. The lead facilitator introduced the objectives of the JMNR which were: reviewing the implementation of the first year of NMNAP; the launching of NMNAP and sharing of experiences among nutrition stakeholders.

It was also mentioned that, exhibition of nutrition actions was a major component of the review meeting as a part of sharing experiences among stakeholders. The organizations which exhibited their work includes: TFNC, Mwanzo Bora Nutrition Project (MBNP), COUNSENUTH, Nutritional International (NI), Catholic Relief Services (CRS), Sokoine University of Agriculture (SUA), World Food Program (WFP), Mikocheni Agriculture Research Institute (MARI) and Tigo.

3.2 SESSION 1: NMNAP IMPLEMENTATION STATUS 2016-2017

The session was chaired by Dr. Biram Ndiaye from UNICEF, with presenters from TFNC and PO-RALG. The session included 5 presentations, which reflected on the progress made in the implementation of NMNAP during FY 2016/17 based on Bottleneck Analysis (BNA), Annual Work Plan (AWP), CRRAF and the Scorecard.

3.2.1 Implementation Status of the 2016/17 JMNR Meeting

The implementation of the 11 recommendations of the third JMNR 2016 was presented by Mr. Geoffrey Chiduo the Acting Director of Nutrition Policy and Planning at TFNC. It was noted that all 11 recommendations were implemented.

Among the recommendations was to review TFNC act to incorporate changes that have been happening in the country since its last review in 1995. However, with regard to this recommendation

the Ministry of Health, Community Development, Gender, Elderly and Children advised TFNC to develop regulations that will operationalize the Act instead. The work of developing regulations was completed and they have been submitted to the relevant authorities.

Four recommendations entails ongoing work and these were: continue engaging with the private sector in the implementation of the NMNAP, disseminate and advocate for NMNAP at various sectors and levels and develop resources mobilization strategy for NMNAP and development of a performance based rewarding system for good performance on Scaling Up Nutrition for MDA, RS, Councils, Private Sectors, Media, CSOs and Individuals.

3.2.1 Review of Common Results, Resource and Accountability Framework

The review of common results, resource and accountability framework (CRRAF) of the National Multisectoral Nutrition Action Plan (NMNAP) was presented by Mr. Adam Hancy from TFNC. It was explained that CRRAF is a monitoring tool for NMNAP which stipulates the agreeable output in terms of key result areas and financing of which all stakeholders actions are supposed to align with. He also pointed out that the CRAAF will be the main tool to undertake the Mid-Term Review of NMNAP scheduled to take place in 2019. The presenter highlighted the process of reviewing CRAAF, summary of expected results and financial commitments and limitations of CRAAF review.

The presenter mentioned that the responsibility of coordinating the review progress towards expected outputs and financial commitments is under the mandated to each NMNAP Thematic Working Groups. With regards to review for 2016/17 the results show that 48% of the planned targets per output were met (Table 1). Notable progress has been realized especially in MIYCAN, Micronutrients, IMAM and NIS outputs. Reasons of success include integration of services (i.e. during CHNMs), collaboration with large scale stunting reduction projects and with the private sector. Also in few regions, Multisectoral coordination has improved.

It was further explained that, 35 percent of the 23 NMNAP target for 2016/17 were delayed (where 22 percent were highly delayed. Among the targets, 17 percent of the 23 set targets had no data for this particular reporting period.

Table 1. Status of implementation of expected results of NMNAP for the year 2016/17

Status of indicators per outputs (2016/17)								
Outcome #	Target Met	Target Slightly Delayed	Target Delayed	Target Highly Delayed	Target not Planned	Data not available	Indicator Discontinued	Total of 2016/17 targets
Outcome 1	1			1		2		4
Outcome 2	2	1			2			3
Outcome 3	3		1	1				5
Outcome 4						2		2
Outcome 5	1	1		2	5			4
Outcome 6	2			1				3
Outcome 7	2				1			2
Total	11	2	1	5	8	4		23
Proportion	*48%*	*9%*	*4%*	*22%*		*17%*		*100%*

Also with regards to planned budget for 2016/17 inline with the NMNAP for 2016/17; the result shows that, among the 26 planned financial targets most of them (79%) were highly delayed, 4 percent were delayed and only 19 percent of the financial target for this particular period were met (see Table 2). The detailed results are attached in Appendix 5.

Table 2. Status of NMNAP planned budget per output for the year 2016/17

Status of financial spending per output								
Outcome #	Target Met	Target Slightly Delayed	Target Delayed	Target Highly Delayed	Target Not Planned	Data not available	Indicator Discontinued	Total of 2016/17 targets
Outcome 1				4				4
Outcome 2	1			3				4
Outcome 3	2			2				4
Outcome 4	1			1				2
Outcome 5				6				6
Outcome 6	1	1		1				3
Outcome 7				3				3
Total	5	1		20				26
Proportion	*19%*	*4%*		*77%*				*26*

Identified challenges in the implementation of NMNAP include insufficient funding, weak coordination of multisectoral stakeholders, insufficient capacity for planning, execution, monitoring and evaluation of relevant interventions and lack of harmonized data system.

It was emphasized that in order to realize the targets of NMNAP it is important to finalize and implement the NMNAP fundraising strategy so as to increase domestic and donors funding. This should go hand in hand with capacity building of key nutrition actors at all levels, through in-service training and mentoring, and by improving pre-service curricula and strengthening of multisectoral coordination at central level and LGA. In addition, harmonization and integration of data on nutrition specific interventions into the DHIS2, is crucial for improving quality and ownership of data at all levels.

3.2.2 Review of Nutrition Activities Implemented for 2016/17

Mr. Stephen Motambi of PO-RALG presented the implementation status of nutrition activities by Local Government Authorities (LGA) and Regional Secretariat during the 2016/17. He noted that NMNAP[4] desired change is to see *Children, adolescents, women and men in Tanzania are better nourished leading to healthier and more productive lives that contribute to economic growth and sustainable development*. LGAs and RS are key actors for successful implementation of NMNAP.

During the period under review it was noted that 171 Councils (92%) and 20 Regional Secretariats (77%) responded by bringing their data to TFNC timely (Table 3).

Table 3. RSs and LGAs AWP Data Responsiveness

Administrative Structures	Expected response	Received 2017	Proportion 2017 (%)
Local Government Authorities	185	171	92%
Regional Secretariats	26	20	77%
TOTAL	**211**	**191**	**91%**

Results indicated that average annual spending in nutrition per LGA using all funding sources for 2016/17 has been exceeded the NMNAP target spending. However, this analysis did not consider some

[4] United Republic of Tanzania (2016): National Multisectoral Nutrition Action Plan (NMNAP) for the period July 2016 – June 2021

nutrition sensitive (sectoral activities) which were also reported by LGA. Should this be the case, the results could have been depicting a different picture (Figure 1).

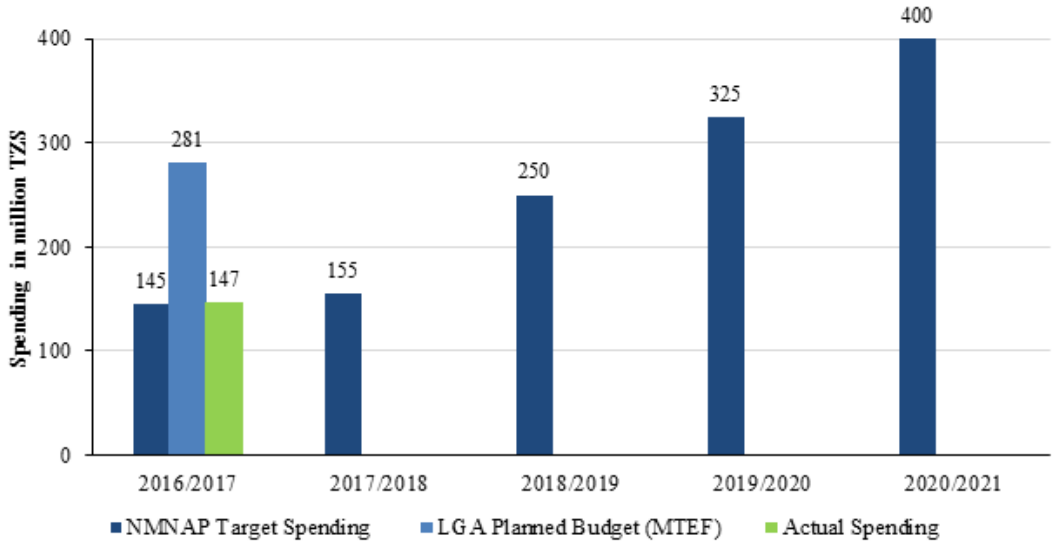


Figure 1. Average annual spending in nutrition per LGA using all funding sources for 2016/17

During this period, findings on spending for nutrition by source of funding indicated that the average spending in nutrition especially at RS levels is heavily dependent (86%) on development partner's contribution, as indicated in the figure 2 below.

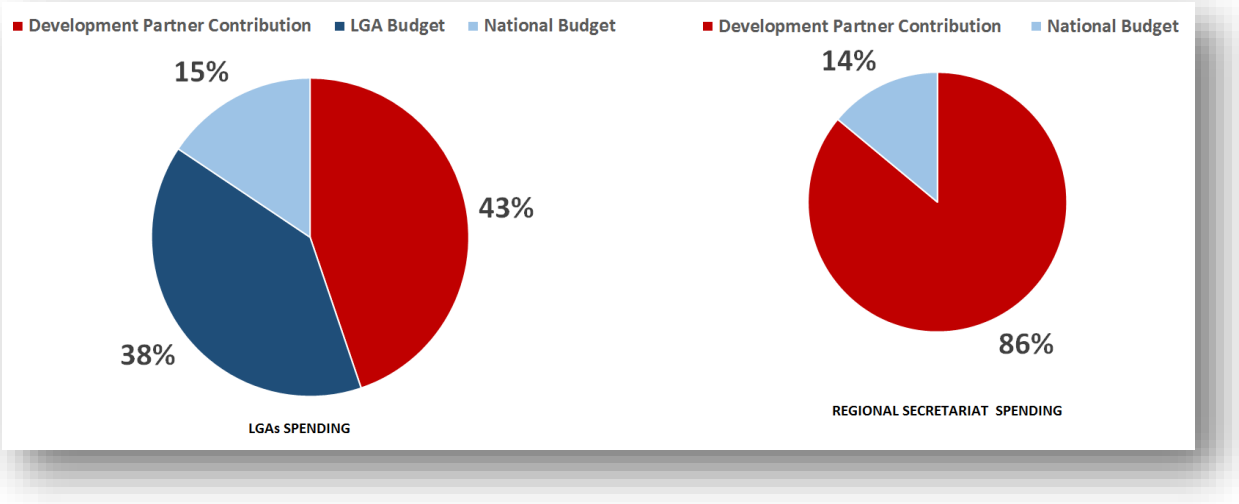


Figure 2. Average spending by source of funding at LGA and RS levels

The findings on alignment with NMNAP nutrition specific interventions and enabling environment noted that LGA spending in 2016/17 was mainly directed to MIYCAN, Micronutrients, NCDs and Governance activities. IMAM activities were poorly funded by LGA in 2016/17. Multisectoral

Nutrition Information System were least funded as most of the activities were mainly funded through TFNC. Alignment of funding per output is shown in figure 3.

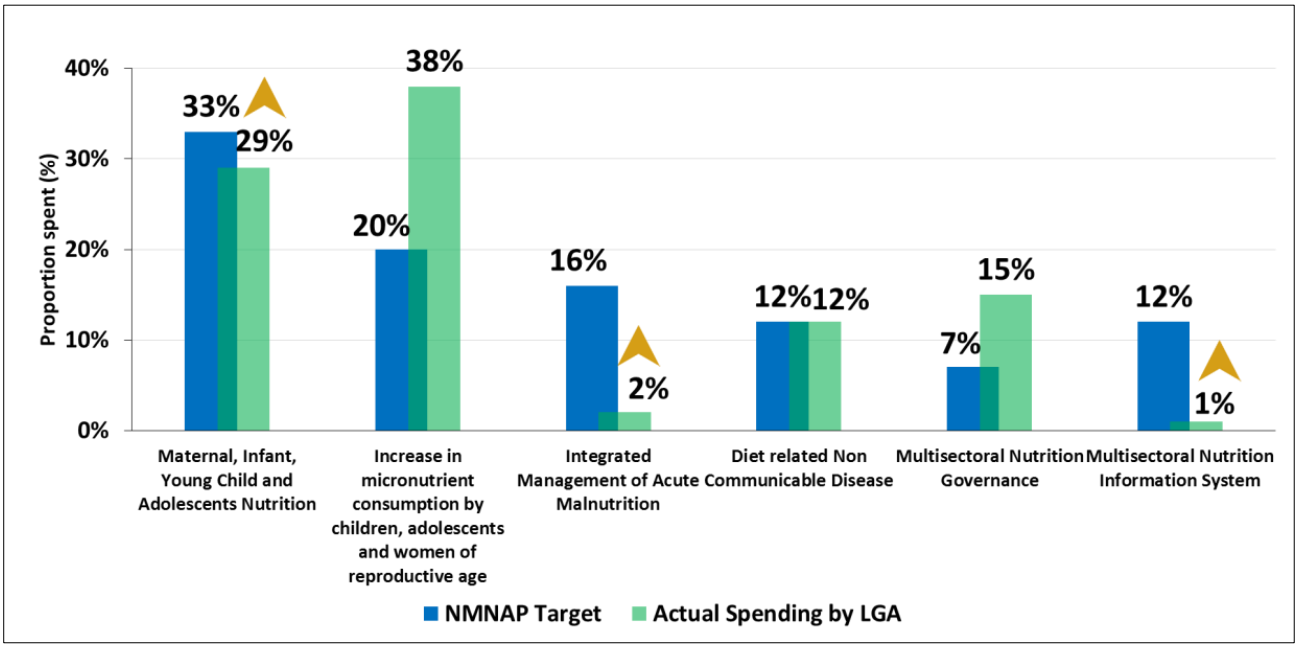


Figure 3. Alignment with NMNAP Nutrition specific interventions and enabling environment

The findings: on regional spending on nutrition according to expected number of stunted cases noted that spending on nutrition was not correlated with number of stunted children. For instance, the total spending for Njombe region, which has less than 100,000 children, was higher than that of Mwanza region, which has children above 250,000 (Figure 4). In order to accelerate stunting reduction there is a need to increase spending for nutrition in regions with high absolute numbers of expected stunting cases such as Mwanza, Kagera and Dodoma.

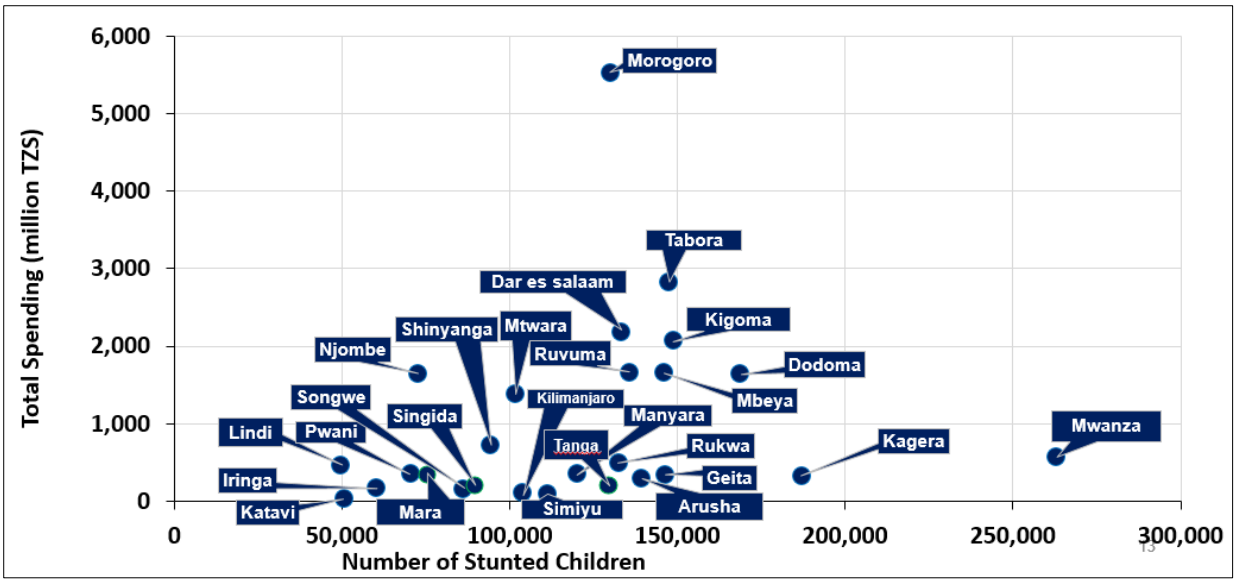


Figure 4. Regional spending on nutrition to expected number of stunted cases

Findings on adherence to minimum budget spending on nutrition per child using domestic resources at LGA level indicated that Mafinga TC and Urambo DC are the only LGAs out 171 which have spent TZS 500 per child using domestic resources. This entails that 94% of LGAs has spent less than TZS 100 per child using domestic resources and among them 47% has spent nothing (Figure 5).

