

UNITED REPUBLIC OF TANZANIA



Review of Implementation of National Nutrition Strategy by LGAs and MDAs

FY2011/12, FY2012/13, FY2013/14, FY2014/15

3 September 2015

Outline of the presentation

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1. Overview of NNS-IP

1. Overview of NNS – Implementation Plan

National Nutrition Strategy for the period 2011/12 - 2015/16 with the following expected results by 2015.

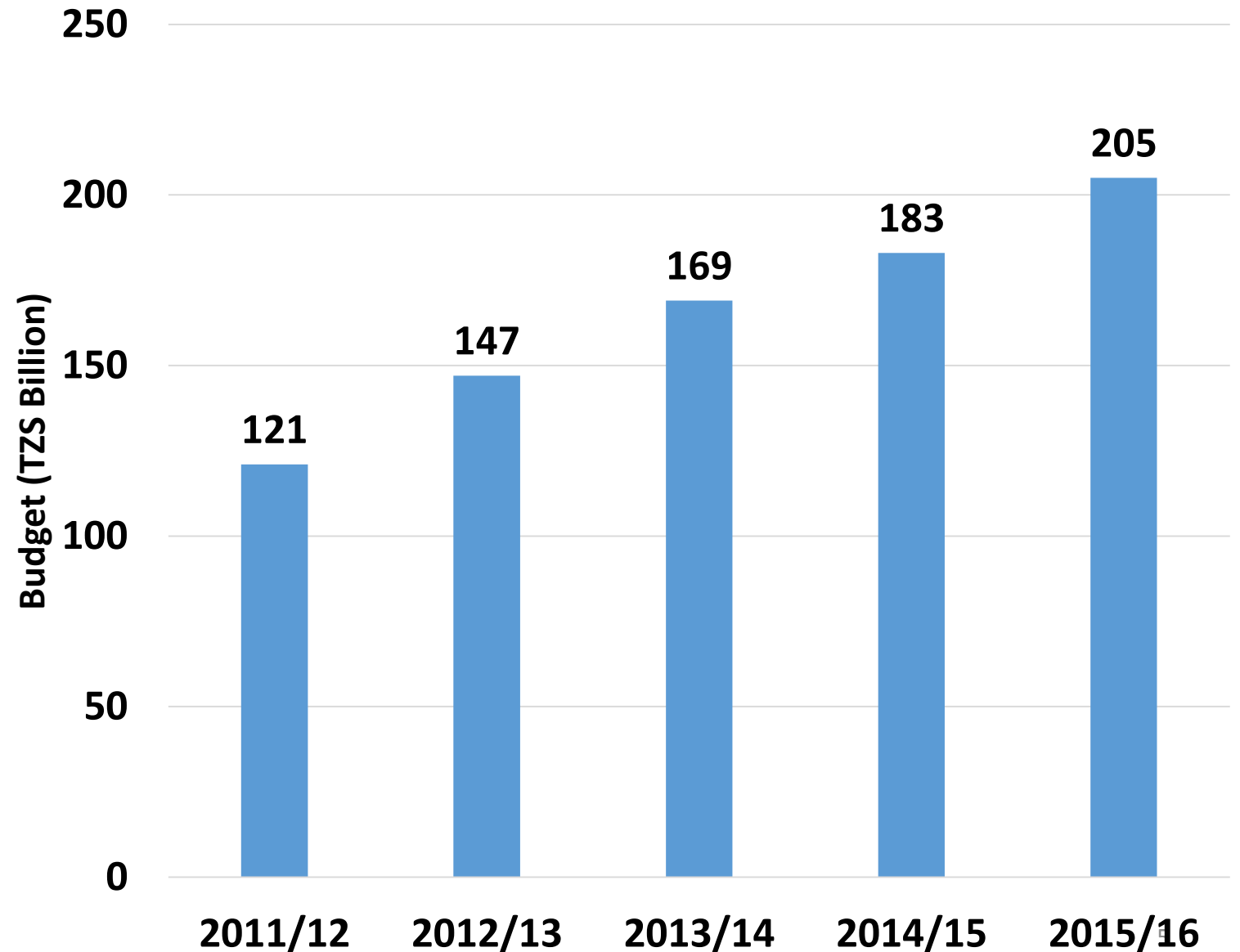
Indicator	Baseline	2015 Target
Stunting	42% (2010)	27%
Wasting	4.8% (2010)	<5%
VAD among children	24% (1997)	<15%
Anemia among pregnant women	48% (2005)	35%
Anemia among children	72% (2005)	55%
Iodine deficiency among children aged 6-12 years		<50%
Exclusive breastfeeding	50% (2010)	60%

