United Republic of Tanzania
Prime Minister's Office

NATIONAL MULTISECTORAL NUTRITION ACTION PLAN

2021/22 - 2025/26

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KEYNOTE

The Government of Tanzania has adopted various policies and legal frameworks that aim at addressing and reducing malnutrition at the national, regional, and local government levels. Despite this, more efforts are required to attain the desired levels of nutrition outcomes in the country. Lessons from the implementation of the National Multisectoral Nutrition Action Plan (NMNAP) 2016–2021 have revealed that more emphasis needs to be put on the fight against the triple burden of malnutrition – undernutrition, micronutrient deficiencies, overweight and obesity. Other areas and actions which require emphasis are strengthening linkages within food systems; increasing financial investment, especially in proven low cost and high impact nutrition interventions; research, development and innovation; and further strengthening nutrition coordination.

The coordinated implementation of the NMNAP 2016–2021 has indicated that, generally, the intended targets were on track to a great extent due to increased accountability, commitment, and political will at all levels. The development of the NMNAP-II reflects Tanzania's continued commitment to address malnutrition by the current government led by the President of the United Republic of Tanzania, Her Excellency Samia Suluhu Hassan.

The NMNAP II has been developed with the understanding that malnutrition is a developmental challenge and a threat to achieving our national socio-economic goals, including establishing ourselves as an industrial, knowledge-driven middle-income country by 2025. Hence, it continues to complement the long-term National Development Vision 2025.

The NMNAP II has been designed to address the nutritional needs of people across life cycle and thus, the long-term desired change expected from implementing the NMNAP II is that "Women, Men, Children and Adolescents in Tanzania are better nourished living healthier and more productive lives". It is intended that NMNAP II will continue to reduce the prevalence of the various forms of malnutrition even further from the current levels and strive to attain the national, regional and global nutrition targets. It will also contribute to the sustainable development goals (SDGs), specifically, on ending hunger and all forms of malnutrition by 2030.

Finally, I would like to reiterate the Tanzanian Government's commitment to support the implementation of the NMNAP II. The government will improve the multisectoral nutrition coordination system at all levels and track its progress through the Common Results, Resources, and the Accountability Framework (CRRAF) of the NMNAP II. The government's commitment to addressing malnutrition will continue to be with the same vigor displayed in rooting out corruption and in collecting taxes for national development. While emphasizing the allocation of domestic resources for nutrition, the government has asked our development partners (DPs), civil society organizations (CSOs) and the private sector to join us in providing resources for facilitating the NMNAP II.

Let us all work together towards achieving the noble goal of improving the quality of human life for the current and future generations. The Prime Minister's Office is committed to lead the way.

Hon. Kassim Majaliwa Majaliwa (MP)
The Prime Minister of the
United Republic of Tanzania

FOREWORD

Although we have made progress in reducing malnutrition following the implementation of the NMNAP 2016–2021, malnutrition still affects millions of Tanzanians in various ways. These include the impairment of educational achievements and economic productivity, high burden of health-care cost for the Government and the families due increased diet-related non-communicable diseases. The lessons learned from NMNAP I provide the framework for continued effort to address nutrition issues in the country to develop strong and quality human capital that will propel socioeconomic transformation.

We are pleased that the factors that led to the persistent and sometimes worsening of some forms of malnutrition were identified during the mid-term review (MTR) of NMNAP 2016–2021 and have been addressed in this NMNAP II. Based on the MTR 2019 findings, the NMNAP II has placed more emphasis on scaling-up multisectoral interventions and community-based initiatives that have been proved to yield cost-effective results and on targeting areas and groups with the highest levels of malnutrition.

Since economic models suggest that the returns to investments in nutrition have high cost-benefit ratios, investment in nutrition should be a top development agenda. The Tanzanian Government hopes that investing in the fight against malnutrition will save lives and yield high economic returns for Tanzania. Every shilling invested in nutrition results in economic benefits worth at least six times more, and in the case of overweight and obesity, which is increasing in our country, investments in nutrition will prevent the loss of about 2.8 per cent of annual gross domestic product (GDP). The gains will benefit the vulnerable individuals and households and the most disadvantaged as they will spend less money on treating malnutrition-related diseases and increase their productivity.

Good nutrition is crucial for the health, growth and development of our people. Moreover, improving nutrition ensures considerable economic and social benefits, as it reduces morbidity and mortality, improves the learning and earning capacity of communities. Therefore, I call upon all national and international stakeholders to support Tanzania in the implementation of the NMNAP II 2021–2026.

Hon. Dr. Dorothy Gwajima (MP)
Minister of Health,
Community Development,
Gender, Elderly and Children

STATEMENT OF COMMITMENT

In **recognizing** the lessons learnt during the implementation of the NMNAP 2016–2021 and the statement made by the President of the United Republic of Tanzania, Her Excellency Samia Suluhu Hassan, on 24 August, 2017 (by the then Vice President of the United Republic of Tanzania), while tasking all the Regional Commissioners to be responsible for eliminating malnutrition in their respective regions, we affirm our commitment to ensure the successful implementation of NMNAP II and of our respective Ministries.