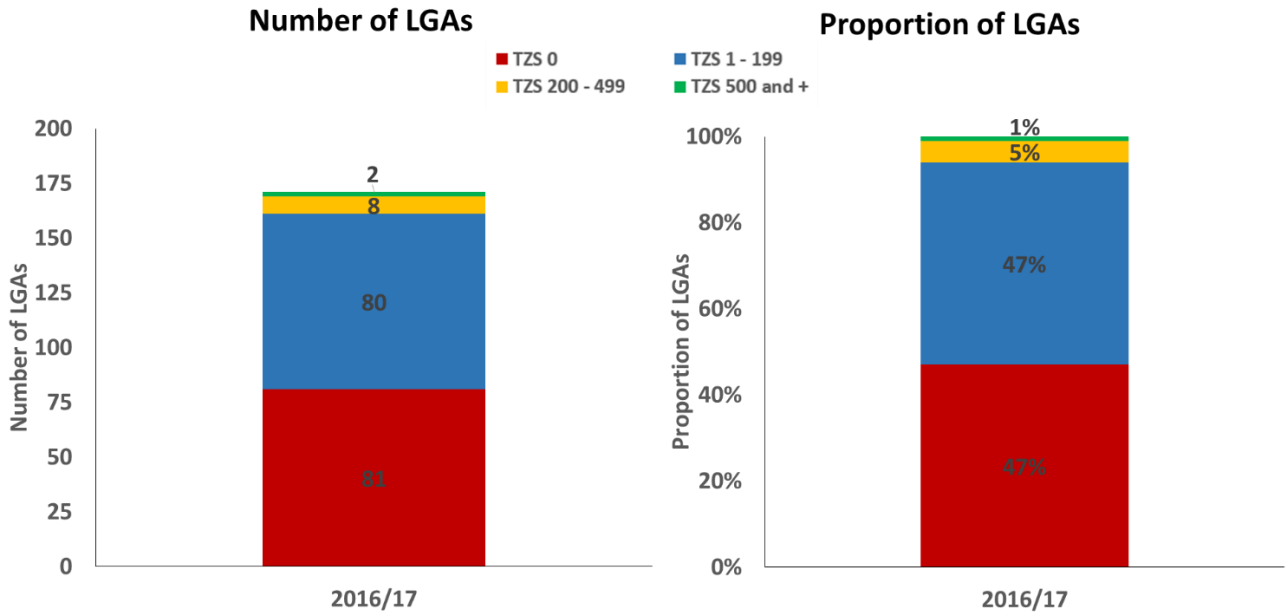


Figure 5. Adherence to minimum budget spending on nutrition per child using domestic resources at LGA level

The findings on adherence to minimum budget spending on nutrition per child using domestic resources at RS level indicates that none of the 26 RS has spent the required TZS 5 million per LGA

on nutrition activities using domestic resources for FY 2016/17. However, 20% of RS have spent more than TZS 1 million per LGA on nutrition activities using domestic resources.

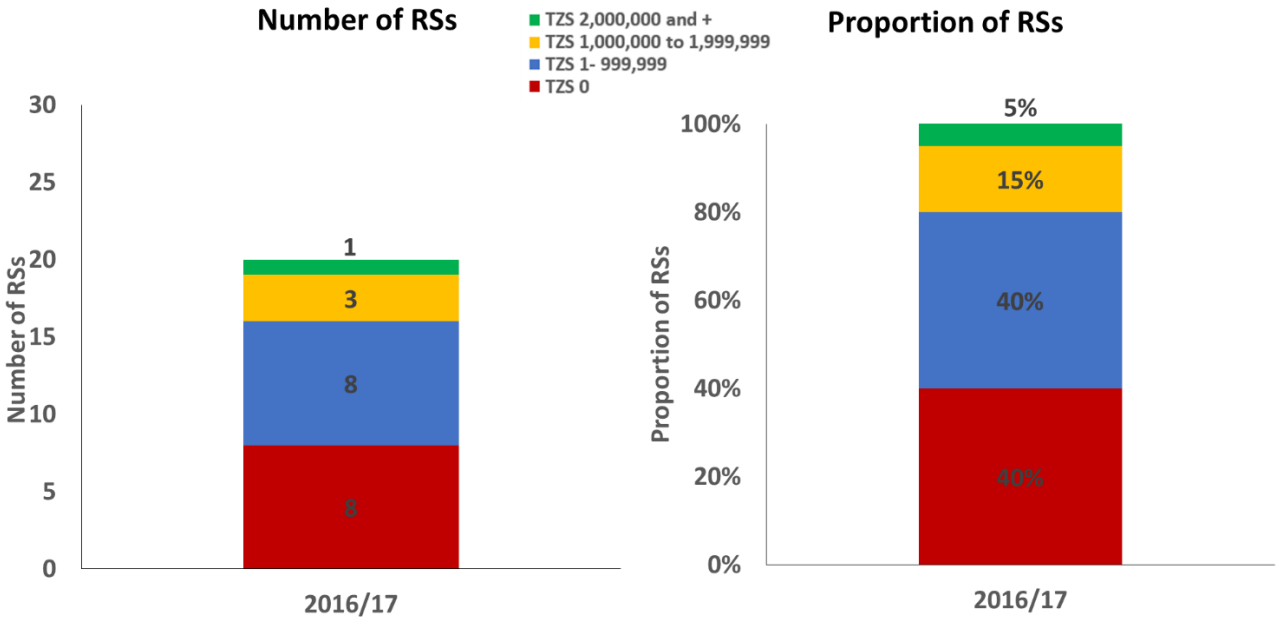


Figure 6. Adherence to minimum budget spending on nutrition per child using domestic resources at RS level

It is worth noting that the review did not include nutrition related activities from MDAs, NGOs and the Private sector. Most of supplies and in kind donations from development partners were not included in LGAs and RS' MTEF plans. Some nutrition sensitive activities might have been under-reported. Also, the questionnaires used for this analysis were self-administrated and the orientation of respondents was limited.

3.2.3 Results of the Bottleneck Analysis (BNA) for 2016/17

Mr. Mwita Waibe from PORALG, made presentation on the BNA for the selected nutrition specific interventions in Tanzania Mainland for the year 2016/17. The purpose of BNA was to systematically assess the main determinants of effective coverage for the selected specific nutrition interventions to identify problem areas and purposely act on them.

The results of the Bottleneck Analysis noted improvement of received reports from LGAs against the previous JMNR 3. Out of the expected 185 reports only two reports (2%) were not sent (Table 4).

Table 4. BNA data completeness in Tanzania Mainland for 2016/17

Period	Administrative Structure	Expected reports	Received	Proportion
2015/16	**LGAs**	**171**	**127**	**74%**
2016/17	**LGAs**	**185**	**182**	**98%**

Findings of Bottlenecks Analysis by intervention: In 2016/2017, the same as previous JMNR five critical interventions for young child and maternal nutrition were selected for the BNA and assessed as follows: (i) counseling on appropriate Infant and Young Child Feeding (IYCF), (ii) treatment of Severe Acute Malnutrition (SAM) for children, (iii) Vitamin A Supplementation (VAS) for children and (iv) Iron Folic Acid Supplementation (IFAS) for pregnant women. The interventions were assessed against five determinants which are: commodities, human resources, geographic access, utilization and quality.

Infant and Young Child Feeding (IYCF)

The results of BNA on the area of MIYCAN, the regions which performed well in the area of commodities were Kigoma, Lindi, Mbeya Njombe, Shinyanga and Tanga. In the area of human resource regions which performed well were Iringa, Lindi and Shinyanga whereas well performing regions in terms of geographical access are Dodoma, Iringa Manyara Morogoro. In terms of utilization only Njombe was rated as well performing while in term of quality none of the 26 region was rated as well preforming. In general, most of the regions were facing bottlenecks in all aspects namely commodities, human resource, geographical access, utilization and quality as seen in figure 7.

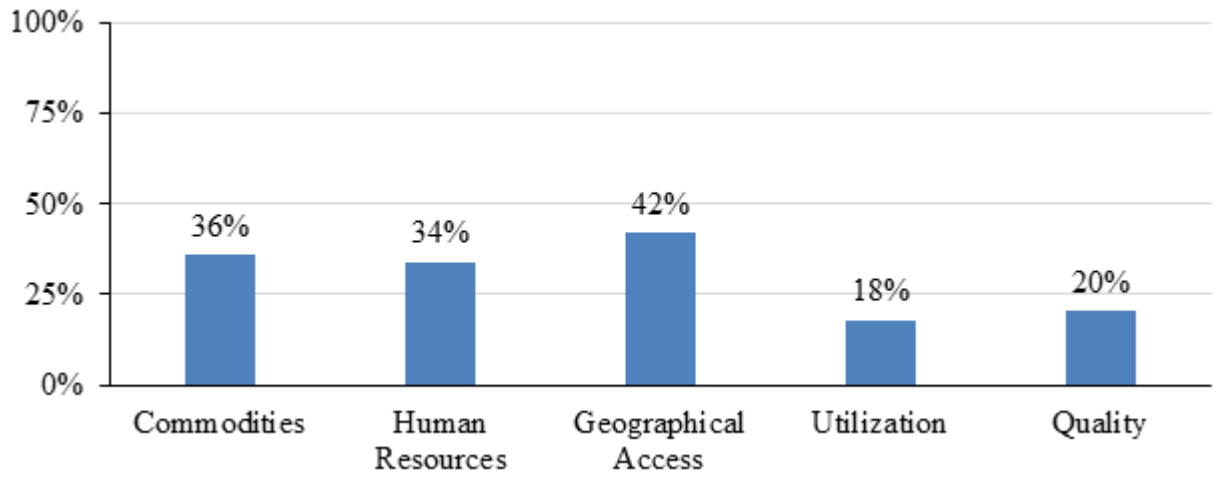


Figure 7. Main bottlenecks on counselling for appropriate Infant and Young Child Feeding (IYCF) for 2016/17

Treatment of Severe Acute Malnutrition (SAM)

The major bottlenecks in treatment of severe acute malnutrition were capacities of human resources both in the communities and health facilities. Geographical access population capable of accessing the services) is also a challenge which also affects the utilization of the services in the country. Commodities used in management of acute malnutrition are also insufficient.

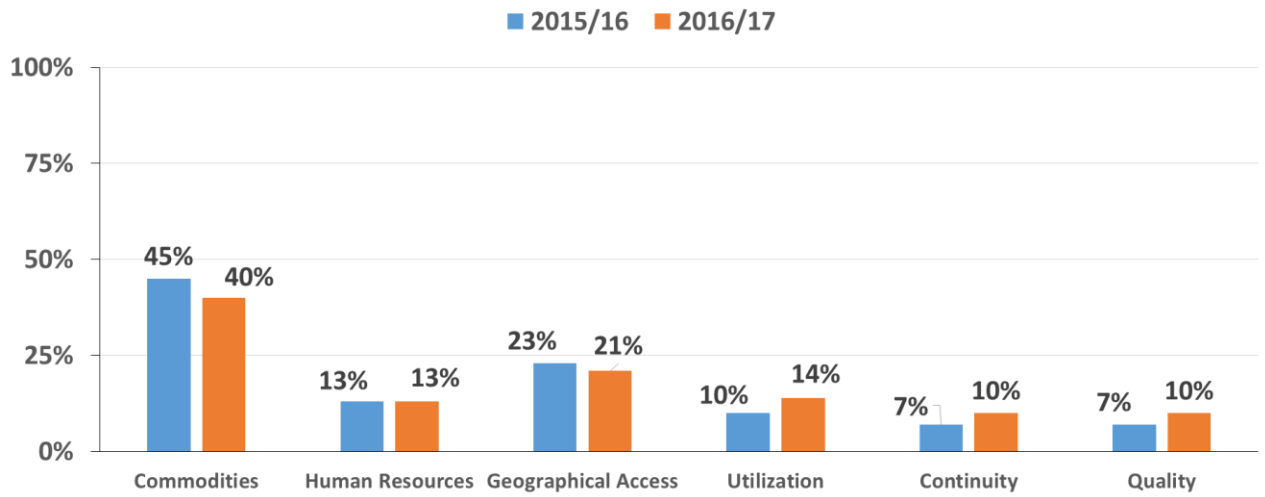


Figure 8. Main bottlenecks for treatment of Severe Acute Malnutrition (SAM) for children for 2016/17

Vitamin A Supplementation

Vitamin A supplementation is among the well mainstreamed intervention in the health system. Most of the bottlenecks are experienced on human resources; to rectify this bottleneck, updating human resources with knowledge on vitamin A supplementation is of paramount importance. Even though only two regions have reported low geographical access, still utilization, continuity and quality are good due to presence of outreach services as seen in figure 9.

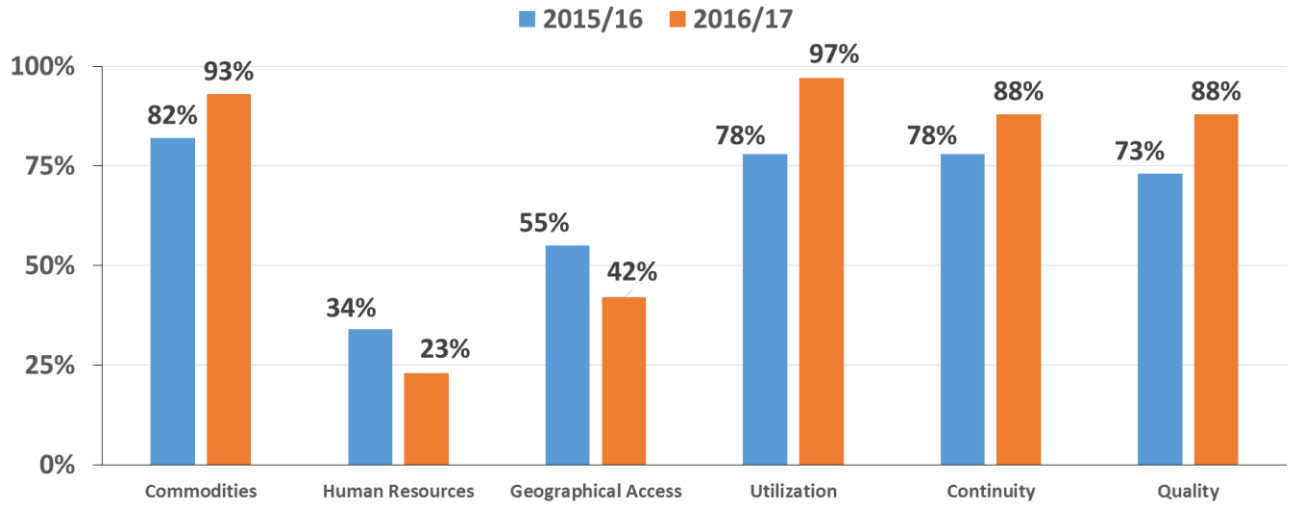


Figure 9. Main Bottlenecks for Vitamin A Supplementation (VAS) among children for 2016/17

Iron and Folic Acid Supplementation (IFAS)

The major bottlenecks in iron and folic acid supplementation were capacities of human resources both in the communities and health facilities appears to be low because they have not been updated in the recent years. Even though commodities appear to be available in health facilities, utilization is still low due to irregularity on antenatal clinic attendance and poor adherence; all of which affects also the quality aspects of the service.