1. Overview of NNS – Implementation Plan

The Plan comprised

- 8 strategic objectives
- 28 outputs
- 8 sectors

**Total Budget:
825 billion TZS
over 5 years**



2. Objectives of the Assessment

2. Objectives of the assessment

General objective:

- To review implementation of the NNS 1 by LGAs and MDAs from 2011/12 to 2014/15 in order to assess progress, gaps and challenges.

Specific objectives:

- To assess
 - physical implementation of nutrition related activities.
 - financial implementation of nutrition related activities.
- To analyse
 - progress, gaps and challenges for each strategic objectives.
 - alignment of implemented activities with strategic objectives, priority areas and sectors.

3. Methodology

4. Methodology of the assessment

SCHEDULES FOR DATA COLLECTION AND ANALYSIS

	Key steps	Period
1.	Training of the JMNR Task Force: PMO, MOHSW, TFNC, UNICEF.	March – April 2015
2.	Internal review of the first semester of FY 2014/15. Finalization of preliminary six-monthly report.	April – June 2015
3.	Transmission of data collection tools to RNOs, DNOs and Focal Persons at MDAs level	14 July 2015
4.	Data collection by RNOs, DNOs and Focal Persons at MDAs levels with close follow up by the Task Force	14 July – 7 August
5.	Task Force retreat for preparation of preliminary report. Consolidation of reports, database cleaning, data analysis	10 -14 August 2014
6.	Validation of preliminary report	17 - 31 August

4. Methodology of the assessment

DATA COMPLETENESS

Administrative Structures	Expected reports	Received 2014	Received 2015	Proportion 2015(%)
Districts and Municipal Councils	166*	140	136	82%
Regional Secretariat	25	21	14	56%
MDAs	9**	7	6	67%
TOTAL	200	168	156	78%