And in **recognition** of the good progress made in addressing malnutrition in NMNAP I, we believe more efforts are required because Tanzania is now facing the triple burden of malnutrition (undernutrition, micronutrient deficiencies, overweight and obesity) which is denting the nation's annual GDP by 2.5 per cent.

And in **understanding** that investment in nutrition is a crucial component of sustainable development, we commit ourselves to the implementation of the NMNAP II based on the theory of change (which has a desired goal that women, men, children, and adolescents are better nourished and living healthier and more productive lives).

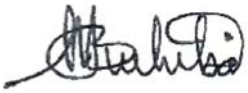
Also **recognizing** the need to mobilize political will and support that place the elimination of malnutrition at a strategic position; we pledge to support the implementation of a wide range of specific commitments, and prioritize and fast track the sectoral and multisectoral nutrition actions contained in the NMNAP II, and be accountable for their implementation.

Since we do **acknowledge** that the risk factors for malnutrition are multisectoral and multifactorial, and that malnutrition occurs in households and communities; we endorse the interventions proposed, which are multisectoral, address the multiple causative factors, and focus at the county level, to have the required community-level impact.

Consequently, we, the undersigned, commit ourselves and the ministries we lead to support the implementation of the NMNAP II. We undertake to promote the provision of the required resources (human, financial, and others) necessary to achieve the objectives of this plan. We acknowledge our responsibilities to the people of Tanzania to see that NMNAP II becomes successful. A Tanzania in which all its citizens are well nourished is a legacy of which we can all be proud.

Mr. Tixon T. Nzunda

Permanent Secretary,
Prime Minister's Office (Policy,
Coordination, Parliament, Labour,
Employment, Youth and Disabled)



Mr. Emmanuel M. Tutuba

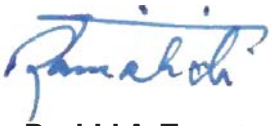
Permanent Secretary,
Ministry of Finance and Planning

Dr. John Jingu

Permanent Secretary,
(Community Development),
Ministry of Health, Community
Development, Gender, Elderly and Children

Prof. Abel N. Makubi

Permanent Secretary (Health),
Ministry of Health, Community
Development, Gender,
Elderly and Children



Dr. Rashid A. Tamatamah

Permanent Secretary (Fisheries),
Ministry of Livestock and Fisheries

Mr. Amosy K. Zephania

Ag Permanent Secretariat (Livestock)
Ministry of Livestock and Fisheries

Mr. Andrew W. Massawe

Permanent Secretary,
Ministry of Agriculture

Prof. Riziki S. Shemdoe

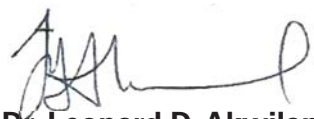
Permanent Secretary,
President's Office, Regional Administration
and Local Government

Mr. Doto M. James

Permanent Secretary,
Ministry of Industry and Trade

Eng. Anthony D. Sanga

Permanent Secretary,
Ministry of Water



Dr. Leonard D. Akwilapo

Permanent Secretary,
Ministry of Education,
Science and Technology

Dr. Zainab A. Chaula

Permanent Secretary,
Ministry of Information, Communications,
and Information Technology

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Furthermore, we appreciate the valuable inputs received from the Ministries/Sectors during the stakeholders' meetings, which are: Agriculture, Livestock, Fisheries, Health, Community Development, Education, Water, Industry and Trade, Finance and Planning and President's Office Regional Administration and Local Government.

Last but not the least, we would like to acknowledge Nutrition International, USAID Advancing Nutrition, UNICEF, WFP, CRS, ACF, GAIN, Irish AID and ASPIRES for providing financial and technical support. Other organizations/institutions which provided technical support were: SUA, UDOM, PANITA, USAID/PS3+, COUNSENUTH and SANKU.

ACRONYMS

ASDP	Agriculture Strategic Development Plan
BASATA	Baraza la Sanaa Tanzania
BCC	Behaviour Change Communication
BMI	Body Mass Index
CAG	Controller and Auditors General
CHMT	Council Health Management Team
CHW	Community Health Worker
CIP-IYCN	Comprehensive Integrated Plan on Infant and Young Child Nutrition
COVID	Coronavirus Disease
CRRAF	Common Result, Resource and Accountability Framework
CSO	Civil Society Organizations
DALY	Disability-Adjusted Life Years
DIT	Dar es Salaam Institute of Technology
DP	Development Partner
DRCHCo	District Reproductive and Child Health Coordinator
DRNCD	Diet Related Non-Communicable Diseases
ECD	Early Childhood Development
ETR	End-Term Review
FBO	Faith Based Organizations
FEFO	Ferrous Sulphate and Folic Acid
FFARS	Facility Financial Accounting and Reporting System
FYDP	Five Year Development Plan
GAM	Global Acute Malnutrition
GDP	Gross Domestic Product
GMP	Good Manufacturing Practice
HBS	Household Budget Survey