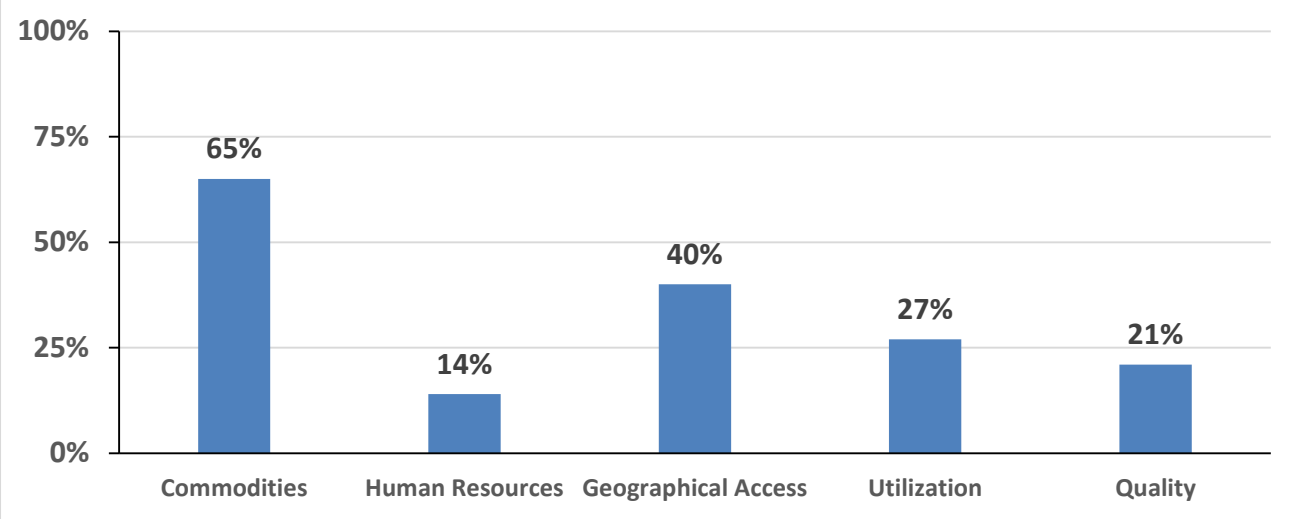


Figure 10. Main bottlenecks in Iron Folic Acid Supplementation (IFAS) for pregnant women for 2016/17

It was concluded that, there are some nutrition data gaps and limited nutrition related indicators included in the DHIS2. Also the questionnaires for the BNA were self-administrated by District Nutrition Officers (DNuO) thus jeopardizing data quality.

The BNA proposed the following way forward:

- To provide feedback to council level officers during workshops to support planning and budgeting for nutrition at decentralized level (FY 2018/19).
- Also there is a need of supporting councils to carry out causal analysis of bottlenecks and plan for relevant activities that will contribute to remove identified bottlenecks.
- The need was also recognized to advocate for linking Bottleneck Analysis Indicators with DHIS2.

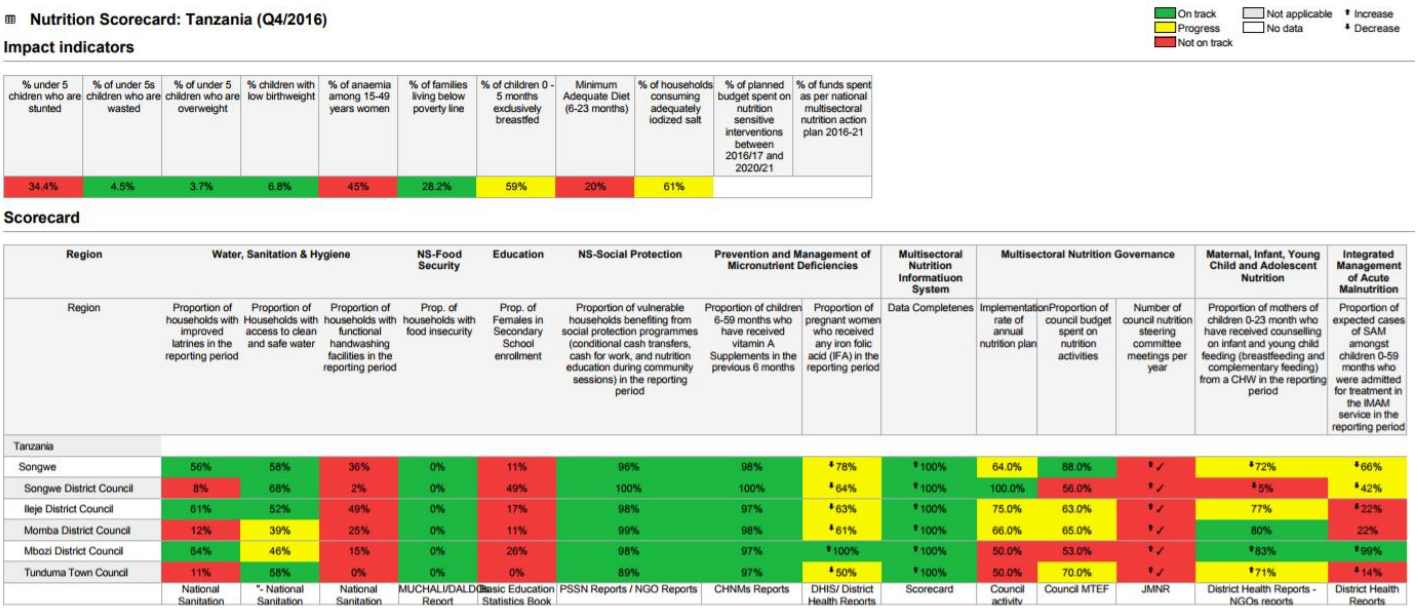
3.2.4 Multisectoral Nutrition Scorecard

Mr Adam Hancy from Tanzania Food and Nutrition Centre presented the Multisectoral nutrition scorecard. It was elaborated that the scorecard is a web based tool designed to help MDAs, RSs, LGAs

and Partners to track progress of the NMNAP. It shows the progress of key indicators against pre-defined targets over time.

His presentation highlighted the on the key steps undertaken to developing Multisectoral Nutrition scorecard which includes: defining indicators (with stakeholders), training of key staff, piloting the scorecard, revision of indicators, training RNuO and DNuO, rollout and launching. He also mentioned the Indicators categories of the Multisectoral Nutrition Scorecard as aligned to the NMNAP, and are presented in two levels, that is the: National Level which mainly include impact and outcome indicators that are collected through national surveys including TDHS – MIS, TNNS, HBS; and the subnational level (output indicators) which are routinely collected from the existing Multisectoral data system.

He shared the scorecard updating processes and timelines, which shows the set of activities at council, regional and national level with the responsible person, associates, required tools and the timeframe. In his presentation he also showed the snapshots of the scorecard from few regions, to give a clear picture of how the scorecard presents status of the indicators through 'traffic lights' system (i.e. green, yellow and red) at regular intervals; the following scorecard shows Songwe region scorecard for Q4 of 2016 (period between October – December 2016).



Nutrition Scorecard: Tanzania (Q4/2016)

On track | Not applicable | Increase
Progress | No data | Decrease
Not on track

Impact indicators

% under 5 chidren who are stunted	% of under 5s children who are wasted	% of under 5 children who are overweight	% children with low birthweight	% of anaemia among 15-49 years women	% of families living below poverty line	% of children 0 - 5 months exclusively breastfed	Minimum Adequate Diet (6-23 months)	% of households consuming adequately iodized salt	% of planned budget spent on nutrition sensitive interventions between 2016/17 and 2020/21	% of funds spent as per national multisectoral nutrition action plan 2016-21
34.4%	4.5%	3.7%	6.8%	45%	28.2%	59%	20%	61%		

Scorecard

Region	Water, Sanitation & Hygiene			NS-Food Security	Education	NS-Social Protection	Prevention and Management of Micronutrient Deficiencies		Multisectoral Nutrition Informatiuon System	Multisectoral Nutrition Governance			Maternal, Infant, Young Child and Adolescent Nutrition	Integrated Management of Acute Malnutrition
Region	Proportion of households with improved latrines in the reporting period	Proportion of Households with access to clean and safe water	Proportion of households with functional handwashing facilities in the reporting period	Prop. of households with food insecurity	Prop. of Females in Secondary School enrollment	Proportion of vulnerable households benefiting from social protection programmes (conditional cash transfers, cash for work, and nutrition education during community sessions) in the reporting period	Proportion of children 6-59 months who have received vitamin A Supplements in the previous 6 months	Proportion of pregnant women who received any iron folic acid (IFA) in the reporting period	Data Completenes	Implementation rate of annual nutrition plan	Proportion of council budget spent on nutrition activities	Number of council nutrition steering committee meetings per year	Proportion of mothers of children 0-23 month who have received counselling on infant and young child feeding (breastfeeding and complementary feeding) from a CHW in the reporting period	Proportion of expected cases of SAM amongst children 0-59 months who were admitted for treatment in the IMAM service in the reporting period
Tanzania														
Songwe	56%	58%	36%	0%	11%	96%	98%	↓78%	↑100%	64.0%	88.0%	↑✓	↓72%	↓66%
Songwe District Council	8%	68%	2%	0%	49%	100%	100%	↓64%	↑100%	100.0%	56.0%	↑✓	↓5%	↓42%
Ileje District Council	61%	52%	49%	0%	17%	98%	97%	↓63%	↑100%	75.0%	63.0%	↑✓	77%	↓22%
Momba District Council	12%	39%	25%	0%	11%	99%	98%	↓61%	↑100%	66.0%	65.0%	↑✓	80%	22%
Mbozi District Council	64%	46%	15%	0%	26%	98%	97%	↑100%	↑100%	50.0%	53.0%	↑✓	↑83%	↑99%
Tunduma Town Council	11%	58%	0%	0%	0%	89%	97%	↓50%	↑100%	50.0%	70.0%	↑✓	↑71%	↓14%
	National Sanitation	"- National Sanitation	National Sanitation	MUCHALI/DALDO Report	Basic Education Statistics Book	PSSN Reports / NGO Reports	CHNMs Reports	DHIS/ District Health Reports	Scorecard	Council activity	Council MTEF	JMNR	District Health Reports - NGOs reports	District Health Reports

Figure 11. Snapshot of Songwe Region Scorecard for Q4 of 2016

Finally he urged nutrition officers to use scorecard to inform nutrition steering committees and stakeholders as well as sensitization of the leaders and decision makers at their respective area.

CHAPTER FOUR

PROCEEDINGS OF DAY TWO

4.1 Theme 1: Implementation of NMNAP by LGAS and RSs: Challenges and Success Stories

Under this theme there were six presentations from the LGAs and Regional Secretariats. The theme was chaired by Mr. Mwita Waibe, Nutrition Policy Analyst from PO-RALG. The objective of the theme was mainly to share challenges and success stories in the implementation of NMNAP.

4.1.1. Engaging Traditional Healers in Identification of Severe Acute Malnutrition

Mr. Gyunda Abel a District Nutrition Officer from Maswa DC in Simiyu Region who shared the experience on how they engaged traditional healers (TH) in identification of SAM. He explained the reason for this intervention being to address the issue of delayed diagnosis and treatment of SAM among children in the district, hence reduce mortality associated with SAM from 2/ 1000 to 1/ 1000. He briefed on the nutrition situation in Maswa district; that about 5.6% of under five deaths reported in Maswa DC were associated with SAM. He furthers explained that most children were sent to traditional healers before coming to the health facilities, which was the reason for delayed diagnosis and treatment of many diseases including malnutrition, hence increasing the severity of the diseases and risk of mortality. He highlighted that in the intervention they identified THs and trained them how to screen for severe and moderate acute malnutrition using MUAC measurement, also identification of edema.

The findings showed that 5 out of 450 THs were reached from May – June, 2017 and 18 children were referred direct from THs to HFs compared with 10 referral cases from CHWs in the same period. This intervention has so far improved relationship between THs, CHWs and Health facilities. However, he mentioned some of the challenges faced in reaching THs including budget constraint and poor relationship between government officials and THs. With this innovation, blockers have been turned into movers in the war against acute malnutrition in Maswa district.

4.1.2. Production of Video and Audio Clip Addressing Infant and Young Child Feeding

Mwanamvua Zuberi, Tanga Regional Nutrition officer presented the experience at Bombo regional referral hospital in Tanga on how they increase awareness on IYCF practices in the facility. Her ongoing facility based innovation involved production of video and audio clips addressing IYCF practices and air them in various areas of the hospital such as waiting room and maternity wards so that clients can listen as they are waiting for other services. The reason behind this innovation was to

ensure many people are reached with nutrition messages with limited resources. It is a useful idea since it can be used even in the absence of skilled personnel.

The achievements seen so far include increased demand for nutrition services from community, which was reflected by increased appointment and invitations from various clients and media such as Tanga TV, Nuru FM and Uhuru FM for interviews to discuss IYCF issues. She as well received appreciation from Tanga Regional Referral Hospital management team which have planned to include the clip in Hospital communication network to support the innovation.

4.1.3. Strategic Use of Local Food Materials to Formulate Hospital Made F100

Ms Imaculata Mwalulefu, a Registered Nurse from Bombo Referral Hospital shared her success story of managing SAM using locally made therapeutic milk (F75 and F100) formulations using WHO guidelines. In her presentation she shared how she came about with this idea and the challenges faced to convince hospital management to use locally made therapeutic food in management of SAM cases so as to save lives and reduce cost incurred during referrals.

In the course of the intervention 44 malnourished children (<5yrs) were recruited and stayed in pediatric ward for 14 days on average. The findings showed that 94% of the admitted children improved their condition and discharged for outpatient services, 4% died, and 2% referred to Muhimbili National Hospital for further treatment. She emphasized that, this intervention can be sustained at health facilities level with little cost provided that health providers are well trained. Supports are needed for such intervention, which can save lives of many children and cut down referral cost.

4.1.4. Positive Deviant Hearth in two villages of Muleba District Council

District Nutrition Officer from Muleba DC, Mr Robinson Tigererwa made a presentation on PDH exercise held in two villages of Rwigembe and Nyakanyasi in Muleba district. He started the presentation with brief introduction on Muleba nutrition situation and the PDH intervention. He explained PDH as a community based model that addresses behavior change in families with low weight for age children. This model allows caregivers/mothers of well-nourished children to share and transfer positive nutrition practices to others in the community with malnourished children.

The methodology used to conduct PDH exercise included conducting community sensitization meetings in the identified villages, screening children (taking body weight) to identify eligible children and enroll them in groups of 10 to 12, and identify CHWs to supervise the groups. The findings were; 55% (42/76) of all involved children increased an average weight of 400 - 1200 gm, according to the

weight taken during the 12th day. The key message shared from his presentation was; simple and cost-effective nutrition interventions have potential to rescue lives of many children with nutrition problems.

4.1.5. Community Based Stakeholders Mapping Process - Improve Coordination of Nutrition Activities

Jonas Kira, District Nutrition Officer presented mapping of Nutrition stakeholders in Siha District Council. His presentation covered objectives and the overview of the mapping process as carried out in Siha district. He explained that, the mapping activity was facilitated by Building Strong Nutrition System which was a collaborative project implemented by KCMUCo and Cornell University of USA, partnering with NM-AIST, SUA, TFNC and MUHAS. The objective was to help DNuO to establish multi-sectoral collaboration links with stakeholders across sectors and organizations to improve health and nutrition services. The activities helped to identify challenges, opportunities and actions for multi-sectoral collaboration.

The mapping exercise adapted UN REACH tool which was used by TFNC for the national mapping in 2012. The tool was used to capture activities, targets, location, challenges and the success. The result showed that out of 24 stakeholders identified in District Community Development Office only 15 were reached. Also 95% of the reached stakeholders were engaged in nutrition sensitive activities and only 5% were implementing nutrition specific activities.

Following the mapping activity the nutrition stakeholders succeeded to have common Action Plan for Nutrition interventions, enhance information sharing and reduce competition among stakeholders in the District. It also helped to ensure stakeholders activities were aligned with NMNAP as well as improve networking and resource mobilization.

4.1.6. The prevalence of Type 2 Diabetes in Maasai communities of Ngorongoro

This presentation was about a research to examine the prevalence of Type 2 Diabetes in Maasai living in 3 rural communities in the Ngorongoro Conservation Area and those living in urban Arusha but originating from 3 selected communities. The presenter was Stanley Masaki who shared the results of his research on the prevalence of Type 2 diabetic among Maasai communities. His study was different from previous conducted studies as it compared the susceptibility of T2D within the same ethnic group living in rural and those who migrated to urban areas.

He used a cross-sectional study design which included 724 Tanzanian Maasai aged 18-75 years of which 374 were from rural and 350 urban. They determined the prevalence of T2D by testing the

fasting blood sugar (FBS) and Oral Glucose Tolerance (OGT) using a glucometer. Also they determined the risk factors for T2D by taking some Anthropometric measurements, total serum cholesterol and hypertension.

The study findings showed the overall prevalence of T2D for both rural and urban was 16.2% (n=117). The prevalence of T2D in urban residents was 22.9% (n=80) significantly higher than for rural residents 9.9% (n=37). Other issues noted from this study were: Rural to urban migration amongst the Maasai ethnic tribe exposes them to higher risk for T2D; The differences in prevalence of T2D in urban was mainly explained by obesity, hypertension and age; and Rural environment lacks predisposing factors which may have an impact on T2D.

From this study it was recommended that health lifestyle should be promoted among all population groups including Maasai migrants in order to prevent diet related non communicable diseases in the community.