*In 2014, the number of districts was 159

** POPC, MOF and TFDA are not expected to send reports

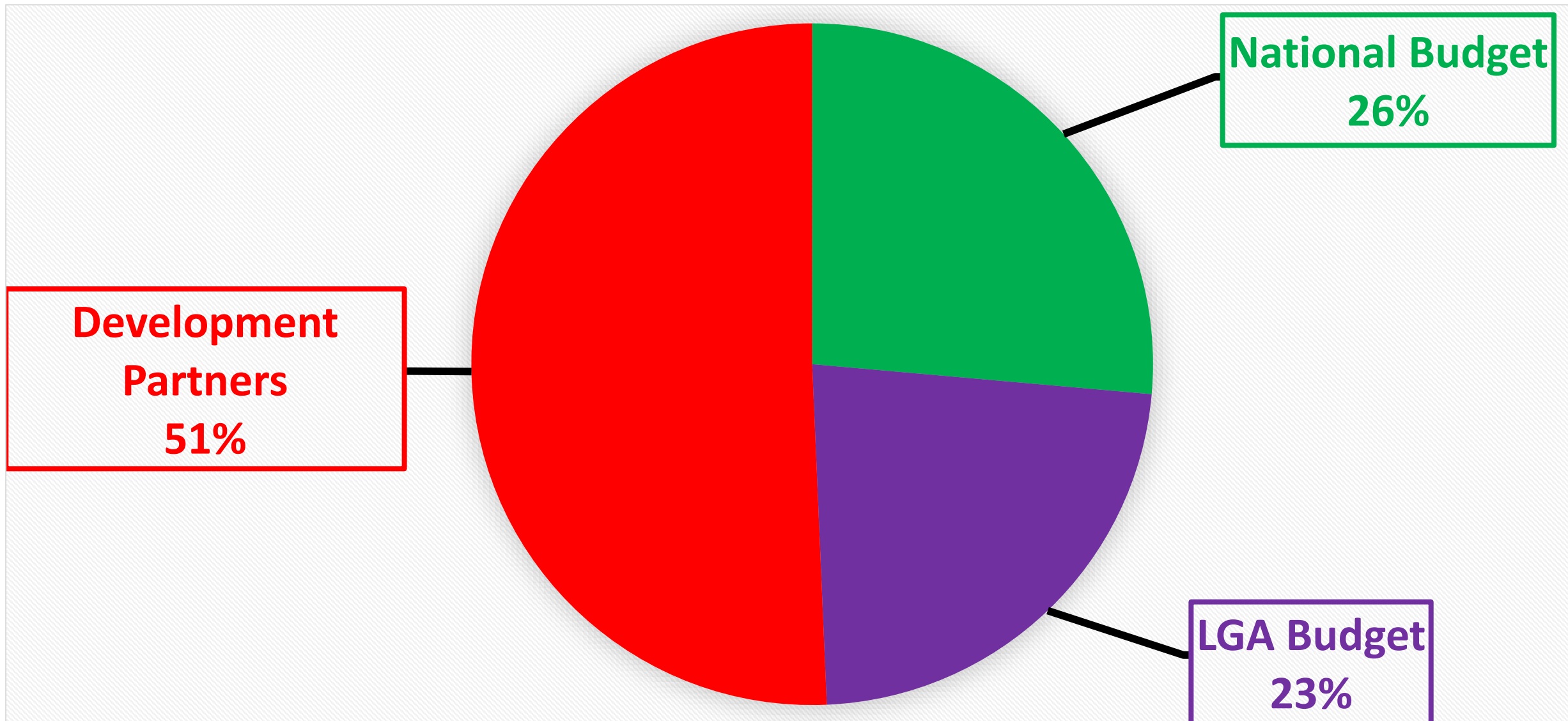
4. Key Findings of the assessment

4.1. Physical and Financial implementation of nutrition activities

Funding of nutrition activities per structure

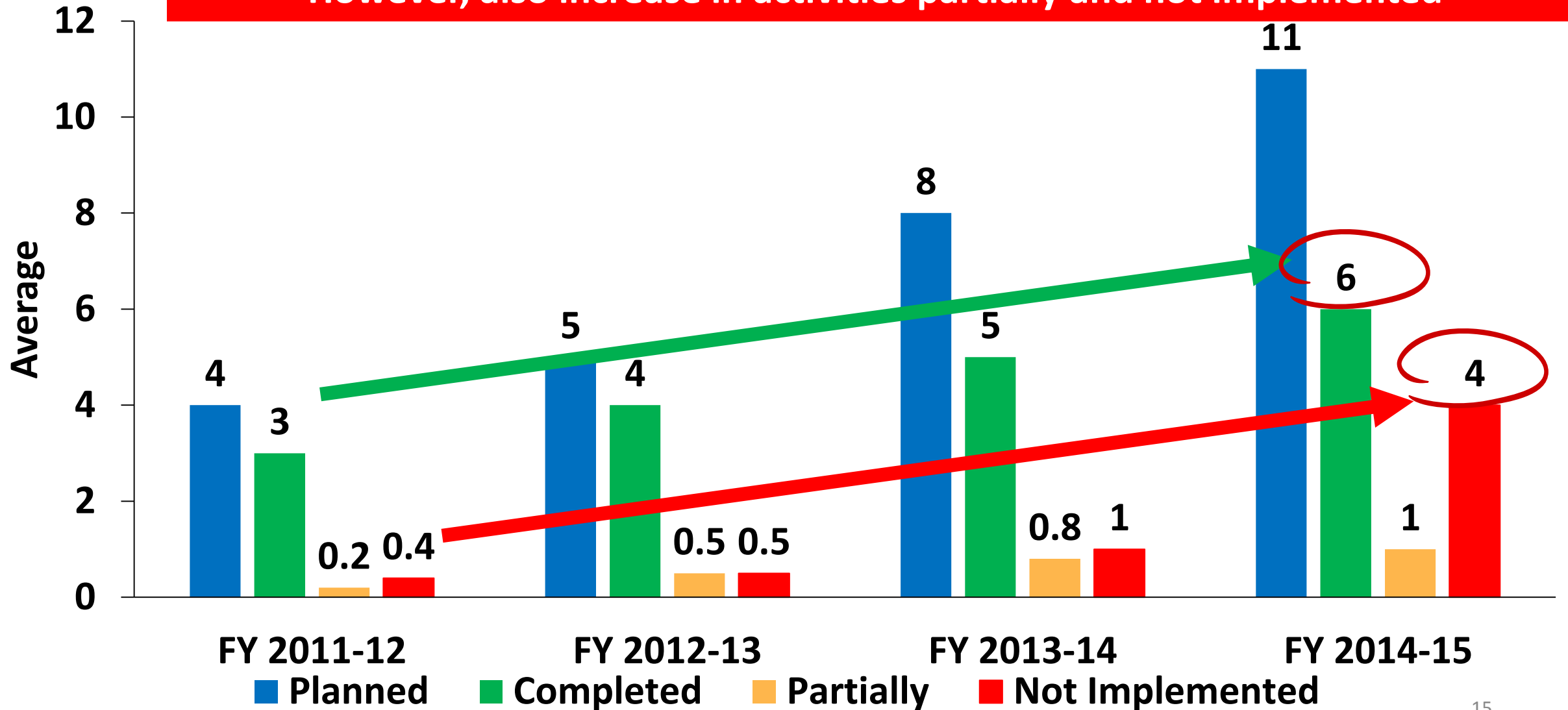
Structures	Total Planned during Y1, Y2, Y3, Y4		Total Actual Spending Y1, Y2, Y3, Y4		Execution
	Amount (billion TZS)	Proportion (%)	Amount (billion TZS)	Proportion (%)	Proportion (%)
District and Municipalities	68.9	71%	52.1	75%	76%
Regional secretariat	6.5	7%	4.4	6%	67%
Ministries	15.5	16%	6.7	10%	43%
TFNC	6.8	7%	5.9	9%	87%
TOTAL	97.6	100%	69.0	100%	71%