HCW	Health-Care Worker
HIV	Human Immunodeficiency Virus
HLSC	High Level Steering Committee
HMIS	Health Management Information System
HSSP	Health Sector Strategic Plan
IEC	Information, Education and Communication
IFA	Iron and Folic Acid
IMAM	Integrated Management of Acute Malnutrition
IYCF	Infant and Young Children Feeding
IYCN	Infant and Young Children Nutrition
JMNR	Joint Multi-Sectoral Nutrition Review
KRAs	Key Result Areas
LGA	Local Government Authority
MAM	Moderate Acute Malnutrition
MDA	Ministries, Departments and Agencies
MDG	Millennium Development Goals
MEAL	Monitoring, Evaluation, Accountability and Learning
MHM	Menstrual Hygiene Management
MIS	Management Information System
MIYCAN	Maternal, Infant, Young Child, Adolescent Nutrition
MIYCN	Maternal, Infant, Young Child Nutrition
MKUKUTA	Mkakati wa Kukuza Uchumi na Kupunguza Umasikini Tanzania
MMS	Multiple Micronutrient Supplementation
MNIS	Multisectoral Nutrition Information System
MNP	Micronutrient Powders
MOHCDGEC	Ministry of Health Community Development, Gender, Elderly and Children
MoLF	Ministry of Livestock and Fisheries
MP	Member of Parliament
MSD	Medical Store Department
MTR	Mid-term Review
MUAC	Mid-upper Arm Circumference
MUCHALI	Mfumo wa Uchambuzi wa Uhakiki wa Chakula na Lishe
NAIA-AHW	National Accelerated Investment Agenda for Adolescents Health and Wellbeing

NCCIDD	National Council for Control of Iodine Deficiency Disorders
NCD	Non-Communicable Disease
NCHS	National Center for Health Statistics
NFBDG	National Food Based Dietary Guideline
NFFA	National Food Fortification Alliance
NGO	Non-Governmental Organization
NHIF	National Health Insurance Fund
NIS	Nutrition Information System
NMNAP	National Multisectoral Nutrition Action Plan
NPS	National Panel Survey
NSI	Nutrition Sensitive Intervention
NTD	Neural Tube Defects
OPD	Outpatient Department
PLANREP	Planning and Reporting System
PMEL	Planning, Monitoring, Evaluation and Learning
PMELC	Planning, Monitoring, Evaluation and Learning Cycle
PMO	Prime Minister's Office
PO	President Office
PO-RALG	President Office Regional Administration and Local Government
PPP	Public, Private, Partnership
PSU	Planning Support Unit
RCH	Reproductive and Child Health
RHMT	Regional Health Management Team
RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent Health
SBCC	Social and Behavioural Change Communication
SDG	Sustainable Development Goal
SIDO	Small Industries Development Organization
SME	Small and Medium Enterprises
SOP	Standard Operating Procedure
SSB	Sugar Sweet Beverage
SUN	Scaling Up Nutrition
TAPI	Tanzania Association of Pharmaceutical Industries
TASPA	Tanzania Salt Producers Association

TBS	Tanzania Bureau of Standards
TDHS	Tanzania Demographic and Health Survey
TFNC	Tanzania Food and Nutrition Centre
TIRDO	Tanzania Industrial Research Development Organization
TMDA	Tanzania Medicines and Devices Agencies
TNNS	Tanzania National Nutrition Survey
ToC	Theory of Change
ToR	Terms of Reference
TPMA	Tanzania Pharmaceutical Manufacturers Association
TWG	Thematic Working Group
TZS	Tanzania Shillings
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
URT	United Republic of Tanzania
USD	United States Dollar
USI	Universal Salt Iodization
VETA	Vocational Education and Training Authority
VICOBA	Village Community Bank
WASH	Water, Sanitation And Hygiene
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization
WRA	Women of Reproductive Age

EXECUTIVE SUMMARY

The second NMNAP 2021–2026 is an evidence-based five-year strategic action plan that seeks to address malnutrition in all its forms and for all ages in Tanzania.

The NMNAP II follows after the implementation of the NMNAP I 2016–2021 and builds on the success, limitations, and opportunities from the previous five years. The plan uses a life-cycle and systems approach and promotes multisectoral collaboration to address the social determinants of malnutrition.

The overall expected result of the NMNAP II is, **"Women, Men, Children and Adolescents in Tanzania are better nourished and living healthier and more productive lives".** The pathway of change for the NMNAP II is defined using the theory of change (ToC), which was used to develop a set of outcomes and outputs. According to the ToC, if the proposed preconditions (outcomes) are in place, and if the identified strategies have been adopted and the relevant activities have been implemented, then the expected results for NMNAP II would be realized.

The development process of the NMNAP II was overseen by the Prime Minister's Office and driven by the TFNC. The process was participatory, consultative and was comprised of three phases, namely, the preparatory phase, the development phase, and the validation/endorsement/launching phase. The process also involved wide consultation with all key nutrition stakeholders, including ministries, local governments, DPs, civil society organizations (CSOs), research and academic institutions, and the private sector. Furthermore, the process was evidence-based and recognized the successes, challenges and lessons learnt from the implementation of the NMNAP I.