4.2. Theme 2: Reaching the Community: Challenges, Success Stories and Models for Scale-Up

This theme was intended for various nutrition projects implemented in the country to share their experiences particularly models used to reach the community, challenges and achievement. The session was chaired by Gayle Martin from World Bank, eight projects presented were; Mtoto Mwerevu (ASTUTE), Accelerating Stunting Reduction Project (ASRP), Lishe Ruvuma Project, Mwanzo Bora Nutrition Project (MBNP), Next Generation Project, Fortification Project, and Fill the Nutrient Gap/ Cost of Diet

4.2.1. Mwanzo Bora Nutrition Project

Dr. Vedastus Rutachokozibwa of Mwanzo Bora Nutrition Project presented the Models for scaling up of nutrition projects as well as success stories and challenges they encounter. The project started in 2011 with the view to: Reduce the prevalence of maternal anemia in pregnant and lactating women and to Reduce the prevalence childhood stunting in children under two years of age both by 20 percent with reference to 2010 TDHS data; and to Develop local capacity (Government, NGOs, CSOs) in nutrition programming.

Mwanzo Bora Nutrition Project is promoting uptake of key nutrition interventions which are FEFO supplementation, VAS, dietary diversity and multiple micronutrient powder. Also the project introduced low input (low cost) technologies such as sack gardens, keyhole gardens, back yard drip irrigation, tippy-tap and small livestock multiplication unit. The project has contributed to reduction

of stunting in Dodoma, Morogoro and Manyara with reference to Kilimanjaro (non-zone of influence), however, despite all these efforts the prevalence of maternal anemia is still increasing.

4.2.2. ASTUTE Project implemented by IMA World Health - Dr. Generose Mulokozi

Dr. Generose Mulokozi of IMA World Health presented on ASTUTE Project which is aiming at addressing stunting in early stages of life. It is a five year project (May 2015 - May 2020) implemented with financial support of the UK Government through UK-AID.

The program aims at reaching more than three million mothers, preventing stunting in more than 50,000 children and furthermore reducing stunting prevalence among children under 5 years by at least 7% in the five target regions (Mwanza, Shinyanga, Geita, Kagera, Kigoma) with 36 Councils.
The program operates under a model with 3 components:

- Improved operational multi-sectoral response to nutrition - National, regional, district multisectoral collaboration and response to nutrition.
- Enhanced capacity to support optimal care practices - Develop capacities of NuOs, HFWs, CHWs, CSOs on MIYCAN, WASH, ECD; and
- Increased knowledge of beneficiaries - Mass, Media campaigns, interpersonal communication on MIYCAN, WASH, ECD.

Among achievement realized by the project includes; identification and training of 23 CSOs on ASTUTE priority areas, training of 3,984 people from 16 councils on MIYCAN, ECD, and WASH, advocacy and sensitization of around 400 CMTs and CHMTs, as well as 700 community leaders (councilors, WEOs and VEOs) and airing of 600 radio spots during the first year of ASTUTE.

4.2.3. Next Generation Project implemented by CUAMM

Ms. Fort-Happiness Mumba presented on behalf of Doctors With Africa (CUAMM) about the Next Generation Project which uses various methods to form an integrated promotion of nutrition, growth and development in Simiyu and Ruvuma Regions. The overall objective was to see whether integrating activities for chronic and acute malnutrition will lead to better outcomes at a lower cost. The project is expected to reach up to 235,459 pregnant and lactating women; 198,565 children under two years and 20,204 under-five who are wasted.

The specific objectives of the project were: to reduce prevalence of childhood stunting in Ruvuma and Simiyu regions by up to 17% (with reference to 2010 TDHS); and to treat up to 16,163 cases of SAM; avert up to 77,319 stunting cases and 1,875 deaths due to SAM. The project also seeks to increase knowledge, attitudes and practices (KAP) on birth preparedness, maternal nutrition and appropriate

infant and young child feeding practices and to strengthen capacity of sub-national level to deliver integrated nutrition services.

Among activities implemented to achieve the said objectives includes: bi-annual community screening for SAM as active case finding approach; formation of peer support groups (PSG) which are used as model to provide nutrition education to the community, conducting village health days, outreach activities such as households visits to offer nutrition education to the families, follow-ups visits of the pregnant women and children who were under nutrition treatment and cooking demonstrations.

To date the project realizes the following milestones; periodic needs and bottlenecks assessment, training of more than 100% planned, development of tools for data collection and analysis, mapping of village households, rehabilitation/equipping of seven Malnutrition units at facility level, detection and treatment of 346 SAM cases (from August, 2016 to June, 2017), implementation of Community Health Education in nutrition and radio campaigns.

4.2.4. Accelerating Stunting Reduction Project in Southern Highlands Regions

Mr. Norbert Massay, a Project Manager with PACT presented on Accelerating Stunting Reduction Project which is implemented in southern highlands regions of Mbeya, Iringa, Njombe and Songwe. The overall impact of the project is to reduce stunting among children under five years from 44% in 2013 to 35% in 2019.

The projects expects to realize three major outcomes, which are:

Outcome 1: Increased proportion of pregnant women and mothers/caregivers of children under two years who practice key pro-nutrition behaviors including IYCF, Health, WASH and CCD (from 5% in 2014 to 75% in 2019);

Outcome 2: Increased availability of diverse nutrient-rich foods at household level (i.e. mean household dietary diversity score, from 6 in 2013 to 10 in 2019); and

Outcome 3: Strengthening evidence-based multi-sectoral response to under-nutrition at decentralized level.

The project is executed in five main pillars including: capacities building to CHWs and supervisors on key pro-nutrition behaviors and communication skills; use of simple/pictorial communication material to facilitate informed dialogue and interactions among beneficiaries; prioritize group counseling to reach more beneficiaries and make the solutions emerge through interaction among peers; ensure adequate intensity of communication; and continued skills improvement among CHWs through coaching, supervision and feedback.

Key achievements realized in terms of outcomes are:

- **Outcome 1:** 54% (of 1,940) villages in the 20 target districts have 2 trained CHWs; over 220,000 mothers and caregivers (48% population coverage) are currently enrolled in monthly counseling groups in their communities; and over 12,500 local leaders have been sensitized through informed dialogue and social mobilization.
- **Outcome 2:** 25,000 farmers were sensitized on pro-nutrition behaviors. 20,000 farmers received training and inputs to increase production of nutritious plants and animal source foods; and among them, 15,000 farmers are practicing preservation of nutrient-rich foods in their communities.
- **Outcome 3:** Nutrition steering committees at regional and district levels are now conducted through the support from NGOs. Also, joint supportive supervision, compilation of bi-annual Bottleneck Analysis (BNA) of specific nutrition interventions and regular sharing of information are conducted.

In synergy with other programmes: more than 12% (26,000 out of 220,000) of beneficiaries are from most vulnerable households (TASAF beneficiaries). The coverage of children under 5 years treated for severe acute malnutrition increased from less than 5% (estimated) in 2013 to 52% in 2016 (BNA, 2016/17), i.e. 3,500 children treated out of an estimated caseload of over 6,500 children with SAM.

4.2.5. Lishe Ruvuma Project

Ms. Belinda Liana, a Project Coordinator with COUNSENUTH gave a presentation on Lishe Ruvuma Project which is implemented in Ruvuma Region particularly in Tunduru, Songea and Madaba Councils from 2013/14 to 2018/19. It is an integrated Community Based Nutrition Program which aims at reducing childhood stunting.

The project priority areas include promotion of optimal infant and young child nutrition; promotion of sanitation, hygiene practices and supply of safe water; and management of acute malnutrition. Also, the program promotes life skills for adolescents and gender mainstreaming using transformative, reflective leadership approach. Prioritized issues in this approach are early pregnancies and girls school drop outs; childhood marriages; women workload; inadequate care for women and children; and limited male participation in care of children.

The project has reached 100% coverage of villages in Tunduru, Songea and Madaba DCs. The mid-term evaluation indicated reduction in anemia both in children and women of reproductive age and increased in exclusive breastfeeding.

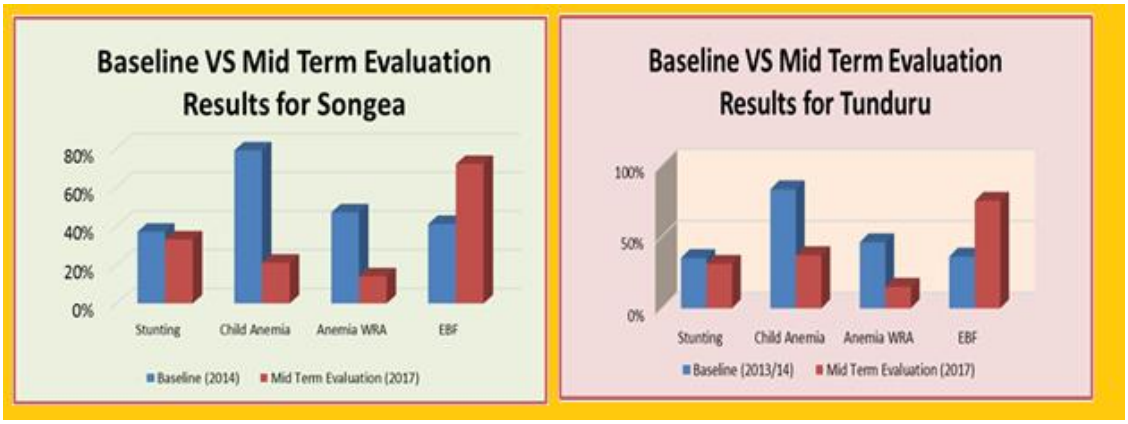


Figure 12. Evidence of improvement of nutrition indicators during mid-term evaluation

4.2.6. Fortification Project

Mr. Omari Gwao, a Food Fortification Program Manager with Hellen Keller International (HKI) presented on Making Fortification Work for Small and Medium Scale Maize Millers, a strategy to combat micronutrient deficiencies in Tanzania. Maize flour is the most staple food consumed among low income populations[5] and hence an appropriate vehicle to fortify. He noted that fortified maize flour is effective in enhancing maternal access to enough folic acid prior pregnancy as it allows regular consumption of folic acid which is important in prevention of baby neural tube defects (which forms 3 – 4 weeks after conception) considering that most pregnancies are unexpected.

Maize milling is a highly fractured industry with bulk of the product being produced at multiple small mills throughout the country, with only two large scale mills which bulk of its produces goes to beer industry for brewing.

HKI, in collaboration with SANKU intended to answer the following questions:

- Determine whether it was possible to work with packaging Maize Millers,
- Would they be able to be compliant?
- Would it still be a cost effective way to reach the population?
- Would the target population (i.e. population at the lowest socio-economic scale) benefit from maize produced?

[5] GAIN FACT Survey of 2015 shows that 87% of "poor" citizens consume maize on a daily basis. As of 2015 though, less than 3% of Maize was fortified. By comparison, Wheat is only consumed on a regular basis by 36% of the poor. Seen another way, the average consumption of maize versus wheat in the diets of women and children in an average day is striking. 6g Maize comprises 80% of women's staple intake and 66% of children's. According to this data, Maize is by far the most

They provided an enabling environment for fortification which includes: provision of equipment and essential inputs to millers; facilitated the development of by-law on fortification; supported advocacy among government offices, schools, HFs and churches to ensure structural and systematic support for fortification exists. Also launched an education campaigns to raise awareness on fortification, and assisted millers to comply with national food production standards.

HKI conducted an end line study in January 2017 to determine the effectiveness of the interventions conducted in a period of one year. The study assessed changes in acceptability, purchasing and consumption patterns, and access to fortified maize products.

The results showed a significant change in people's attitudes around fortification; fortification knowledge and significant increase in the ability to identify the fortification logo. More people were able to identify at least one benefit of fortified maize flour; and more were willing to purchase fortified maize.

There was an increase in the numbers of households purchasing maize versus the number producing it at home or at a toll mill compared to baseline survey. Purchasers of packaged maize increased from 62% to 82%, while home grown maize decreased from 34% to 17%. The results showed that, 81% of poor classified households (based on MPI), reported in purchasing packaged maize flour regularly.

4.2.7. Introduction to Fill the Nutrient Gap/Cost of Diet by WFP

Ms. Saskia De Pee from World Food Program (WFP presented on Fill the Nutrient Gap (FNG) and Cost of Diet (COD). The presentation was done in two sessions; the first was the brief introduction and later in the evening a detailed presentation was made. FNG is a tool which combines analytical framework and stakeholder's engagement to strengthen analysis and consensus building and support evidence based decisions to improve nutrition. The tool identifies context-specific solutions to improve nutrition across food, health, and social protection systems.

FNG resort on two components which are: reviewing secondary data and information; and linear programming on the COD. These lead to a life – cycle approach which focuses on children under two years; pregnant and lactating women; and adolescent girls.

Its significance to realization of NMNAP emanates from the fact that the analysis revealed that estimated 59% of households unable to afford a nutritious diet. Food fortification has a potential of reducing the cost of a nutritious diet of a household by 9%; and of a child 6 – 23 months by 16%. Fortified flour + supplements + Micronutrient Powder intervention envelope can reduce household

cost of a nutritious diet by 24%. Market solutions are critical for reaching poorest populations and ffortification is an attractive intervention for improving nutrient intake.

The analysis revealed that, there diets are heavily reliant on unfortified staple food where 40% of energy comes from maize; and mandatory fortification is partially implemented and limited accessibility. Other results from the analysis showed that, there is:

- It is estimated that 59% of the households are unable to afford a nutritious diet;
- 20 % of the households cannot afford diet that meets only energy needs;
- Consumption of adequately fortified maize could reduce the household cost of a nutritious diet by 11%;
- Food fortification has a potential of reducing the cost of a nutritious diet of a household by 9%, and of a child 6–23 months by 16%;
- Fortified flour, supplements and micronutrient powder intervention all together can reduce household cost of a nutritious diet by 24%;
- Market solutions are critical for reaching poorest populations; and
- Fortification is an attractive intervention for improving nutrient intake.

4.3 Theme 3: Strengthening Nutrition Linkages and Synergies in NMNAP Implementation

The objective of this theme was to share how various sectors/ ministries play role in the implementation of NMNAP. The session was chaired by Mr. Obey Assery from PMO, presenters were representative from MoALF, MoHCDGEC, MoEST, PO-RALG and TASAF.

4.3.1. Ministry of Health Community Development Gender Elderly and Children

Mr. Peter Kaswahili, a Nutrition Officer with the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) made a presentation on the contribution of Health Sector in NMNAP Implementation in Tanzania. One of the major role of the Ministry is to review policies and strategies related to nutrition.

He explained that to execute its role, the ministry in collaboration with various nutrition stakeholders reviewed the National Food and Nutrition Policy of 1992. The reviewed policy was submitted to the Cabinet Secretariat in February 2017. Also, the Health Policy of 2007 is under review where by nutrition components are incorporated.

The Ministry also oversees the food fortification and micronutrient supplementation is properly implemented by both the government institutions, CSOs and private sector. With regards to food fortification, the ministry in collaboration with nutrition partners coordinates large scale food

fortification and enrichment of staple including wheat flour, maize flour, edible oils and salt fortification.

It was reported that the Ministry in collaboration with PO-PSM, PO-RALG, MOFP has participated in the initiation of recruitment of Nutrition Officers who are deployed into various government structures. Currently there are 246 Human resource for nutrition, the purely professionals are 191 (24 nutritionists at regional level, 9 nutritionists at MOHCDGEC, 104 at council level under Health and 54 nutritionist placed in other departments. Also there are 55 non-nutrition professionals serving as Nutrition Focal Persons.

In ensuring that evidence based information is reliable and available on timely basis; the ministry has coordinated the review of nutrition data elements in the existing HMIS registers. Also, the ministry in collaboration with TFNC, NBS, DPs, Academia, TFDA, Food Industry, NGOs and HKI has established a Central Data System for Food fortification and impact indicators were developed.

4.3.2. Ministry of Education Science and Technology (MoEST)

Implementing Nutrition Sensitive Interventions

Mr. Joel A. Mwamasangula with the Ministry of Education, Science and Technology made a presentation on the nutrition sensitive interventions executed by the education sector. The presenter highlighted that, the recent International calls require Nations in the world to increase their annual budgets for Education and Health and link them to School Health and Nutrition (SHN) Indicators. It is important because investing in health and nutrition of pupil's results into fortifying brains of the learners, who become better learners in school, hence becomes more productive adults and change agents for their communities.

The ministry in collaboration with nutrition stakeholders has implemented various nutrition sensitive interventions so as to address malnutrition at community and school levels. Some of the implemented activities include; inclusion of food for education component in the Education and Training Policy of 2014; reviewed National School Health Policy Guidelines (2000) to accommodate more comprehensive educational and health issues including Nutritional indicators; developed teaching and learning materials of pre-primary and primary school level in which vital nutritional issues are included; and trained 11,647 School Management Committee Members (SMCM) from 19 regions of Tanzania mainland on handling of school meals.