Funding sources of actual spending for nutrition activities



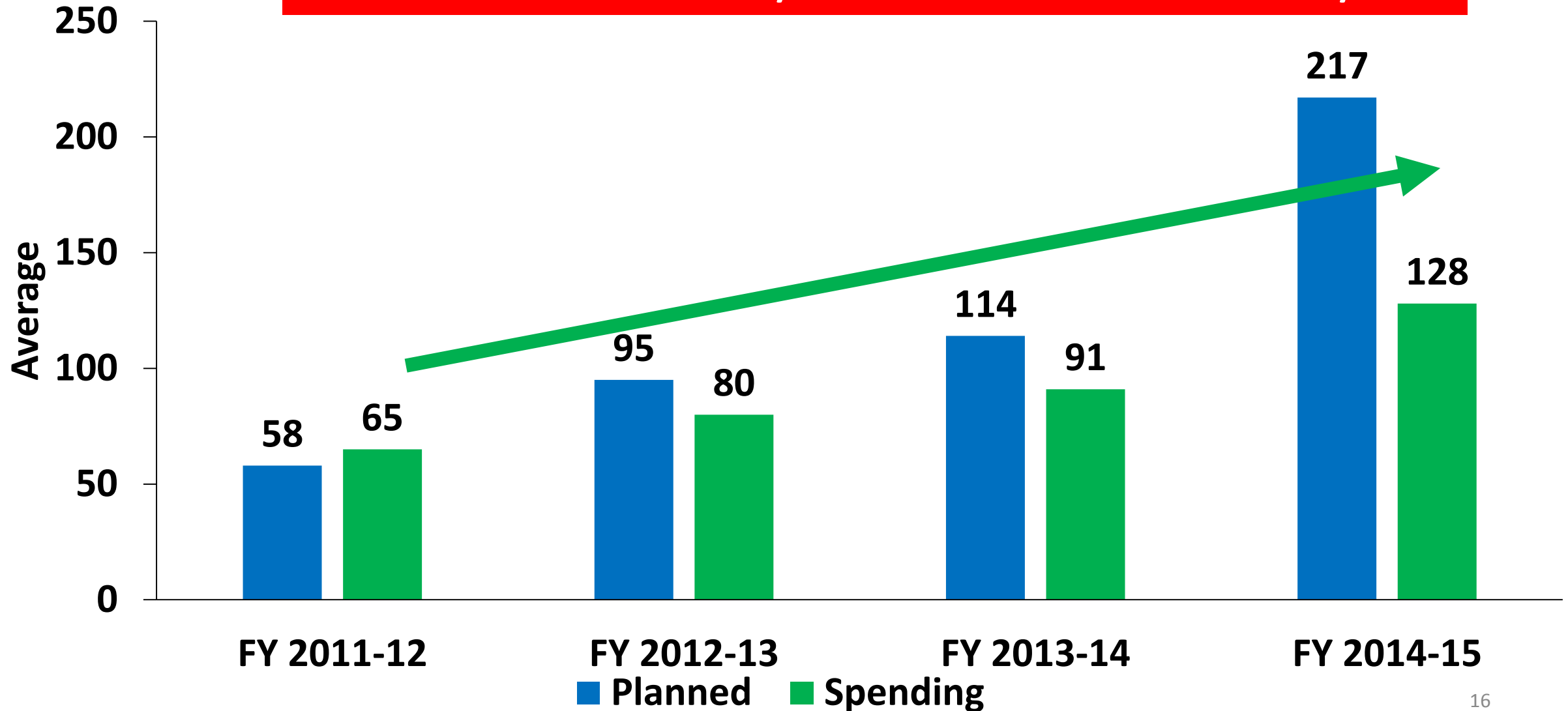
Trend in average number of activities per Council