Mid-term review of the implementation of the NMNAP I indicated substantial achievements, including a reduction in stunting prevalence among under-five children, improved breastfeeding practices, improved policy environment and improved collaboration among key stakeholders. The review also noted key challenges encountered during the implementation of the NMNAP I, including:

- Limited funds allocation from the government and inadequate funding for research to generate evidence,
- Weak linkages with other sectors,
- Inadequate institutional and human resource capacities
- Gaps in data generation, utilization and quality at various levels
- Inadequate focus on people with special nutrition and health needs,
- Inadequate involvement of the private sector,
- Failure to address the triple burden of malnutrition and food safety issues, and
- Inadequate monitoring and evaluation of the implementation of NMNAP I.

The NMNAP II targets policy and decision makers at all levels – from the national to the sub-national. At the operational level, the NMNAP II targets those responsible for implementing nutrition interventions, including governmental and non-governmental organizations (NGOs) and actors, DPs, CSOs, and the private sector. This document will also help the public at large to understand the government's plans to ensure optimal nutrition for all Tanzanians.

This document has a total of eight (8) chapters. Chapter one contains the introduction followed by Chapter two, which covers the analysis of the nutrition situation in Tanzania. Chapter three presents the design framework of the NMNAP II, while Chapter four highlights the KRAs, strategies, and interventions. Chapter five presents the costed action plans of NMNAP II and Chapter six covers the governing laws and the institutional and legal framework for NMNAP II. Monitoring, evaluation, accountability, and lessons learnt are covered in Chapter seven, while Chapter eight concludes with the risk assessment, analysis and mitigation strategies.

Further, the NMNAP II is organized into four KRAs, the first three of which are directly tied to addressing the triple burden of malnutrition with the last KRA focusing on creating an enabling environment for nutrition. The KRAs are as follows:

- **KRA 1**: Reducing Undernutrition
- **KRA 2:** Reducing Micronutrient Deficiencies
- **KRA 3:** Reducing Overweight and Obesity
- **KRA 4:** Strengthening the Enabling Environment

The plan consists of five strategic outcomes which were derived from the NMNAP II ToC. These outcomes are:

Strategic Outcome 1: Increased coverage of adequate, equitable and quality nutrition services at the community and facility levels

Strategic Outcome 2: Women, men, children, and adolescents practice appropriate nutrition behaviours

Strategic Outcome 3: Sustainable and resilient food systems that are responsive to nutrition needs

Strategic Outcome 4: Strengthened multisectoral and private sector engagement for nutrition

Strategic Outcome 5: Enabling environment (adequate policies and frameworks) that are supportive of suitable human and financial resources for nutrition

The NMNAP II expected key impacts and outcome targets by 2026 are shown in Table 1.

Table 1: NMNAP II key impact and outcome targets

	Planned Results	Baseline (Year)	Target 2025/26	Means of Verification
	IMPACT RESULTS			
1.	Reduced prevalence of stunting among children 0-59 months	31.8% (2018)	24%	TNNS
2.	Maintain prevalence of global acute malnutrition among children 0-59 months	3.5% (2018)	<5%	TNNS
3.	Reduced prevalence of low birthweight	6.3% (2018)	<5%	TNNS
4.	Reduced proportion of non-pregnant women 15-49 years with anaemia	28.8% (2018)	23%	TNNS
5.	Reduced prevalence of Vitamin A deficiency among children aged 6-59	33% (2010)	20%	TDHS
6.	Maintain median urinary iodine of women of reproductive age between 100- 299 µg/L by 2026	100-299 ug/L (2010)	100-299 ug/L	TDHS
7.	Maintain prevalence of overweight among children under five	2.8 (2018)	<5%	TNNS
8.	Maintain prevalence of overweight/obesity among women aged 15-49 years	31.7% (2018)	<32%	TNNS
9.	Maintain prevalence of overweight among adults	26% (2012)	<30%	STEPS
	OUTCOME RESULTS			
1.	Increased proportion of children aged 0-5 months who are exclusively breastfed	58.6% (2018)	70%	TNNS
2.	Increased proportion of children aged 6-23 months who receive a minimum acceptable diet	30.3% (2018)	50%	TNNS
3.	Increased proportion of children aged 6-59 months who received Vitamin A Supplement during the last 6 months	63.8% (2018)	90%	TNNS
4.	Increased proportion of households consuming adequately iodized salt	61.2% (2018)	90%	TNNS
5.	Increased proportion of pregnant women taking iron and folic acid (IFA) for 90+ days during pregnancy	28.5% (2018)	50%	TNNS
6.	Increased proportion of children under five in need of SAM treatment who are admitted in the program annually	13% (2018)	75%	BNA