In ensuring that there is an adequate pre-primary and primary teachers who are entrusted to improve delivery of nutrition services including nutrition education among pupils, the Ministry has put forth

strategies to improve methodology for learning and teaching health and nutritional education, community involvement in planning and mobilizing resources for school feeding program and conduct advocacy at various levels.

4.3.3. Ministry of Agriculture, Livestock and Fisheries (MoALF)

Implementation of MNNAP in Agriculture Sector

Ms. Magreth Natai, a Nutrition Focal Person in the Ministry of Agriculture, Livestock and Fisheries made a presentation on the implementation of NMNAP in agriculture sector. She pointed that, the implementation of NMNAP involved different actors; government and non- government organisations. The MoALF is among the ministries implementing nutrition sensitive interventions in the country.

It was mentioned that, the key role of the Ministry in implementation of NMNAP is to ensure that communities have access to a diverse range of nutritious food throughout the year. At policy level, relevant nutrition issues are to be incorporated in Policies, Strategies, Programme and Projects. To observe these roles, nutrition issues have been mainstreamed in Agriculture Policy (2013); National Postharvest Management Strategy (Draft) and Agriculture Sector Development Programme (ASDP II) which is the framework through which agriculture initiatives are implemented.

Key nutrition areas that are addressed in ASDP II include diversification of food production and consumption; promotion of consumption of high nutritive value food crops; food processing and preservation; food storage; post-harvest management for reduced food loss; food fortification/bio-fortification; food security and nutrition safety nets; and food quality and safety.

Among challenges that the Ministry is facing in the implementation of planned interventions include:

- Outdated data on Postharvest losses as a result of inadequate research,
- Lack of farmers' organizations which are crucial to ensure Access to Markets, technologies and extension services
- Cost and Availability of Agro-Technologies
- Poor post-harvest handling of produce which affects the quality and safety of the produce.

4.3.4. Regional Administration and Local Government (PORALG)

Mr. Steven Motambi, Assistant Director Nutrition Services in The President Office Regional Administration and Local Government (PORALG) presented on roles, responsibilities and nutrition coordination to regional secretariats and Councils levels. It was reported that, the mandate of PORALG is to coordinate the Regional Secretariats and Local Government Authorities service delivery through

Decentralization by Devolution (D by D) Policy. The decentralization is in terms of human resource, finances, powers, responsibilities and accountability.

In coordinating nutrition services at RS and LGA level PORALG;

- Facilitates the communication of various directives from the Central and Sectoral Ministries to the Regions and Councils.
- Take actions on accountability to the Regions and Councils
- Collect, analyze reports from Regions and Councils and provide them to the MDAs

Among achievements realized in nutrition, these includes:

- Reviewed the Terms of Reference of Regional and Council Steering Committees:
- Developed the comprehensive multisectoral Supportive supervision guideline tool

Challenges identified to date includes the following:

- Shortage of competent human resource for nutrition in the Regions and Councils
- Uneven distribution of nutrition partners in the Regions for example Mara, Tabora, Katavi, Tanga, Kilimanjaro and Rukwa have no partner while other regions have more than one partner
- Nutrition funding is still low in Regions and Councils
- Few/No established data of nutrition situation at Council level as most of the data are for Region.

4.3.5. Tanzania Social Action Fund (TASAF)

Mr. Omar Malilo from TASAF presented on strengthening nutrition linkages and synergies through the implementation of TASAF III Productive Social Safety Net (PSSN). The program intends to enable poor households increase income and opportunities while improving consumption of nutritious food. TASAF III PSSN operates under the following components:

- National safety net incorporating transfers linked to participation in public works and adherence to co-responsibilities (CCT)
- Enhancement of livelihoods and increasing income through community savings and investments
- Targeted infrastructure development (education, health, water)
- Capacity building to ensure adequate program implementation.

The Program Model used involve cash transfer to poor households while focusing on building human capital–health and education; and providing labour intensive public works and livelihood opportunities so as to protecting poor households during lean season.

With respect to nutrition, TASAF III PSSN has succeeded to create linkages with the existing large-scale stunting reduction programs in Mbeya, Iringa, Njombe and Songwe regions; train community health workers and supervisors on interventions to reduce stunting in the community; provision of monthly counselling on pro nutritional behaviour impact to a total of 27,664 TASAF beneficiaries; and developed a community engagement toolkit which has been tested in Mbeya, Iringa for efficacy and has been finalised ready for piloting in Mbeya and Unguja in October 2017.

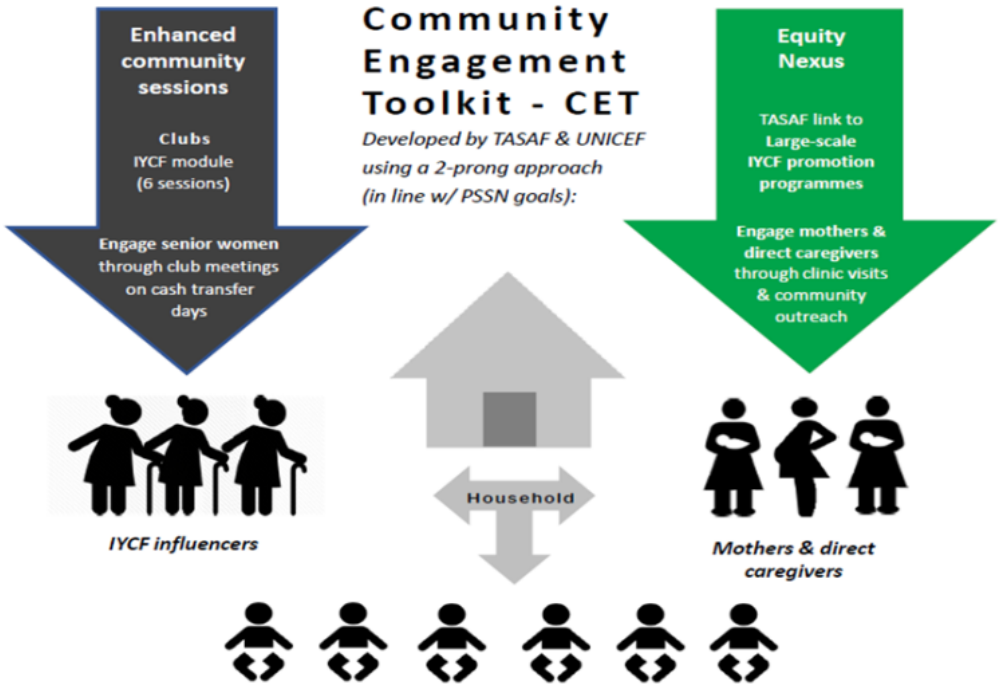


Figure 13. TASAF III PSSN - Community Engagement Toolkit

4.4 GROUP WORK

Dr. Festo Kavishe, Independent Human Development chaired the group work session.

The group work was based on presentations in the themes of implementation of NMNAP 2016/17, implementation of NMNAP by LGAs: challenges and success stories, reaching the community: challenges, success stories, and models for scaling up, strengthening nutrition linkages and synergies in NMNAP implementation.

Participants were divided into five groups with members from regions and MDAs; a group facilitator led discussions in each group. In each group, there was a participation of Development partners and NGO's based on their preference. Each group was supposed to discuss and respond to the following guiding questions:

a) What worked well?
b) Why did it work?
c) What can we learn?
d) What do we recommend for future improvement?

4.4.1 What worked well?

Key achievements drawn from the five groups in terms of what worked well during the first year of implementation of the NMNAP are as follows:

- The overall progress of the implementation of the National Multi-sectoral Nutrition Action Plan (NMNAP) for the financial year 2016/17;
- The commitment of high level government leadership in endorsement and supporting the implementation of the NMNAP;
- Participation of high level government leader in the official launch of the NMNAP (The Prime Minister) and officiating the 2017 JMNR shows the government commitment towards supporting nutrition in the country;
- Establishment of rewarding criteria for the best performing councils in terms of selected key indicators. For this year the criteria was set to: Infant and Young Child Feeding (IYCF), Integrated Management of Acute Malnutrition (IMAM), Iron-Folic Acid Supplementation (IFAS) and Domestic resources spending on nutrition;
- Implementation of the directives of allocating TZS 500 for each under five children in a council as a minimum budget to cater for nutrition specific interventions, which shows a number of councils allocating the said funds;
- The development of various tools which facilitates tracking the implementation of nutrition interventions such as nutrition scorecard, BNA, AWP and the CRRAF is a good idea;
- Increased motivation among nutritionist at all levels to come up with innovations to respond to nutrition challenges experienced in their respective areas. For this particular review six innovation ideas were shared;
- Strengthening of nutrition steering committee at RSs and LGAs levels which facilitates regular meeting to discuss the implementation of multisectoral nutrition activities; and

- Exemption of tax on imported premix for fortification; this will facilitate availability of premix and thus increase consumption of essential micronutrient.

4.4.2 Why did it work?

This part explains various factors which contributed to the realization of the key achievements as previously noted, these includes:

- Effective coordination mechanism and distribution of roles and responsibilities among various nutrition stakeholders for increased participation and accountability;
- Increased advocacy on nutrition related issues at various levels;
- Commitment of the Government, development partners and other actors to address malnutrition;
- Improved linkages and synergies within the sectoral ministries; and between sectoral departments within RSs and LGAs;
- Application of strategies such as SBCC (i.e. using local media and home visits) in promoting positive nutrition behaviours at community level; and
- The use of evidence based information in planning and budgeting for nutrition.

4.4.3 What can we learn?

During the first year of implementation of the NMNAP, several lessons were derived from success factors realized. These key lessons learnt are as follows:

- Strong Government participation and political awareness and commitment at all levels is an important success factor;
- Networking and partnership between different nutrition stakeholders at all levels brings profound positive results;
- Creativity in the use of locally available resources in solving nutrition complications has potential to service sustainability and minimization of costs;
- Involvement of Community Health Workers (CHWs) to promote positive nutrition behaviours in the community contributed to the reduction of malnutrition;
- Integration of nutrition intervention into social protection programme that address poverty and inequality at community level is of paramount importance in accelerating nutrition improvement; and
- The use of real-time data for nutrition is important in making evidence based decision, nutrition planning and programming.

4.4.4 What do we recommend for future improvement?

The following are the key areas for improvement drawn from the group discussion; the proposed strategies under this section aim to take advantage of the lessons learnt and address the key areas identified for improvement. The following are the main recommendations:

- Conduct mapping exercise at LGAs level to identify all nutrition stakeholders so as to solicit partnership, even distribution of responsibilities and areas of operation;
- Continued advocacy on the implementation of NMNAP across all levels;
- Develop and implement resource mobilization strategy for NMNAP;
- Support and promote the use of local innovations to combat malnutrition at facility and community levels;
- Strengthen the use of CRRAF among key actors at all levels to improve accountability;
- Review and update nutrition data elements and indicators in the HMIS and other sectoral information systems;
- Develop nutrition data validation and DQA system at LGA level; and
- Harmonization of nutrition data tools.

CHAPTER FIVE

PROCEEDINGS OF DAY THREE

5.1 Theme 3: Innovative Technologies / Tools for Nutrition Planning / Programming

The theme aimed at sharing of innovative technologies that are employed in nutrition planning and programming in Tanzania. Dr. Vicent Assey, Assistant Director of Nutrition Services at the MoHCDGEC, chaired the session. The session comprised of five speakers, these were: Ms. Doreen Marandu from East Central and Southern Africa Health Community (ECSA), Ms. Divya Naraya from Boston Consulting Group (BCG), Professor Fulgence Mishili from Sokoine University of Agriculture (SUA), Dr. Kijakazi Obed Mashoto from the National Institute for Medical Research (NIMR) and Dr. Esther Elisaria from Ifakara Health Institute (IHI).

5.1.1 Capacity Development for Nutrition

Ms. Doreen Marandu, a Senior Program Officer - Food Security and Nutrition from East Central and Southern Africa Health Community (ECSA) presented on Capacity Development for Nutrition Project. ECSA is an intergovernmental organization established in 1974 as Commonwealth Region Health Community (CRHC), and changed to ECSA-Health Community in 2005, with headquarters in Arusha, Tanzania. The organization is mandated "to promote and encourage efficiency and relevance in the provision of health services in the region". Member countries include Kenya, Lesotho, Malawi, Mauritius, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

The project emanated from Regional Capacity Assessment of nutrition workforce that was undertaken in 2011. The assessment revealed some knowledge and skill gaps among frontline workers who provide nutrition and related services in health systems and community levels. It's from this backdrop that ECSA developed training packages for pre and in-service nutrition training for frontline workers. The developed packages are used to strengthen ability of Governments of Kenya, Uganda and Tanzania to build the technical capacity of their front line workers in delivery of quality nutrition services. Tanzania is in the process of adapting the packages into local context, pretesting, and is now being translated in Kiswahili.

5.1.2 Accelerating the Implementation of NMNAP through Smart Simplicity

Boston Consulting Group (BCG) presented on Smart Simplicity principles aiming to accelerate the progress in the implementation of NMNAP. BCG is a leading management-consulting firm whose one of its global practices focuses on social impact (SI). It was reported that BCG is owned by its partners

and invests a significant share of capacity into its global SI partners, the UN World Food Program (WFP) being one of them for 13 years.

It was reported that since 2014/15, BCG in collaboration with WFP have done extensive studies on successful models for the eradication of stunting. Based on evidence in several countries, BCG has found 12 principles[6] that are all common practices where stunting rates have been reduced between 8 -15 percentage points over a period of 5 years. Interestingly, these elements are overlapping with the elements in the corporate world when successfully dealing with complex problems. This approach has been branded "Smart Simplicity", an approach centred on facilitating effective cooperation[7].

It was further explained that, BCG in collaboration have accomplished several milestones prior development of detailed Smart Simplicity proposal for Tanzania, which includes: analysis of success factors in stunting reduction across 4 countries; completed two missions to Tanzania; and development of diagnostic and proposal to accelerate the NMNAP implementation. The developed proposal builds on three specific recommendations as follows:

- **Improved nutrition data system**: which aims at accelerate availability of single set of nutrition data along with key relevant indicators;
- **Catalyst team**: which act as central coordinating body with a view to accelerate the implementation of the NMNAP among all stakeholders; and
- **Collaborative operating model**: to create the culture of sharing, joint accountability and close collaboration between all parties are pre-requisite to sustaining the current momentum and to facilitate realization of NMNAP goals.

As a part of the development of smart simplicity proposal, a road map was shared of the wider roll out of initiative; whereby a catalyst team will be formed within TFNC (including a member from PO – RALG) to be the driving force behind the sustainable operating model. It was informed that, proposal for sustainable and scalable operating model is currently finalized (with diverse stakeholders consultative meetings underway); and thereafter **Pilot Phase I** in 2 districts (Led by WFP, supported by TFNC) and Pilot phase II (Wider rollout) will be done.

5.1.3 Indicators of Affordability of Nutritious Diets in Africa

Sokoine University of Agriculture (SUA) implements IANDA project in collaboration with Columbia University (USA), and Tufts University (USA). Professor Fulgence Mishili of Sokoine University of

[6] www.bcgperspectives.com/content/articles/development-public-sector-ending-child-hunger-smart-simplicity/
[7] www.ted.com/talks/yves_morieux_as_work_gets_more_complex_6_rules_to_simplify

Agriculture made the presentation on IANDA. The IANDA Project has worked in collaboration with partners in Tanzania and Ghana to develop indicators of food prices that reflect availability and affordability of nutritious diets. The presentation dwelled on elucidating New Indicators of the Cost of Nutritious Diets in Africa. These indicators fill a knowledge gap in food and nutrition security, and can be useful to inform policy and program decision-making to improve access to nutritious food across seasons and locations.

Using Food Price Data from the National Bureau of Statistics, Ministry of Industry and Trade and Investment (MITI) indicators in Tanzania were developed. The NBS collect food price data from markets across the country, for a wider food basket. This data is used to generate the Consumer Price Index (Inflation rate). The IANDA indicators generated from these data are "*Indexes*" namely: Nutritious Food Price Index (NPI) and Cost of a Diverse Diet (CoDD). Also IANDA generates "*Absolute cost*" indicators namely: Cost of Nutrient Adequacy (CoNA) and Cost of a Recommended Diet (CoRD).