Continuous increase in planning nutrition activities, and in completed activities
However, also increase in activities partially and not implemented



Trend in average spending for nutrition per district council (million TZS)

Average spending on nutrition has increased from TZS 65 million in FY 2011/12 to TZS 128 million in FY 2014/15



Implementation of nutrition activities per NNS strategic objective

NNS Strategic Objective	Planned in NNS-IP Y1 to Y4 (billion TZS)	Planned by LGAs and MDAs Y1 to Y4 (billion TZS)	Executed by LGAs and MDAs Y1 to Y4 (billion TZS)	% of NNS-IP executed by LGAs and MDAs
1. Accessing Quality Nutrition Services	496	33.1	23.7	5%
2. Behaviour Change Communication	23	10.3	6.2	27%
3. Legislation for a Supportive Environment for optimal nutrition	15	4.1	2.6	17%
4. Mainstreaming Nutrition into National and Sectoral Policies, and Plans	12	2.7	0.4	3%
5. Institutional and Technical Capacity for Nutrition	16	4.1	2.7	17%
6. Advocacy and Resource Mobilization	12	0.3	0.2	1%
7. Research, Monitoring and Evaluation	20	4.3	3.3	16%
8. Coordination and Partnerships	28	1.4	0.6	2%
9. Others	-	37.4	29.4	-
Total	620	97.6	69.0	11%

Implementation of nutrition activities per NNS strategic objective

NNS Strategic Objective	Planned by LGAs and MDAs Y1 to Y4 (billion TZS)	Proportion of budget per strategic objective	Executed by LGAs and MDAs Y1 to Y4 (billion TZS)	Proportion of spending per strategic objective
1. Accessing Quality Nutrition Services	33.1	34%	23.7	34%
2. Behaviour Change Communication	10.3	11%	6.2	9%
3. Legislation for a Supportive Environment for optimal nutrition	4.1	4%	2.6	4%
4. Mainstreaming Nutrition into National and Sectoral Policies, and Plans	2.7	3%	0.4	1%
5. Institutional and Technical Capacity for Nutrition	4.1	4%	2.7	4%
6. Advocacy and Resource Mobilization	0.3	0%	0.2	0%
7. Research, Monitoring and Evaluation	4.3	4%	3.3	5%
8. Coordination and Partnerships	1.4	1%	0.6	1%
9. Others	37.4	38%	29.4	43%
Total	97.6	100%	69.0	100%

Activities not contributing to any SO of the NNS: “9. Others”

Description	Example of activities	Budget (billion TZS)	Proportion (%)
<p>Many activities classified from the Health sector</p>	<ul style="list-style-type: none"> • Procurement of medicines • Procurement of health supplies 		
<p>any NNS – IP Strategic Objective</p>	<p>supply facilities</p> <ul style="list-style-type: none"> • Training of water users committees 		

In the current NNS there is no Strategic Objective or Priority Area for Nutrition Sensitive Health and WASH Interventions

Also: many of the Health and WASH activities reported by LGAs and MDAs are not ‘nutrition sensitive’ according to scientific evidence

Activities not contributing to any SO of the NNS: “9. Others”