	Planned Results	Baseline (Year)	Target 2025/26	Means of Verification
7.	Increased proportion of children under five in need of MAM treatment who are admitted in the program annually	8% (2018)	75%	WFP Standard project Report
8.	Reduced percentage of people who eat less than 5 servings of fruit and/or vegetables on average per day	97.2% (2012)	68%	STEPS
9.	Increased production of horticultural crops	6,556,102 tons	14,600,000 tons	MoA reports
10.	Increased milk production	3 Bil.L/yr (2020/21)	4.3 Bil.L/yr	TDB/MLF
11.	Increased per capital consumption of milk in Tanzanian population	54.7 Liters/ person/annum (2020/21)	100 Liters/ per person/per annum	TDB/MLF
12.	Increased number of primary schools implementing school milk feeding program	39 (2020/21)	5000	TDB/MLF
13.	Increased Meat production	702.0('000.Mt/yr) (2020/21)	951.7('000.Mt/ yr)	TMB/MLF
14.	Increased per capital consumption of meat in Tanzanian population	15kg/person/ annum	25kg/per person/per annum	TMB/MLF
15.	Increased fish production	497,567 tons 2019/20)	600,000 tons	MLF
16.	Increased per capital consumption of fish in Tanzanian population	8.5kg/person/ annum (2019/20)	10.5kg/person/ annum	MLF
17.	Number of adolescents trained on health and wellbeing.	0 (2021)	2,000,000	MoH
18.	Increased percentage of schools implementing school feeding program	TBD		MoEST
19.	Percentage of rural population with access to piped or protected water as their main source.	70% (2020)	85%	Water Sector Status report
20.	Proportional of the households in Rural areas with improved sanitation facilities	36% (2020)	75%	Water Sector Status report
21.	Percentage of Regional Centre's population with access to piped or protected water as their main source.	84% (2020)	95%	Water Sector Status report

	Planned Results	Baseline (Year)	Target 2025/26	Means of Verification
22.	Percentage increase of social protection coverage	20% (2020)	30%	PMO
23.	Increased coverage of Productive Social Safety Net Program (extreme poor households)	70% (2019)	100%	TASAF Report
24.	Increased percentage of SMEs food processors engage in food fortification	NA	20% Increase from Baseline	MITI
25.	Increased proportion of planned budget spent on nutrition sensitive interventions	33.7% (2019)	60%	PMO/PO-RALG
26.	Increased proportion of councils spending a minimum budget allocation per child under-five to nutrition	52% (2019)	100%	IMES/ PO-RALG

The total cost to achieve these key results over the next five years would be TZS 642,349,052,101 (USD 279,282,196.57). Table 2 presents the annual estimated budget requirements.

Table 2: NMNAP II estimated annual budget

Annual Estimated Budget in TZS						Total Cost (TZS)	Total Cost (USD-2300)
Financial Year	2021/2022	2022/2023	2023/2024	2024/2025	2025/2026	2021-2026	2021-2026
Estimated Budget	147,103,720,656	145,499,773,784	128,716,950,883	104,867,379,443	116,161,227,336	642,349,052,101	279,282,196.57

The monitoring, evaluation, accountability, and learning (MEAL) framework as shown in Chapter seven will facilitate tracking and evaluation of the performance of set targets and it will serve as an accountability and learning framework for various nutrition stakeholders. In addition to supporting results and financial tracking, the MEAL framework will also provide a mechanism for the local government authority, and national, and where relevant, for regional and global reporting; thereby aligning partners at the local, country, regional and global levels around a common approach to reporting.

The evidence generated will inform planning, resource allocation, decision-making and adaptive management and will help in the real time monitoring of the nutrition actions. The MEAL framework further provides a summary of select results and indicators that will be mutually tracked and reported on by all the sectors responsible for the implementation of the NMNAP II. This summary is the CRRAF.

The monitoring and evaluation (M&E) of NMNAP II will be an ongoing process with continuous periodic reporting. These will include quarterly or six-monthly reports from routine data collection, such as the Joint Multisectoral Health Information System, Nutrition Scorecard, Compact Agreement Scorecard, and feedback from coordinating structures, all of which will provide opportunities for the

adjustment of activities. Annual multisectoral and multistakeholder nutrition reviews will need to be established to review the overall progress, including the functionality, of the CRRAF and the multistakeholder coordination and collaboration. A MTR will be done in 2023/2024 to review the progress made in the two years of implementation and recommend adjustments in the strategy or review of the expected targets, wherever necessary. An end-term review (ETR) in 2026 will evaluate the overall performance of the NMNAP II and use the lessons learnt to develop the subsequent nutrition action plan.

Key elements that will support the implementation of the NMNAP II include, a functional, legal framework which provides for legislation, regulations, and guidelines that ensure the availability and accessibility of adequate, safe, and good-quality food; and an adherence to the internationally-recognized standards and nutrition guidelines. Finally, an important component of the NMNAP II is to be able to identify and manage the risks that may affect its smooth implementation.