With this innovation, now new labelling of food products in some countries uses Nutrition Value score known in acronym as "NuVal". NuVal is a score of "overall nutritional quality" which ranges from 1-100. All fresh fruits and vegetables get 100. Certain components such as added sugars, salt, saturated fat, and cholesterol downgrade nutritional value while added nutrients upgrade nutritional value. NuVal scores are used in some grocery stores in the United States to indicate to consumers which products are overall more nutritious.

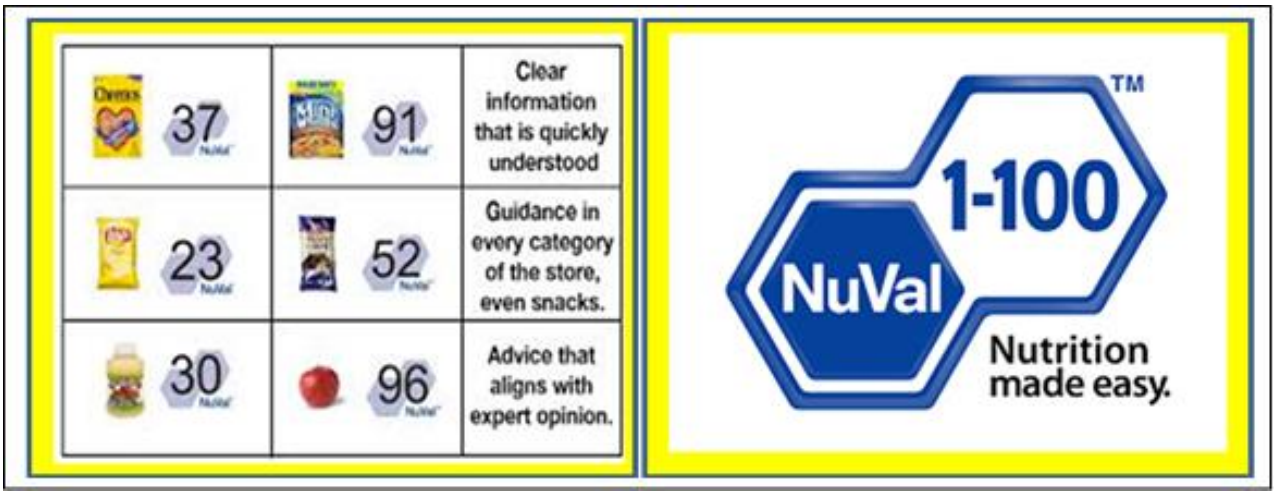


Figure 14. NuVal innovation in food products labelling

4.1.4 Nutrition Innovation and Research

Dr. Kijakazi Obed Mashoto from NIMR presented on nutrition innovation and research. The presentation insisted on the increased demand for research and development in the area of food and nutrition so as to generate evidence based information. Research and development for nutrition is very crucial as Tanzania is currently experiencing a new era of changing food habits and affluent lifestyles coupled with chronic non communicable diseases which are preventable.

It was underscored that Tanzanians needs dietary guidance targeted to precise genetic make-up, and sound nutrition interventions to change their unhealthy behaviour. Thus while significant innovation in nutrition must occur, still there is insufficient investment in research and development, one among the root causes being insufficient funding. Therefore, the emphasis should be on "Renewed commitment to basic research, improved and novel experimental designs using non-targeted approach" all of which requires increased funding for nutritional research.

5.1.5 Use of Mixed Approaches in Nutrition Research

Dr. Ester Elisaria from IHI presented a presentation titled "Mixed method approach for evaluation of integrated nutrition interventions in Tanzania". The institute is advocating on the use of mixed methods research that involves collecting, analyzing, and integrating quantitative and qualitative research in a single study or a use of longitudinal program of inquiry. The mixed method provides more evidence to better understanding of a problem or issue than either research approach alone, furthermore, it gives room for multiple angle arguments and real life experience to enable developing targeted behavioral change advocacy materials.

In this research, which utilizes a quasi-experimental design with mixed method; interventions aim at improving nutrition during pregnancy, lactation, the First 6 months of infancy, and early Childhood are being conducted; impact of the project will be estimated by analysis of differences between the intervention (Treatment) group and non-intervention (control) group and matched with key variables such as stunting at baseline, socio-economic status and education. The selected intervention sites are Bariadi, Maswa and Itilima councils in Simiyu region; and Mbinga, Songea Urban, Namtumbo and Nyasa councils in Ruvuma region. Control sites for Simiyu region are Nzega and Uyui districts; whereas for Ruvuma region will be Ruangwa and Rufiji districts. Baseline survey took place in 2016 followed by midterm evaluation in 2017; impact evaluation and cost analysis will be done in 2019.

5.2 Groupwork - Recommendation for JMNR 2017

Dr. Festo Kavishe chaired the group work session, to formulate recommendations for the 2017 JMNR. During this session, participants were asked to re-join groups that were formulated in Day 2 (Section 3.4). Each Group was required to build on recommendation from Day 2 and further categorize them into groups to discuss on:

- General/Overall (up to three recommendation); and
- Recommendation along five thematic areas.

The recommendations arising from the groups were harmonised into one list and incorporated with those drafted by the executive committee of the organizing committee which was chaired by Dr. Joyceline Kaganda, the Managing Director of TFNC. After merging, the list was further discussed and refined by a committee which comprised of representative from the participants.

After reaching a consensus, Dr. Festo Kavishe, presented the recommendations in plenary for amendments and adoption, after which they became the official recommendations for the fourth JMNR. A total of twelve (12) recommendation (See Appendix 6) were adopted.

CHAPTER SIX

MEETING CONCLUSION

6.1 Recommendations

The closing session was facilitated by Dr. Joyceline Kaganda who extended the utmost appreciative to the participants for their fully attendance to the 4th JMNR. Afterwards, she presented the fine-tuned recommendations proposed by stakeholders and finally handed over the adopted recommendations to the Guest of Honour and then invited her to close the meeting. The Twelve (12) recommendations adopted are attached as Appendix 6.

6.2 Closing

The official closing was officiated on behalf of the chairman of the High Level Steering Committee, the Permanent Secretary PMO by **Sarah Mshiu**, **Economist** from the Prime Minister's Office. In closing, Ms. Mshiu emphasized on government's commitments which were given during opening ceremony as shown in Table 5, and promised spirited follow up of both for the recommendations and the commitments/directives made by various sectors.

Table 5. List of commitments/directives drawn from various remarks from sectoral ministries and the Prime Minister

No.	Commitment/Directives	Responsible
1	Emphasized that his ministry will continue to improve efforts to deliver more clean water and sanitation services to the people.	Water and Irrigation
2	Insisted that its Ministry will continue to manage government spending allocated to nutrition implements in the councils and regions that are used for the intended use. This includes ordering the Financial Management Committee of the councils to incorporate nutrition issues into a permanent agenda for their monthly meetings.	State Office of the Presidency and Local Government
3	Emphasis the mandate of the Vice-President of the United Republic of Tanzania, which issued the Significant Performance Agreements with the Heads of Regions to	State Office of the Presidency and Local Government

	strengthen the development of development activities, especially for nutritional issues.	
4	Continue to support coordination of the implementation of the National Multi-sectoral Nutrition Action Plan.	Prime Minister's Office: Policy, Coordination and Parliament
5	Continue to monitor the development of funds in the councils, including funding provided for nutritional benefits.	Ministry of Finance and Planning
6	Funds allocated for the implementation of nutritional activities on councils of about 11 billion shillings will be issued to the councils.	
7	Importance of nutrition in national development, particularly building a nationally healthy people with a healthy role in contributing to the achievement of the outcomes identified in the National Curriculum Plan by 2025.	Prime Minister
8	Continue to support and create a more stable environment for investment in the manufacturing industry and nutrients in foods.	Prime Minister
9	Review meetings for assessing Implementation of Nutrition Activities in the country is a good thing that needs to be continued.	
10	Special formulas F100 and F75 and Plumpynut should be included in the National Medicine List so that the Government could order for treatments for malnourished children in the country.	

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Appendix 3: Agenda for The 2017 Joint Multisectoral Nutrition Review

DAY 1 – WEDNESDAY, 6TH SEPTEMBER 2017

SESSION 1: OFFICIAL OPENING AND LAUNCHING OF NATIONAL MULTISECTORAL NUTRITION ACTION PLAN (NMNAP)

TIME	ACTIVITY	RESPONSIBLE
07:30 – 08:00	Registration	TFNC
08:00 – 08:30	Introduction of participants	Master of Ceremony
	OPENING CEREMONY	Master of Ceremony
09:00 – 09:15	Welcome remarks	TFNC MD
09:15 – 09:35	Statement of Commitment from SUN Networks	
	• UN Network	UNICEF
	• Donor Network	USAID
	• CSO Network	PANITA
	• Business Network	GAIN
9:35 – 10:05	Statement of Commitment from Key Line Ministries	Honorable Ministers
10:05 – 10:15	A key note from MoHCDGEC	Minister of Health
10:15 – 10:45	Opening Speech by the Honourable Guest of Honor	Guest of Honor
10:45 – 11:00	Brief overview of NMNAP	TFNC MD
	Official launching and dissemination of NMNAP	Guest of Honor
11:00 – 11:15	Presentation of Awards	Guest of Honor
	Group Photos with Guest of Honour • Category one: Key Line Ministries and Members of Parliament • Category two: Development Partners (Excellencies, UN, Donors) • Category three: NGOs/CSOs (both National and International) • Category four: Private Sector • Category five: Awardees • Category six: Organizing Committee	
11:15 – 11:45	**POSTER SESSION AND HEALTH BREAK**	**All**

SESSION 2: NMNAP IMPLEMENTATION STATUS 2016/17, CHAIRPERSON: Dr. Biram Ndiaye - UNICEF

TIME	ACTIVITY	RESPONSIBLE
11:45– 11:55	Objectives of the meeting	MD TFNC
11:55 – 12:10	**Presentation 1:** Implementation of the recommendations of the (JMNR-3)	Geoffrey Chiduo – TFNC
12:10 – 13:00	**Plenary session on the recommendations**	Session Chairperson
13:00 – 14:00	**POSTER SESSION AND LUNCH BREAK**	All
14:00 – 15:00	**Presentation2:** Review of progress towards Common Results, Resources and Accountability Framework (CRRAF) of the NMNAP for 2016/17	Adam Hancy – TFNC

TIME	ACTIVITY	RESPONSIBLE
15:00 – 15:30	**Plenary session**	
15.30 – 16.30	**Presentation3:** Review of Nutrition Activities implemented by LGAs and RS during FY 2016/17	Mwita Waibe, PORALG
	Presentation4: Bottleneck analysis of key nutrition of interventions 2016/17 implemented by LGAs	Stephen Motambi, PORALG
	Presentation 5: Multisectoral Nutrition Score card 2016/17	Adam Hancy, TFNC
16.30 – 17.30	**Plenary session**	Session Chairperson
	END OF DAY ONE	
	EVENING SESSION (Optional)	

DAY 2 – THURSDAY, 7TH SEPTEMBER 2017

SESSION 3: KNOWLEDGE, LEARNING AND EXPERIENCE SHARING

TIME	ACTIVITY	RESPONSIBLE
8.00 – 8.15	Recap of Day 1	Rapporteurs/Eyes and Ears
8.15 - 9:15	**THEME 1: IMPLEMENTATION OF NMNAP BY LGAs: CHALLENGES AND SUCCESS STORIES**	**CHAIRPERSON – Mwita Waibe, PORALG**
	Engaging traditional healers in identification of SAM children	Gyunda Abel, MASWA DC
	Production of video and audio clip addressing infant and young child feeding practices	Mwanamvua Zuberi, RAS TANGA
	Positive deviant health conducted in two villages	Robinson Tigererwa, MULEBA DC
	Strategic use of local materials to formulate hospital made F100 formulation	Imaculata Mwalulefu, BOMBO REFERRAL HOSPITAL
	Community-based stakeholder and action mapping process to improve coordination of nutrition activities	Kira Jonas, SIHA DC
	The prevalence of T2D in Maasai living in 3 rural communities in the NCA and those living in urban Arusha but originating from the 3 selected communities (A case of Ngorongoro)	Stanley S. Masaki, ROMBO
9:15-09:45	**Plenary session for Q&A**	
09:45-10:15	**POSTER SESSION AND HEALTH BREAK**	All
10:15-11:45	**THEME 2: REACHING THE COMMUNITY: CHALLENGES, SUCCESS STORIES, AND MODELS FOR SCALING UP**	**CHAIRPERSON – Gayle Martin, WB**
	Mwanzo Bora Nutrition Project	Dr. Rutachokozibwa, MBNP
	Mtoto Mwerevu Project	Dr. Generose Mulokozi, IMA World
	Next Generation Project	CUAMM

TIME	ACTIVITY	RESPONSIBLE
	Accelerating stunting reduction project (ASRP) in Mbeya, Iringa, Njombe and Songwe regions	Norbert Massay, PACT
	Lishe Ruvuma Project	Belinda Liana, COUNSENUTH
	Fortification	Gwao O. Gwao, HKI
	FNG/COST OF DIET	Saskia De Pee, WFP
11:45-12:15	**Plenary session for Q&A**	
12:45-13:05	**THEME 3: STRENGTHENING NUTRITION LINKAGES AND SYNERGIES IN NMNAP IMPLEMENTATION**	**CHAIRPERSON – Mr. Obey Assery, PMO**
	MoHCDGEC	Vincent Assey
	MoEVT	George Chagana
	MALG	Magreth Natai
	PO-RALG	Mwita Waibe
	TASAF	
13.05-13.00	Plenary session for Q&A, discussion,	
13.00-14.00	**LUNCH BREAK**	All
14.00-16.00	**GROUP WORK**	**CHAIRPERSON – Dr. Festo Kavishe**
	What worked? Why did it work? What can we learn? What do we need to do better?	
16.00-16.30	**POSTER SESSION & HEALTH BREAK**	
	END OF DAY 2	
	EVENING SESSION (optional)	
16:30–7:30	**FNG/COST OF DIET**	Saskia De Pee – WFP

DAY 3 – FRIDAY, 8TH SEPTEMBER 2017

TIME	ACTIVITY	RESPONSIBLE
8.00 –8.15	Recap of Day 2	Rapporteurs/Eyes and Ears
SESSION 3: KNOWLEDGE, LEARNING AND EXPERIENCE SHARING …CONT…		
8:15 – 9:15	**THEME 4: INNOVATIVE TECHNOLOGY/TOOLS FOR NUTRITION PLANNING/PROGRAMMING**	**CHAIRPERSON – Dr. Assey, MoHCDGEC**
	Smart Simplicity approach to stunting reduction	Divya Narayan, BCG
	Indicators of Affordability of Nutritious Diet in Africa (IANDA)	Prof. F. Mishili, SUA
	NIMR	NIMR
	IHI	Dr. Esther Elisaria, IHI
9:15-10:00	**Plenary session for Q & A,**	
10.00-10.30	**HEALTH BREAK**	**All**
	SESSION 4: RECOMMENDATIONS FOR JMNR 2017	**CHAIRPERSON – Dr. Festo Kavishe**

TIME	ACTIVITY	RESPONSIBLE
10:30-11:30	Group Discussion on the recommendation for JMNR 2017	Group work
11:30-12:30	Presentation of the group work – Recommendations of JMNR 2017	Group leaders
12:30-13:00	Refining of Recommendations	Organizing Committee
13.00-14.00	**LUNCH BREAK**	**All**
14:00-14:30	Presentation of draft recommendations of JMNR 2017 followed by discussion	MD – TFNC
14:30-15:00	Closing of the meeting	PO-RALG
END OF THE WORKSHOP		

NOTE:

Poster Presentations

1. Strengthening food and nutrition security through family poultry and crop integration in Mpwapwa District – **MPWAPWA DC.**

2. Community-based organization organizations engaged in scaling-up nutrition interventions – **MAGU DC**.

Exhibitors

WFP, TFDA, CAVA, SAGCOT, GAIN, COUNSENUTH, MWANZO BORA, KONGWA, CRS, CUAMM, IMA, MARI, SHAMBANI MILK, PROF. TIISEKWA AND TIGO

Appendix 4: Kiswahili Transcript of the Opening Speech

HOTUBA YA WAZIRI MKUU WA JAMHURI YA MUUNGANO WA TANZANIA, MHE. KASSIM MAJALIWA MAJALIWA; KATIKA UFUNGUZI WA MKUTANO WA NNE WA WADAU WA MASUALA YA LISHE TAREHE 6 MWEZI SEPTEMBA, 2017

Mheshimiwa Waziri wa Afya, Maendeleo ya Jamii, Jinsia, Wazee na Watoto Ndugu Ummy Mwalimu;
Waheshimiwa Waziri wa Nchi Ofisi ya Rais – TAMISEMI; Ndugu George Simbachawene;
Mheshimiwa Waziri wa Nchi – Ofisi ya Waziri Mkuu, Sera, Bunge, Kazi, Vijana, Ajira na Walemavu; Ndugu Jenister Mhagama;
Mheshimiwa Waziri wa Kilimo, Mifugo na Uvuvi; Dkt. Charles Tizeba;
Mheshimiwa Waziri wa Elimu, Sayansi, Teknolojia na Mafunzo ya Ufundi; Prof. Joyce Lazaro Ndalichako;
Mheshimiwa Waziri wa Viwanda, Biashara na Uwezeshaji; Ndugu Charles Mwijage;
Mheshimiwa Waziri wa Maji na Umwagiliaji Eng. Gerson Hosea Lwenge;
Mheshimiwa Waziri wa Fedha na Mipango; Dr. Philip Mpango;
Waheshimiwa Manaibu Wawaziri na Makatibu Wakuu;
Mheshimiwa Mkuu wa Mkoa wa Dodoma Ndugu Jordan Rugimbana; pamoja na viongozi wengine wa ngazi za Mkoa na Halmashauri mliopo;
Waheshimiwa Wabunge na viongozi wa Vyama vya Siasa mliopo mahali hapa;
Waheshimiwa Mabalozi wanaoziwakilisha nchi mbalimbali;
Ndugu Viongozi waandamizi wa Idara, Taasisi, Wakala za Serikali, Wakuu wa Vyuo vya Elimu ya Juu;
Wawakilishi wa Mashirika ya Kimataifa, Wadau wa Maendeleo na Asasi za Kiraia;
Ndugu Mkurugenzi Mtendaji wa Taasisi ya Chakula na Lishe Tanzania;
Ndugu Wageni Waalikwa, Waandishi wa habari na wadau wote wa Lishe; Mabibi na Mabwana;

Habari za asubuhi.