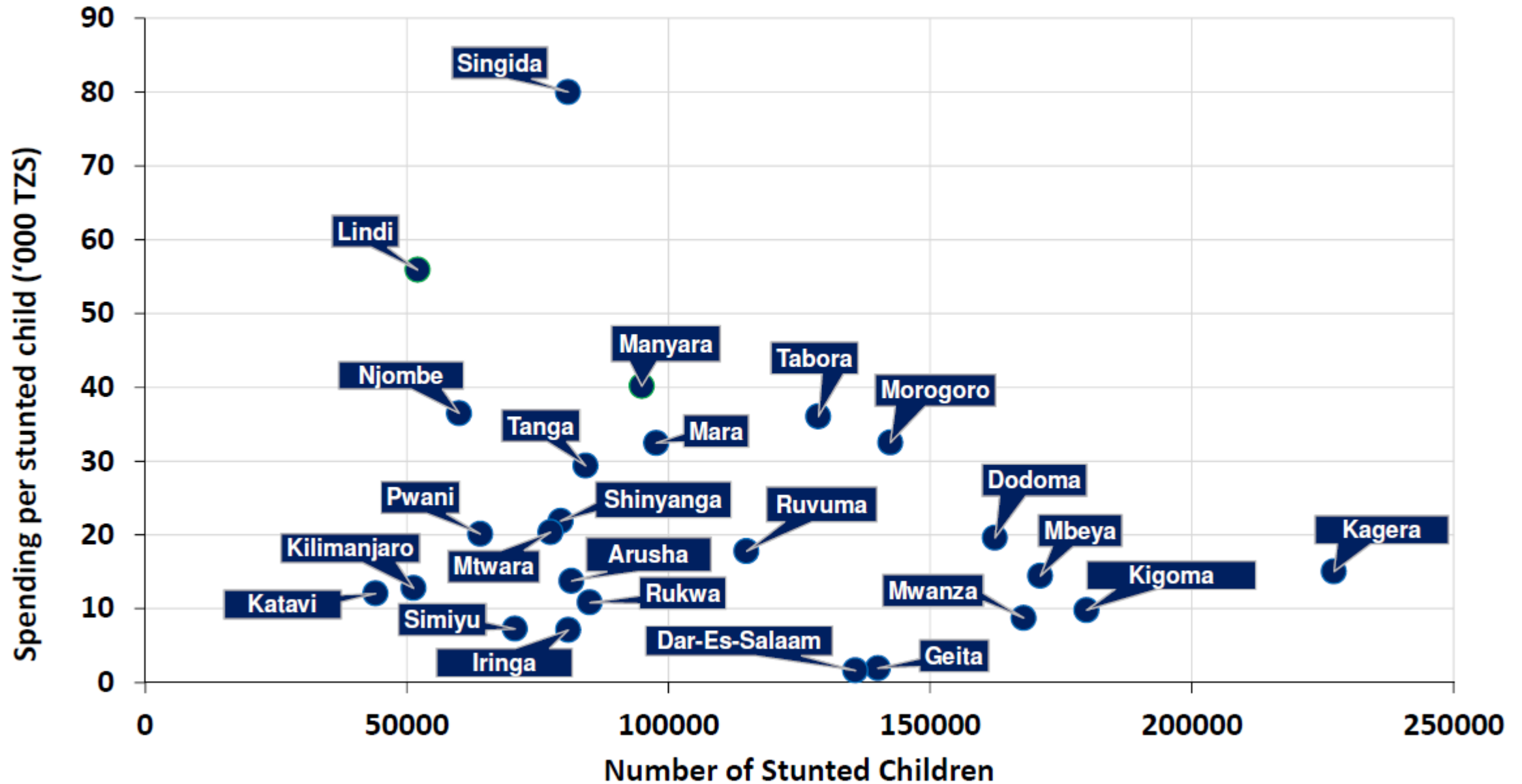
Description	Example of activities	Budget (billion TZS)	Proportion (%)
Many activities classified	<ul style="list-style-type: none">• Construction / rehabilitation of warehouses		

In the current NNS there is no Strategic Objective or Priority Area for Education Interventions, but there is for Agriculture

However: many of the Agriculture and Education activities reported by LGAs and MDAs are not ‘nutrition sensitive’ according to scientific evidence

any NNS – IP Strategic Objective

Spending per stunted child VS number of stunted children per region



4.2. Analysis of alignment of activities with NNS Priority Areas and Sectors

Implementation of nutrition activities per NNS priority area

NNS Priority Areas	Planned Y1, Y2, Y3 , Y4		Spent Y1, Y2, Y3 , Y4	
	(million TZS)	(%)	(million TZS)	(%)
1. Infant and young child feeding	4.5	5%	3.4	5%
2. Vitamin and mineral deficiencies	18.0	18%	10.6	15%
3. Maternal and child malnutrition	6.2	6%	4.2	6%
4. Nutrition and HIV and AIDS	5.1	5%	4.2	6%
5. Children, women and households in difficult circumstances	3.0	3%	3.0	4%
6. Diet-related non-communicable diseases.	2.4	2%	2.6	4%
7. Household food security	19.8	20%	12.1	18%
8. Nutrition surveillance, surveys and information management	4.1	4%	2.4	3%
9. Other activities (Especially WASH, Education)	34.4	35%	26.5	38%
Total	97.6	100%	69.0	100%