CHAPTER 1

INTRODUCTION TO THE NMNAP II

1.1 Background

This document articulates the NMNAP for the period between 2021/22 and 2025/2026. This period coincides with the third five-year development plan (FYDP III) of the Tanzanian Government's long-term strategic plan (2010-2025) for economic and social growth (MKUKUTA) and it provides a logical continuation of the five-year NMNAP of 2016/2017-2020/2021. The NMNAP II has been developed to address the triple burden of malnutrition across the life cycle and guides all the nutrition-specific and the nutrition-sensitive interventions from various sectors including health, social protection, education, food, water, community development, finance, industry, and trade. Furthermore, the plan accommodates interventions for all age groups (life cycle approach) and those with special health and nutrition needs. The plan is designed based on four KRAs, which are: (1) reducing undernutrition, (2) reducing micronutrient deficiency, (3) reducing overweight and obesity, and (4) strengthening an enabling environment for nutrition.

The development of this plan is aligned with the objectives of national, regional, and global initiatives, including:

- Food and Nutrition Policy of 1992
- The National Health Policy of 2007
- Health Sector Strategic Plan V
- Five Year Development Plan III
- Agricultural Sector Development Plant 2 (ASDP-II)
- Ruling Party's Election Manifesto 2020–2025
- Other development sectoral policies, strategies, and plans
- East African Development Vision 2050
- SADC Regional Food and Nutrition Strategy 2021

- The Scaling-Up Nutrition (SUN) Movement launched in 2012
- Sustainable Development Goals (SDGs) 2030
- African Union Agenda 2063

NMNAP II focuses on strengthening further and scaling up successful interventions of NMNAP by critically addressing the identified gaps and by strengthening the enabling environment for multisectoral nutrition actions. The action plan also addresses the importance of engaging the private sector to strengthen nutrition across the related sectors.

1.2 Overview of the NMNAP 2016 - 2020/21

1.2.1 Success and lessons learnt

Community involvement and participation: Community-based programmes for scaling up maternal, infant, young child and adolescent nutrition (MIYCAN) have contributed to an increased coverage of MIYCAN services at both the community and the facility levels.

Use of media: Delivering nutrition education through media was cost-effective and ensured that many people were reached within a short time. Similarly, the use of cultural dances had the same impact.

Use of schools and organized groups as potential platforms to scale-up nutrition interventions: Schools, early childhood development (ECD) centres, or organized groups were used to provide nutrition education, micronutrient supplementation services and deworming. They also taught best practices to improve nutrition such as water, sanitation and hygiene, (WASH), gardening, menstrual hygiene, and cooking. The successful implementation of adolescent programmes needs multisectoral collaboration, adolescent engagement, and participation.

Role of effective private sector engagement: It was learned that to facilitate the scale-up of micronutrient interventions such as universal salt iodization (USI) and micronutrient powders (MNP), the private sector had an important role. Furthermore, private sector engagement has played a role in ensuring the availability of supplies and in facilitating the implementation of nutrition interventions in the Councils in collaboration with the Central Government and the DPs.

Engagement of political leaders: Experience has shown that the engagement of political leaders was important in creating community awareness, especially for interventions which aimed to prevent diet-related non-communicable diseases (DRNCDs).

School-feeding programmes: Implementation of school-feeding programmes ensured the accessibility of nutritious food to many children and improved their school attendance. Hence, it is important to strengthen school-feeding programmes.

1.2.2 Gaps in the implementation of NMNAP I 2016-2020/21

The implementation of the NMNAP I was successful, as outlined in the MTR. However, several gaps were observed, which will be addressed in the NMNAP II as follows:

Inadequate funding: The budget to fund nutrition interventions in Tanzania is still inadequate. However, experience gained through the implementation of NMNAP I has shown that it is difficult to track and report nutrition expenditure in all sectors, which may have contributed to the underreporting of resources allocated to nutrition interventions. Results have showed that at the MTR, budget execution was at 43 per cent, excluding nutrition-sensitive interventions, for which the DPs had contributed 83 per cent of the total budget. Over-reliance on donors' funds has introduced a significant degree of uncertainty in terms of the quantity and timing to implement nutrition activities.

Human resources gap: Despite the outstanding human resource commitments at the regions and in the Councils responsible for providing technical support and coordinating nutrition interventions, for example, during the MTR of NMNAP I, it was noted that 47 per cent of the Councils had not yet employed professional nutrition officers. One of the significant causes for this gap is the low prioritization afforded to employing nutritionists.

Data gap: Data for nutrition are collected from different sectors and ministries with different systems. These systems do not communicate; therefore, the lack of communication makes the extraction of any information challenging. Furthermore, some of the current indicators for nutrition are ambiguous, hence, it becomes difficult to track the outcomes, outputs and nutritional progress.

Inadequate focus on people with special nutrition and health needs: NMNAP I focused mainly on pregnant women and children and left behind the people from the other age groups, such as older people and adolescents.

Inadequate engagement of private sector: Though experience has shown that the private sector is an important stakeholder for the success of nutrition outcomes, the implementation of the NMNAP I did not engage them adequately..