Awali ya yote sina budi kumshukuru Mwenyezi Mungu kwa kutuwezesha kukusanyika mahali hapa siku ya leo kwa ajili ya shughuli hii muhimu. Nitumie fursa hii pia kukushukuru Mheshimiwa Ummy Mwalimu (Mb) na uongozi mzima wa Wizara ya Afya, kwa kunialika kushiriki kwenye tukio hili muhimu kwa maendeleo na ustawi wa nchi yetu; Nawashukuru pia wadau wote wa maendeleo kutoka ndani na nje ya nchi, viongozi wa serikali kutoka katika ngazi mbalimbali na wananchi wote waliokuja kushiriki pamoja nasi. Naomba pia nitumie fursa hii kuungana na waliotangulia kuwakaribisheni

Dodoma, Makao Makuu ya Tanzania wageni wetu wote hasa wale waliotoka nje ya Mkoa wa Dodoma na nje ya nchi kuja kushirikiana nasi katika mwito huu.

UMUHIMU WA MKUTANO HUU

Mabibi na Mabwana;

Siku ya leo ni siku muhimu sana, kwani tumekusanyika hapa kutathmini utekelezaji wa afua za Lishe nchini; utekelezaji unaojumuisha wadau mbalimbali wa kisekta kwakuwa sote tunafahamu na kujiridhisha kuwa Lishe ni suala mtambuka. Hivyo mafanikio katika harakati za kudhibiti utapiamlo nchini yanategemea kuunganisha nguvu zetu. Nimearifiwa kwamba katika mkutano huu ambao ni wa nne kwa wadau wa Chakula na Lishe umejumuisha washiriki kutoka sekta na taasisi mbalimbali ikiwa ni pamoja na kutoka Idara, Wakala na Taasisi za serikali, Mashirika ya kimataifa, Wadau wa Maendeleo, Asasi za kiraia, Sekta binafsi, Wataalamu wa Chakula na Lishe kutoka ngazi za Mikoa na Halmashauri, Taasisi za elimu ya juu na Utafiti na hata Waandishi wa habari. Kusanyiko hili linaonesha jinsi suala la Chakula na Lishe linavyomgusa kila mmoja wetu katika nafasi yake japo kwa njia tofauti tofauti. Ninawapongeza sana waandaaji wa mkutano huu kwa kutuleta pamoja bila kujali tofauti zetu hata za majukumu au taaluma; tukiwa na lengo moja tu la kuondokana na utapiamlo nchini.

Mabibi na Mabwana

Sote tutambue kuwa maendeleo ya Taifa letu, pamoja na mambo mengine, yanahitaji watu wenye Afya njema na hali bora ya Lishe. Ili kuwa na watu walio na hali bora ya lishe, tunapaswa kuwa na uelewa wa kina wa sababu za lishe duni katika kila eneo nchini na kubuni mikakati ya kukabiliana na aina zote za utapiamlo katika jamii zote. Jambo hili litafanikiwa endapo elimu sahihi ya lishe itatolewa na kuimarisha ushiriki wa kila sekta, kila mdau na kila mtu katika nafasi yake. Jambo hili la Ushiriki wa kila sekta nalisisitiza tena na kwa uzito mkubwa zaidi ndiyo sababu tumeweka uratibu wa kazi za lishe nchini katika Ofisi ya Waziri Mkuu.

Nakubaliana na Mheshimiwa Waziri kuwa lishe duni inachangia kwa kiasi kikubwa katika kuathiri afya ya jamii yetu hususan ya watoto na akina mama, na jamii ya rika zote kwa jumla. Ni jambo lisilopingika kuwa lishe duni inachangia kwa kiasi kikubwa katika kupunguza kasi ya maendeleo ili kufikia malengo endelevu ya maendeleo hapa nchini.

Muasisi, Baba wa Taifa, Mwalimu Julius Kambarage Nyerere alisisitiza kuhusu umuhimu wa kuwa na lishe bora na katika moja ya hotuba zake zaidi ya miaka kama 30 iliyopita aliwahi kusema, “nimeongelea kwa kirefu kuhusu suala la chakula kwani ndiyo msingi wa maendeleo ya watu. Mtu anayeumwa na njaa hawezi kufanya kazi na kuleta maendeleo, kwani ni mdhaifu wa mwili na pia ni mdhaifu kiakili. Mwalimu alisisitiza kukumbuka jambo hili kama la lazima hususan pale lishe ya

watoto inapohusika. Alisema; mtoto anapokuwa hajalishwa vizuri hawezi kukua vizuri kwani ataathirika kiafya na pia akili yake, na hataweza kufikia uwezo wake kamili wa kufikiri, kutenda na kuzalisha. Kwa hiyo suala la chakula cha kutosha, na kilicho bora ni suala la msingi kabisa kwa maendeleo ya watu mijini na vijijini".

Mabibi na Mabwana

Uboreshaji wa lishe ni mojawapo ya vipaumbele katika kufikia malengo endelevu ya Maendeleo pamoja na kutokomeza umaskini na njaa, kupunguza vifo vya watoto wachanga na wadogo, na kuboresha afya ya mama mzazi. Wataalam wanatuambia kuwa watoto waliopata huduma bora za lishe hasa katika kipindi cha siku 1,000 za kwanza za uhai wao, yaani tangu mama anapopata ujauzito hadi mtoto anapotimiza umri wa miaka miwili wanapata faida zitakazodumu katika maisha yao yote. Faida apatazo mtoto ni pamoja na ukuaji na maendeleo mazuri ya ubongo uwezo mzuri wa kukabiliana na maradhi, uwezo mzuri kiakili (higher IQ), uwezo wa kujifunza na ufanisi mzuri masomoni, uwezo zaidi wa kujiingizia kipato na wakiwa watu wazima wanasaidia sana katika kukwamua nchi zao kutoka kwenye umaskini na kuleta maendeleo. Uwekezaji katika lishe pia unasaidia kuinua pato la Taifa kwa asilimia 2 hadi 3 kila mwaka. Aidha wataalam wanatuambia kuwa utoaji wa vitamini na madini kwa watoto chini ya miaka mitano ndiyo njia nzuri zaidi ya uwekezaji katika lishe kwani kwa kila dola moja ($ 1) unayowekeza kwenye watoto utakuja kupata faida ya dola thelathini ($ 30) hapo baadaye, ambacho ni kiwango kikubwa kabisa cha faida katika uwezekaji wa aina yeyote.

Mabibi na Mabwana;

Kwa upande mwingine sote tunaelewa wazi kuwa Serikali ya awamu ya tano imedhamiria kuifanya nchi yetu kuwa ya uchumi wa kati katika kipindi cha miaka 10 ijayo. Lishe duni (au utapiamlo) bado imeendelea kuathiri maendeleo yetu kiafya, kielimu na kiuchumi na hivyo kusababisha kasi ya uchumi wetu kukua na kupungua kwa umaskini nchini kuwa si ya kuridhisha. Lishe duni si tu inaathiri maendeleo ya ukuaji wa watoto wetu kimwili na kiakili bali pia ni chanzo cha kupungua kwa tija katika nguvu kazi ya taifa, huongeza gharama za matibabu kutokana na kuongezeka kwa magojwa yasiyo ambukizi ambayo husababishwa na ulaji duni na mtindo wa maisha usiofaa. Hivyo, utapiamlo ni kiashiria kimojawapo cha umasikini katika kaya hapa nchini.

DHAMIRA YA SERIKALI KUENDELEA KUBORESHA HALI YA CHAKULA NA LISHE KAMA MSINGI WA MAENDELEO

Mabibi na Mabwana;

Baraza la Umoja wa Mataifa limetoa azimio la kuwa kati ya mwaka 2016 hadi 2025 ni miaka ya "***Kuchukua Hatua katika Masuala ya Lishe - Decade of Action on Nutrition"***. Msisitizo katika

kipindi hiki ni kuongeza fursa ya kuunganisha juhudi za wadau kuboresha hali ya Chakula na Lishe kupitia sekta mbalimbali. Vilevile, sisi kwa upande wetu kama serikali tunatambua kuwa hata katika kuyafikia malengo endelevu ya maendeleo **(Sustainable Development Goals)**, Lishe ni moja ya mhimili muhimu wa kuwezesha kufikiwa kwa malengo yote 17. Hivyo basi niwahakikishie tu kwamba uwepo wangu katika mkutano huu unadhihirisha utayari wa Serikali kuweka mazingira wezeshi kwa wadau wote kushiriki katika kuchangia jitihada za kupambana dhidi ya utapiamlo. Kwa kufanya hivi tutaweza kuimarisha mikakati yetu ya kuivusha nchi yetu na watu wake kutoka katika lindi la umaskini na kujenga nguvu kazi imara itakayoweza kuhimili changamoto za maendeleo ya viwanda. Nitumie fursa hii kuwasihi wadau wengine kote nchini, waendelee kutuunga mkono kwa kuwekeza katika utekelezaji wa Sera na Mikakati mbalimbali ambayo inalenga kuboresha hali ya Chakula na Lishe miongoni mwa jamii; hususan miongoni mwa watoto, wanawake walio katika umri wa kuzaa, vijana balehe na watu wenye mahitaji maalum kilishe.

Mabibi na Mabwana;

Serikali, baada ya kutambua umuhimu wa lishe katika kuimarisha afya za wananchi imekuwa ikiongeza wastani wa fedha zinazotengwa kila mwaka kutekeleza afua mbali mbali za lishe; hususan katika ngazi ya halmashauri. Kwa mujibu wa takwimu zilizopo kumekuwa na ongezeko la fedha zilizotengwa kwa ajili ya afua za lishe kutoka wastani wa Tsh 65 milioni mwaka 2011/12 hadi kufikia Tsh. 219 Millioni mwaka 2016/2017. Aidha, kupitia Mpango wa Pili wa Maendeleo wa Miaka Mitano, serikali imepanga kutumia kiasi cha Tsh. 254.4 bilioni kuanzia mwaka 2016/17 hadi 2020/21 kwa ajili ya masuala ya Chakula na Lishe ikiwa ni moja ya maeneo ya kimkakati. Moja ya vipaumbele katika mpango huu ni pamoja na kukabiliana na tatizo la udumavu kupitia ulishaji watoto wadogo na wachanga, kuhimiza matumizi ya vyakula vyenye vitamin na madini, matibabu sahihi ya utapiamlo mkali na wa kadiri, ulaji wa vyakula mchanganyiko na utawala bora na uwajibikaji katika masuala ya Chakula na Lishe.

Napenda kuwahakikishia kuwa, Serikali itaendelea kutenga kiasi cha fedha za kugharamia utekelezaji wa afua za lishe kadri mapato ya nchi yatakavyoongezeka.

HITIMISHO

Mabibi na Mabwana;

Nimefurahishwa sana na kauli mbiu ya mkutano huu isemayo ***“Lishe Bora kwa Maendeleo ya Viwanda”;*** kauli ambayo Kimsingi inaendana na dhamira yetu ya kujenga uchumi wa viwanda kama kichocheo cha mageuzi ya kiuchumi na maendeleo ya watu. Napenda kuwahamasisha wadau kuwekeza katika viwanda vya usindikaji wa vyakula vilivyoongezwa virutubishi ili kuongeza wingi

wa vitamini na madini katika vyakula na hatimaye kuboresha lishe na afya ya jamii. Napenda kusisitiza kuwa serikali imeandaa mazingira mazuri ya uwekezaji hivyo tutumie fursa hii kikamilifu.

Mabibi na Mabwana;

Pamoja na heshima mliyonipa ya kufungua mkutano huu mmeniomba nizindue rasmi Mpango wa Taifa wa Utekelezaji wa Masuala ya Lishe. Nimesikia kuwa maandalizi ya mpango huu yalizingatia pia maeneo ya kimkakati katika Mpango wa Pili wa Taifa wa Maendeleo wa Miaka mitano wa 2016/17 - 2020/21 na utekelezaji wake utahusisha wadau wote wa kisekta; ndani na nje ya serikali. Basi nitoe rai tu kwamba watendaji wakuu wote katika Wizara husika, Idara, Wakala na Taasisi za Serikali wanapatiwa nakala za mpango huu, wanausoma na kuuelewa na kisha kujipanga kuutekeleza. Vivyo hivyo, Mikoa na Halmashauri zihakikishe kuwa afua zilizoainishwa katika mpango huu zinajumuishwa katika mipango na bajeti kila mwaka, pamoja na kutengwa fedha kwa ajili ya utekelezaji wake. Aidha, naomba kila mdau wa lishe nchini aonyeshe bayana mchango wake katika kukabiliana na utapiamlo nchini. Viongozi wa serikali katika ngazi mbalimbali wabaini kiwango cha utapiamlo katika maeneo yao, mbinu za kukabiliana nayo, tathmini ya ufanisi na utoaji taarifa za ufanisi. Mwisho kwa Wizara ya Afya, ihakikishe inaweka baadhi ya virutubishi muhimu (Essential nutrients) na Chakula dawa (F75, F100 na plumpy nuts) katika mpango wa taifa wa dawa muhimu (Essential drugs list) ili hospitali zote ziweze kuagiza kutoka MSD virutubishi na dawa hizi muhimu kwa ajili ya matibabu ya Utapiamlo.

Mabibi na Mabwana;

Naomba kuhitimisha hotuba yangu kwa kuwashukuru tena waandaaji wa mkutano huu kwa kunialika katika ufunguzi wa mkutano huu muhimu. Shukurani zangu pia ziwafikie wadau wote waliofanikisha kufanyika kwa mkutano huu hapa Dodoma kwa kutoa mchango wao wa fedha, vifaa au hata kwa mawazo. Nipende kuwathibitishia kuwa Serikali inatambua mchango wenu na itaendelea kudumisha ushirikiano uliopo kwa manufaa ya watanzania wote.

Mabibi na Mabwana;

Baada ya haya machache sasa nipenda kutamka kuwa Mkutano wa nne wa Wadau wa Masuala ya Lishe umefunguliwa rasmi.

MUNGU IBARIKI TANZANIA

Asanteni kwa kunisikiliza.