Implementation of nutrition activities per Sector

Sectors	Planned Y1, Y2, Y3 , Y4		Spent Y1, Y2, Y3 , Y4	
	(million TZS)	(%)	(million TZS)	(%)
1. Health and Social Welfare	41.1	42%	28.6	41%
2. Agriculture and Food Security	15.9	16%	10.5	15%
3. Livestock and Fisheries	4.1	4%	1.9	3%
4. Water and Sanitation	13.8	14%	10.4	15%
5. Community Development, Gender and Children	3.3	3%	2.6	4%
6. Education	15.4	16%	12.4	18%
7. Trade and Industry	1.1	1%	0.5	1%
8. Finance	0.0	0%	0.0	0%
9. Others (coordination, planning and budgeting, general advocacy etc.)	2.9	3%	2.2	3%
Total	97.6	100%	69.0	100%

4.3. Comparative trend in FY2014/15

Progress in 2014/15 against NNS Strategic Objectives

NNS Strategic Objectives	Executed by LGAs and MDAs Y1 to Y3 (billion TZS)	% of NNS-IP executed by LGAs and MDAs	Executed by LGAs and MDAs Y1 to Y4 (billion TZS)	% of NNS-IP executed by LGAs and MDAs
1. Accessing Quality Nutrition Services	18.5	5%	23.7	5%
2. Behaviour Change Communication	3.8	23%	6.2	27%
3. Legislation for a Supportive Environment for optimal nutrition	2.4	22%	2.6	17%
4. Mainstreaming Nutrition into National and Sectoral Policies, and Plans	0.4	5%	0.4	3%
5. Institutional and Technical Capacity for Nutrition	1.4	11%	2.7	17%
6. Advocacy and Resource Mobilization	0.1	1%	0.2	1%
7. Research, Monitoring and Evaluation	1.9	15%	3.3	16%
8. Coordination and Partnerships	0.5	2%	0.6	2%
9. Others	17.4	N.A.	29.4	N.A.
Total	46.5	11%	69.0	11%

Implementation of nutrition activities per NNS priority area

NNS Priority Areas	Spent Y1, Y2, Y3		Spent Y1, Y2, Y3 , Y4	
	(million TZS)	(%)	(million TZS)	(%)
1. Infant and young child feeding	1.4	3%	3.4	5%
2. Vitamin and mineral deficiencies	7.3	16%	10.6	15%
3. Maternal and child malnutrition	3.1	7%	4.2	6%
4. Nutrition and HIV and AIDS	3.40	7%	4.2	6%
5. Children, women and households in difficult circumstances	2.0	4%	3.0	4%
6. Diet-related non-communicable diseases.	2.5	5%	2.6	4%
7. Household food security	8.7	19%	12.1	18%
8. Nutrition surveillance, surveys and information management	1.1	2%	2.4	3%
9. Other activities (Especially WASH, Education)	16.8	36%	26.5	38%
Total	46.5	100%	69.0	100%

Implementation of nutrition activities per Sector

Sectors	Spent Y1, Y2, Y3		Spent Y1, Y2, Y3 , Y4	
	(million TZS)	(%)	(million TZS)	(%)
1. Health and Social Welfare	19.82	39%	28.6	41%
2. Agriculture and Food Security	8.96	18%	10.5	15%
3. Livestock and Fisheries	2.07	4%	1.9	3%
4. Water and Sanitation	6.92	14%	10.4	15%
5. Community Development, Gender and Children	2.37	5%	2.6	4%
6. Education	7.59	15%	12.4	18%
7. Trade and Industry	0.46	1%	0.5	1%
8. Finance	-	-	0.0	0%
9. Others (coordination, planning and budgeting, general advocacy etc.)	2.09	4%	2.2	3%
Total	50.26	100%	69.0	100%