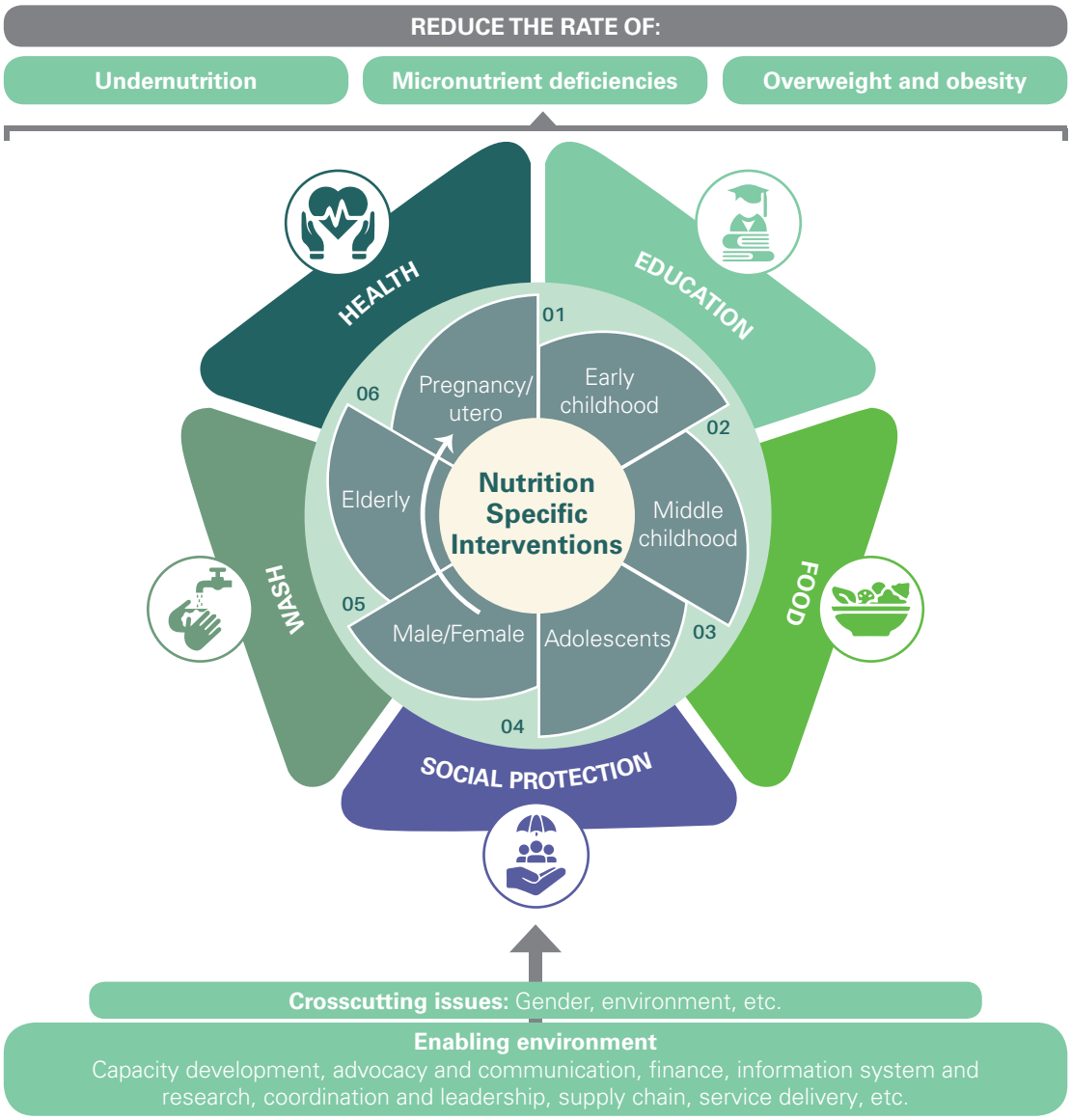
1.3 The goal of the NMNAP II

The goal of the NMNAP II is to provide directions to the nutrition stakeholders at all levels on the implementation of nutrition interventions, which address the triple burden of malnutrition in the country for the next five years starting from 2021.

1.4 Conceptual framework of the NMNAP II

The NMNAP II has been designed to address undernutrition, micronutrient deficiencies, and overweight and obesity based on the life-cycle approach, while ensuring that the gender issues are clearly addressed in each stage and that the interventions are delivered through the existing systems, namely, through the food, health, education, social protection and WASH systems (see Figure 1). The NMNAP II has embraced the enabling environment built from NMNAP I to accelerate the gains achieved during the implementation of the latter by strengthening coordination and leadership; by strengthening information systems and research; by continuing capacity development; and by increasing investment in nutrition.