Appendix 5: Progress on Implementation of the Common Results, Resource and Accountability Framework (CRRAF) for FY 2016/17

Process of annual review of the CRRAF

The Chair of each NMNAP Thematic Working Groups (1-7) has the responsibility of coordinating the annual review of the CRRAF;

Output level

Together with output lead agencies, each Thematic Working Group:

- **Review progress towards 2016/17 expected outputs and financial commitments;**
- **Analyze reasons for delay in reaching expected outputs;**
- **Propose actions that will be carry out to accelerate progress towards NMNAP expected outputs;**

Outcome and Impact level

Progress toward expected outcomes and impacts will be assessed during the Mid-Term Review in 2019

Review of Expected Results

Color coding		
Coding	**Indicators level achieved vs planned level**	**Category**
	100% or above of 2016/17 planned results	Target met
	75-99% of 2016/17 planned results	Target Slightly Delayed
	50-74% of 2016/17 planned results	Target Delayed
	00-50% of 2016/17 planned results	Target Highly Delayed
	Data not to be collected this year (i.e. from surveys)	Not planned
	Data not available	Data not available
	Indicator Discontinued	Indicator Discontinued

Review of Planned Budgets

Color coding		
Coding	**Financial spending level achieved vs planned**	**Category**
	100% or above of 2016/17 planned budget	Target met
	75-99% of 2016/17 planned budget	Target Slightly Delayed
	50-74% of 2016/17 planned budget	Target Delayed
	0-50% of 2016/17 planned budget	Target Highly Delayed
	No Budget planned this year	Not planned
	Data not available	Data not available
	Output discontinued	Output discontinued

Outcome 1: Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN)

Indicators	Progress			Budget (Billion TZS)		Comments
	Baseline (year)	Planned 2016/17	Achieved 2016/17	Planned 2016/17	Achieved 2016/17	
Output 1.1: Increased coverage and quality of MIYCAN services at the community level by June 2021						
% mothers / caregivers of children under two years who received counselling on optimal feeding from CHWs	15% (BNA 2015)	17%	18% (BNA 2017)	23.83	1	Budget: missing important data from NGOs
Output 1.2: Improved quality of MIYCAN services at the health facilities level by June 2021						
% of pregnant women who have received counseling on exclusive breastfeeding from a health worker (HW) during the last fiscal year	20% (BNA, 2015)	17%	Not Available	10.16	0.6	Indicator: data will be available after 2nd phase BNA data analysis
Output 1.3: MIYCAN is promoted at all levels through mass-media and use of new technologies by June 2021						
% of Tanzania population reached with relevant MIYCAN promotional messages through massmedia and social media	0% (IMA/ ASTUTE)	10%	2.5%	0.6	0.08	Indicator: mNutrition SMS target pregnant women and mothers of children under 5 years
Output 1.4: Improved MIYCAN law enforcement through advocacy and capacity building of key institutions						
% of employers providing minimum requirement of maternity benefits (maternity leaves, bf breaks, bf corners at workplaces)	0% (IMA/ ASTUTE)	5%	Not Available	0.33	0.02	Indicator: This indicator needs to be collected through specific survey

Outcome 2: Children, adolescents and women of child bearing age consume adequate Micronutrients

Indicators	Progress			Budget (Billion TZS)		Comments
	Baseline (year)	Planned 2016/17	Achieved 2016/17	Planned 2016/17	Achieved 2016/17	
Output 2.1: Increased access to food fortification (home and mass) for children aged 6-23 months, pregnant women and women of childbearing age in Tanzania by 2021						
% of districts with MNP supplementation programme	10% (TFNC 2015)	15%	33% (SOLEO Reports 2017)	15.88	0.07	Indicator: The drawback to this indicator is the extent of coverage within the Council
% of flour produced in Tanzania that is fortified with iron	36% (TFNC 2015)	38%	36.6% (FACT 2016)			Indicator: Suggested to replace with: % of households in Tanzania consuming flour that is fortified with iron
Output 2.2: Enhanced services for Vitamin A supplementation among children aged 6-59 months in Tanzania						
Proportion of children 6-59 months who have received Vitamin A supplementation during the previous 6 months	89% (CHNM 2015)	89%	92% (CHNM 2017)	3.22	4.97	Budget: Supplies and training of all CHMTs on new CHNM guidelines
Output 2.3: Increased availability of adequately iodized salt in Tanzania by 2021						
% of households consuming adequately iodized salt	61% (TDHS 2015/16)	-	Not Planned this year	0.98	0.35	Indicator: next data collection will be TNNS 2018
Output 2.4: Improved anemia prevention and control interventions among women of childbearing age and children under 5 years old in Tanzania by 2021						
Proportion of women 15-49 years of age with children under five years of age who took an IFA supplementation during pregnancy for past birth	9% (TNNS 2014)	-	Not Planned this year	1.85	0.09	Indicator: next data collection will be TNNS 2018

Outcome 3: Increased coverage of integrated management of severe and moderate acute malnutrition

Indicators	Progress			Budget (Billion TZS)		Comments
	Baseline (year)	Planned 2016/17	Achieved 2016/17	Planned 2016/17	Achieved 2016/17	
Output 3.1: Improved quality of services for management of severe and moderate acute malnutrition in at least 75% of health facilities by 2021						
Proportion of health facilities providing out-patient treatment (OTP) of SAM	25% (BNA 2016)	30%	22% (BNA 2017)	1.47	0.061	Indicator: Data quality of BNA 2016 is not optimal. Baseline should be BNA 2017
Proportion of health facilities in food insecure districts providing integrated management of MAM	<5% (WFP, 2015)	10%	13% (WFP 2017)			
Output 3.2: At least 75% of children under five years old are reached through screening for severe and moderate acute malnutrition at community level by 2021						
Proportion of children with SAM who are identified through screening annually	19% (BNA 2015)	25%	73% (CHNM 2017)	0.13	0.25	Indicator: High coverage as screening was performed during CHNM
Output 3.3: Essential therapeutic nutrition supplies and equipment are available in at least 90% of health facilities providing services for management of severe and moderate acute malnutrition by June 2021						
Proportion of health facilities with no stock-out of RUTF lasting more than one month during last fiscal year	46% (BNA 2016)	50%	42% (BNA 2017)	2.37	3.22	Budget: Costs for supplies for 2017/18 might be included
Output 3.4: Strengthened integration of management of severe and moderate acute malnutrition at the national and subnational level by June 2021						
Proportion of Councils implementing at least two IMAM key activities (training, screening, supervision) annually	0% (JMNR 2015)	> 15%	16% (JMNR 2017)	0.024	0.006	

Outcome 4: Communities in Tanzania are physically active and eat healthy

Indicators	Progress			Budget (Billion TZS)		Comments
	Baseline (year)	Planned 2016/17	Achieved 2016/17	Planned 2016/17	Achieved 2016/17	
Output 4.1: At least 50% of the school-age children and adult population are sensitized on the risk factors for non-communicable diseases by 2021						
Proportion of school-age children and adults reached with information on healthy lifestyles through mass media	5% (STEP, 2012)	10%	Not Available	0.036	0.59	Indicator: This indicator needs to be collected through specific survey (i.e. STEP)
Output 4.2: Policies, social, cultural and structural norms are established to enable at least 50% of the community to engage in healthy lifestyles by 2021						
Proportion of school-age children and adult population that are physically inactive	7.5% (STEP, 2012)	7.4%	Not Available	1.8	0.012	Indicator: This indicator needs to be collected through specific survey (i.e. STEP)

Outcome 5: Line ministries, private sector and CSOs scale-up nutrition sensitive interventions to reach all communities to improve nutrition

Indicators	Progress			Budget (Billion TZS)		Comments
	Baseline (year)	Planned 2016/17	Achieved 2016/17	Planned 2016/17	Achieved 2016/17	
Output 5.1: (Agriculture and food security) Communities have access to a diverse range of nutritious food throughout the year						
Proportion of households with low dietary diversity	Rural: 21.4% Urban: 8.6% (CFSVA 2012)	-	Not planned this year	728.11	3.33	Indicator: Next CFSVA planned in 2018 Budget: Expenditure under-reported by LGAs and no information from MDAs

Indicators	Progress			Budget (Billion TZS)		Comments
	Baseline (year)	Planned 2016/17	Achieved 2016/17	Planned 2016/17	Achieved 2016/17	
Output 5.2: (Health and HIV) Communities regularly use quality maternal health including family planning, prevention and treatment of HIV and malaria services						
Proportion of women (15-49 years of age) attending at least 4 ante-natal care (ANC) visits	51% (TDHS 2015/16)	-	Not planned this year	1,461	0.47	Indicator: 42% (HMIS, April 2017)
Proportion of women of reproductive age who are using (or whose partner is using) a modern family planning method	32% (TDHS 2015/16)	-	Not planned this year			Indicator: Next TDHS planned in 2020/21
Proportion of pregnant women using IPT for malaria prevention	35% (TDHS 2015/16)	-	Not planned this year			Indicator: 61% (Malaria programme, 2016)
Output 5.3: (WASH) Communities access adequate water sanitation and hygiene services						
Rural population with access to piped or protected water as their main source	72% (2014/15)	75%	52% (JMP)	1,149	4.68	Indicators: Following modifications in the way of calculating these indicators, it is proposed to replace the baseline with TDHS 2015/16, which was respectively 48% and 10.7% Budget: Expenditure under-reported by LGAs and no information from MDAs.
Proportion of the households with improved sanitation facilities (latrines) in rural areas	25% (2014/15)	35%	21% (JMP)			

Indicators	Progress			Budget (Billion TZS)		Comments
	Baseline (year)	Planned 2016/17	Achieved 2016/17	Planned 2016/17	Achieved 2016/17	
Output 5.4: (Education) Girls complete primary and secondary education						
Net enrolment ratio for Girls at higher secondary education (% of eligible)	0.9 % (MoEVT 2014/15)	1.2%	2.7% (BEST 2016)	351.77	1.74	Budget: Expenditure under-reported by LGAs and no information from MDAs
Output 5.5: (Social Protection) Poorest households benefit from conditional cash transfers, cash for work, and nutrition education during community sessions						
Proportion of vulnerable households benefiting from social protection programmes (conditional cash transfers, cash for work, nutrition education during pay days)	83% (PSSN 2015)	85%	84% (PSSN 2016)	436.94	10.24	Budget: Expenditure under-reported by LGAs and no information from MDAs
Output 5.6: (Environment) Vulnerable communities are able to cope with draught and climate change to avoid shortage of nutritious food during shocks						
Poor dietary intake prevalence (rural and urban)	Rural: 10.5% Urban: 3.4% (CFSVA 2012)	-	Not planned	1.56	0	Indicator: Next CFSVA planned in 2018

Outcome 6: Efficient and effective nutrition governance

Indicators	Progress			Budget (Billion TZS)		Comments
	Baseline (year)	Planned 2016/17	Achieved 2016/17	Planned 2016/17	Achieved 2016/17	
Output 6.1: Increased Government political and financial commitment to Nutrition						
Average spending on nutrition at council level	TZS 128 million (JMNR 2014/15)	TZS 145 million	TZS 147 million (JMNR 2016/17)	0.65	1.45	Budget: P&B for Nutrition at all levels, JMNR, PER

Indicators	Progress			Budget (Billion TZS)		Comments
	Baseline (year)	Planned 2016/17	Achieved 2016/17	Planned 2016/17	Achieved 2016/17	
Output 6.2: Functional multisectoral coordination at all levels						
Proportion of councils that hold at least two meetings of the council nutrition steering committee per year	<10% (JMNR 2015/16)	15%	17%	0.47	0.37	
Output 6.3: Improved human resources and capacities for nutrition						
Proportion of LGAs employing at least one full time professional nutritionist	60% (PORALG 2015/16)	70%	57% (PORALG 2016/17)	5.15	0.83	Indicator: 57% is the proportion of LGAs with a professional nutritionist deployed in health department Budget: Missing information from PORALG on costs of Nutrition HR

Outcome 7: Quality nutrition related information is accessible and used to allow government and partners to make timely and effective evidence informed decisions

Indicators	Progress			Budget (Billion TZS)		Comments
	Baseline (year)	Planned 2016/17	Achieved 2016/17	Planned 2016/17	Achieved 2016/17	
Output 7.1: Robust systems of data collection, analysis, interpretation and feedback among stakeholders are in place at all levels						
Proportion of regions and councils producing semi-annual and annual multi-sectoral nutrition scorecards	12% (TFNC 2015)	31%	60%	5.44	0.83	
Output 7.2: Relevant nutrition indicators integrated, collected and reported in national surveys						
Number of regular national surveys that incorporate nutrition indicators (including biological indicators of micronutrient deficiency and diet related NCD's) conducted	1 (TDHS, 2015/16)	-	Not planned this year	1.52	0.065	
Number of multi-sectoral nutrition reviews and public expenditure review (PER) on nutrition conducted	1 (JMNR 2015/16)	2	2 (JMNR 2016/17 and PER 2017)	1.53	0.11	Indicator: PER Nutrition is ongoing

Appendix 6: 2017 JMNR RECOMMENDATIONS

No.	Recommendation	Indicators (For Measuring Achievement)	Means of Verification	Responsible Institution		Timeline
				Lead	Associated	
1	To uphold multisectoral coordination at all levels in accordance with NMNAP coordination structure	• Proportion of Councils and Regions who hold multisectoral nutrition streering committee meetings regularly (quarterly) • Number of NMNAP thematic working groups meetings held • MNTWG and HLSC-N meetings held	Meetings report and action points prepared	PMO	TFNC, PO-RALG, TWG on MNG	On going
2	To finalize and implement the NMNAP resource mobilization strategy to ensure sustainable funding (domestic and foreign)	NMNAP resource mobilization strategy developed and shared with stakeholders	NMNAP resource mobilization strategy	PMO	TWG on Resource Mobilization, PORALG, MOFP, TFNC	June 2018
3	To strengthen incentive mechanism for LGA and RS to enhance accountability in domestic resources utilization and performance	• Incentive mechanism for best perfoming LGAs and RSs developed and operationalized • Proportion of LGAs and RSs who receive incentive annually	• Availability of incentive criteria/package • The list of incentivised LGAs and RSs	PORALG	TFNC, MOFP, PMO, VPO	December 2017
4	To enrich health management system by integration and improvement of	• The number of indicators updated/included in the health management system	Availability of the list of updated/included in the health management	TFNC	MOHCDGEC, PORALG	December 2017

	treatment of acute malnutrition within health system	• Number of nutrition related indicators/data elements which are regularly reported in the health management system	system with updated data/information			
5	To strengthen evidence based planning and budgeting for nutrition at all levels	• Number of RNuO, DNuO and other releveant staff at the RSs and LGAs who received planning and budgeting training • Percentage of LGAs and RSs with minimum budget allocated for nutrition • Proportion of funds allocated for nutrition sensitive activities by key sectoral ministries	• Planning and budgeting report • AWP Reports/JMNR Report • Nutrition activities included in the MTEF	TFNC	PORALG, MOFP	December 2017
6	To advocate and promote development of locally made products for management of acute malnutrition and complementary feeding	• Number of locally made products for management of acute malnutrition promoted/developed • Number of locally made products for complementary feeding promoted/developed	Availability and use of locally made products for management of acute malnutrition and complementary feeding	TFNC	NIMR, TBS, TFDA, Private Sector, MITI	On going
7	To include nutrition supplies (RUTF, F100 and F75) in the list essential drug	Nutrition supplies (RUTF, F100 and F75) included in the list essential drug	Availability of updated list of nutrition	MOHCDGEC	TFNC, MSD, PSU	June 2018

			supplies included in the list essential drug			
8	To advocate and develop procurement plan which include nutrition equipment's (anthropometric equipment's, child health booklet) and supplies (RUTF, F100 and F75) through MSD	• Procurement plan which include nutrition equipment's (anthropometric equipment's, child health booklet) and supplies (RUTF, F100 and F75) developed • Number of LGAs procuring nutrition equipments and supplies/provided to facilities through MSD	Availability of nutrition equipment's (anthropometric equipment's, child health booklet) and supplies (RUTF, F100 and F75) in MSD	MOHCDGEC,	MSD, TFNC, PSU	June 2018
9	To promote production and consumption of animal source food at all level	Number of promotion campaigns for production and consumption animal source food conducted	• Availability of campaigns materials • Reports of the campaigns held	MALF	TFNC, PORALG, PANITA	June 2018
10	To uphold and strengthen system for monitoring and evaluation of nutrition response at all levels in accordance with NMNAP MEAL component. • Reviewing indicators of the CRRAF; • Scorecard;	• Response rate of indicators in the CRRAF • Average response rate of the nutrition scorecard; • BNA and AWP reports produced;	CRRAF Report/ JMNR Report	TFNC	TWG on MNIS	June 2018

	• BNA and AWP; • Reviews and research; • Integrate nutrition specific data elements into the DHIS2	• Number of nutrition reviews and research conducted; • Number of nutrition specific data elements integrated into DHIS2				
11	To uphold and strengthen monitoring system of LGAs and RSs nutrition budget execution and propose appropriate response actions	• Monitoring system for LGAs and RSs Nutrition budget established and operationalized • Number of corrective response actions proposed and implemented	LGAs and RSs Annual Report/JMNR Report	PO RALG	MOFP	April 2018
12	To continue building the capacities of key nutrition actors at all levels, through in-service training and mentoring, and by improving pre-service curricula	• Pre-service curricula improved • Number of in-service training and mentoring sessions conducted at LGAs, RSs and Central levels	Annual Capacity Building Report/JMNR	TFNC,	TFNC, Academia, MOEVT, MOWI. TWG on MNSI, PANITA	June 2018


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