5. Summary of key findings

5. Summary of Key Findings of the assessment

KEY PROGRESS IN IMPLEMENTING NNS 2011/12 – 2015/16

Between FY2011/12 and FY2014/15, there has been:

- A **continuous increase in planned nutrition activities** at LGAs and MDAs levels. However, in FY 2014/15 there was a decrease in the number of completed nutrition activities.
- An **increase in average nutrition spending per council** from TZS 65 million to TZS 128 million per year

5. Summary of Key Findings of the assessment

KEY PROGRESS IN IMPLEMENTING NNS 2011/12 – 2015/16

- Most of targeted **sectors** have spent funds for nutrition related activities.
- **Top 4 sectors** investing in nutrition are
 1. Health and social welfare: **28.5 billion TZS**
 2. Education: **12.4 billion TZS**
 3. Agriculture and Food security: **10.5 billion TZS**
 4. Water and sanitation: **10.4 billion TZS**
- However, many activities implemented within these sectors are **not the nutrition-sensitive activities that have proven impact on reducing malnutrition (especially stunting)**

5. Summary of Key Findings of the assessment

KEY GAPS AND BOTTLENECKS IN IMPLEMENTING NNS 2011/12 – 2015/16

- **The level of funding of NNS is very low. Only 11% of total planned budget was spend during the 4 first years by LGAs and MDAs. Accessing quality nutrition services is among the least funded strategic objectives.**
- **One third (30%) of planned nutrition activities are not aligned to NNS priority areas or NNS strategic objectives**
- **Most of the nutrition funding is allocated to vitamin and mineral deficiencies and food security, while infant and young child feeding and maternal and child malnutrition that have greater potential impact on stunting are poorly funded.**

5. Summary of Key Findings of the assessment

GAPS AND BOTTLENECKS IN IMPLEMENTING NNS 2011/12 – 2015/16

- **There is a continuous decrease in the proportion of completed activities (from 78% to 50%) and financial execution (from 104% to 57%)**
- **Funding of nutrition activities at all levels is heavily dependent on development partners. This is especially true for MDAs (ministries, with 79% of their funding for nutrition activities coming from donors, and TFNC with 92%)**
- **The 11 regions with the highest prevalence of stunting are planning and spending less than those with lower prevalence**

5. Summary of Key Findings of the assessment

GAPS IN THE DESIGN OF NNS 2011/12 -2015/16

This exercise has **reveals gaps in the design of the NNS** that need to be addressed during the design of the National Multisectoral Nutrition Action Plan (NMNAP) 2016/17 – 2020/21

- NNS 2011/12 -2015/16, aims to **reduce stunting prevalence from 42% to 27%** between 2010 and 2015, i.e. **an Average Annual Reduction Rate of 7%**. In 2014, stunting prevalence was 35% (SMART Survey), which represents an important reduction. **But the target of 27% was overambitious.**
- NNS 2011/12 -2015/16 **does not prioritize regions of the country to be targeted in priority.** How can priority regions be identified in NMNAP 2016/17 – 2020/21 in order to have a progressive scale up of coverage of nutrition interventions in relation to the magnitude of stunting?

6. Limitations of the Assessment

6. LIMITATIONS OF THE ASSESSEMENT

- There is **no standard list of nutrition-sensitive interventions**. Some activities that are in the database might be irrelevant
- Questionnaires were self administered and the orientation of respondents was limited. This can lead to **non harmonized classification of activities** into different categories by respondents
- Most nutrition related activities that were **not included in district plans** were not captured in the assessment by LGAs (NGOs and CSOs, in kind donations and supplies, activities that don't required budget).

7. Way Forward

7. WAY FORWARD AND RECCOMENDATIONS

- Use evidence from the JMNR to **orient decision making** during planning and budgeting sessions for nutrition every year
- Prioritize those **interventions with proven impact** on reducing malnutrition
- Increase **funding from the Government** and progressively reduce dependence from donors
- Ensure integration of **nutrition activities implemented by NGOs** (PANITA can help to collect this information)
- **Ensure integration of supplies** related to nutrition activities (Vitamin A, RUTF, Anthropometric equipment)
- **Improve the design of next NMNAP 2016/17 – 2020/21 based on the lessons learned from NNS-IP**

Acknowledgments

DNOs, RNOs and Focal Persons from MDAs:

- From 136 District and Municipal Councils
- From 14 Regional Secretariats
- From 6 MDAs

Task Force Members:

- Mr. Samson Ndimanga (TFNC)
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