Figure 1: Conceptual Framework for NMNAP II



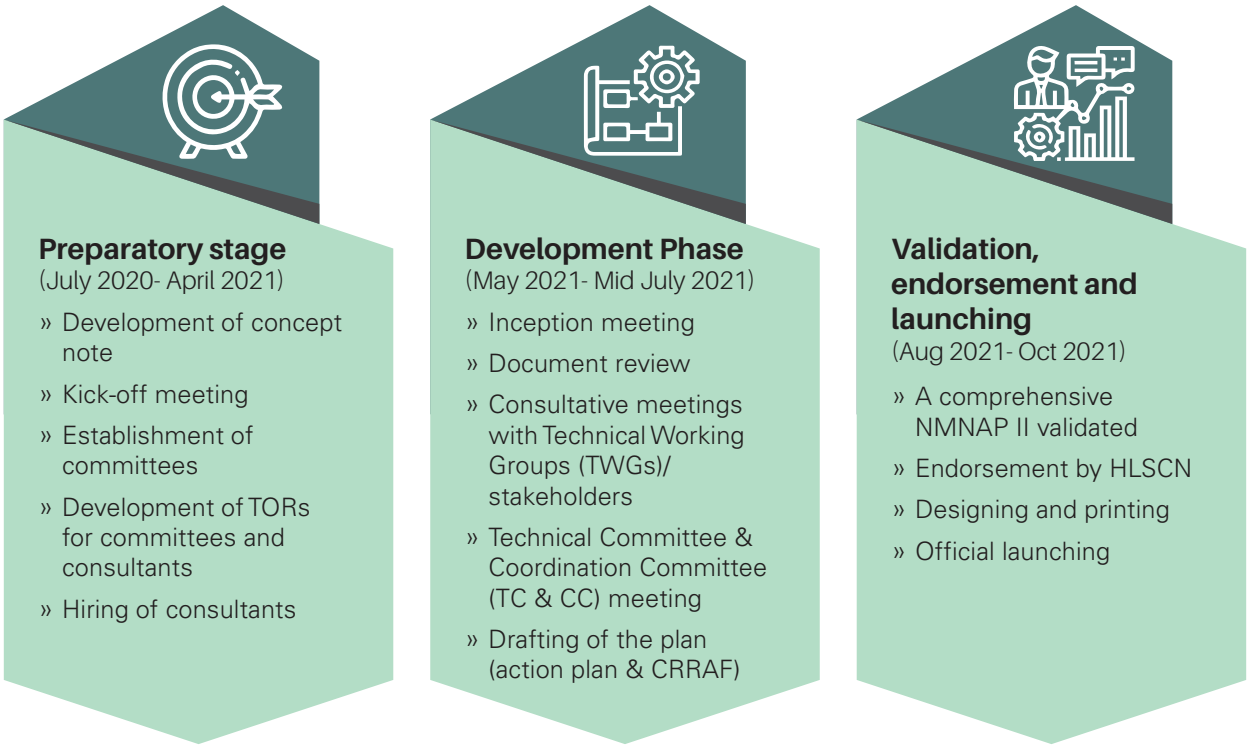
1.5 Targeted audience for the NMNAP II

The NMNAP II targets the policy and decision makers at all levels, from the national to sub-national. At the operational level, the NMNAP II targets those responsible for implementing nutrition interventions at all levels, including government and NGOs and actors, DPs, CSOs and the private sector. The list of stakeholders is included in Table 7.

1.6 Development process of the NMNAP II

The NMNAP II follows the implementation of the NMNAP I and builds on the success, limitations, and opportunities of the past five years of implementing NMNAP I. The development process was participatory and consultative, and it was comprised of three phases, namely, the preparatory phase, the development phase, and the validation/endorsement/launching phase. Details of the activities undertaken in each phase are shown in Figure 2.

Figure 2: Development Process of NMNAP II



Source: TFNC

1.7 Organization of the NMNAP II document

The NMNAP II document has a total of eight (8) chapters, with Chapter one being the introduction followed by Chapter two which covers the analysis of the country's nutrition situation. Chapter three presents the NMNAP II design framework, while Chapter four highlights the KRAs, strategies, and interventions. Chapter five presents the costed action plans of NMNAP II and Chapter six covers the governance, institutional and legal frameworks for NMNAP II. Monitoring, evaluation, accountability, and learning is covered in Chapter seven, while Chapter eight concludes with the risk assessment, analysis, and mitigation strategies.

CHAPTER 2

NUTRITION SITUATION ANALYSIS

2.1 Introduction

This chapter shows the nutrition situation in the Tanzania Mainland by highlighting the prevalence of the various forms of malnutrition, namely, undernutrition, micronutrient deficiencies, and overweight and obesity. The situation analysis also includes the nutrition status of women and adolescents and portrays the trends and causes of malnutrition in Tanzania. Additionally, this chapter describes the current state of the five systems in focus.

2.1.1 Trends in undernutrition

Undernutrition signifies the insufficient intake of energy and nutrients which meet an individual's requirements to maintain good health. Undernutrition manifests itself mainly as stunting (low height for age or chronic undernutrition); wasting (low weight for height or acute undernutrition); underweight (low weight for age); and low birthweight (of less than 2.5 kg).

2.1.1.1 Stunting

Stunting (Low height-for-age) is the result of chronic or recurrent undernutrition, which is associated with poor socioeconomic conditions, poor maternal health and nutrition, frequent illness, and/or inappropriate infant and young child feeding (IYCF) and care in early life. Stunting holds a child back from reaching its physical and cognitive potential.

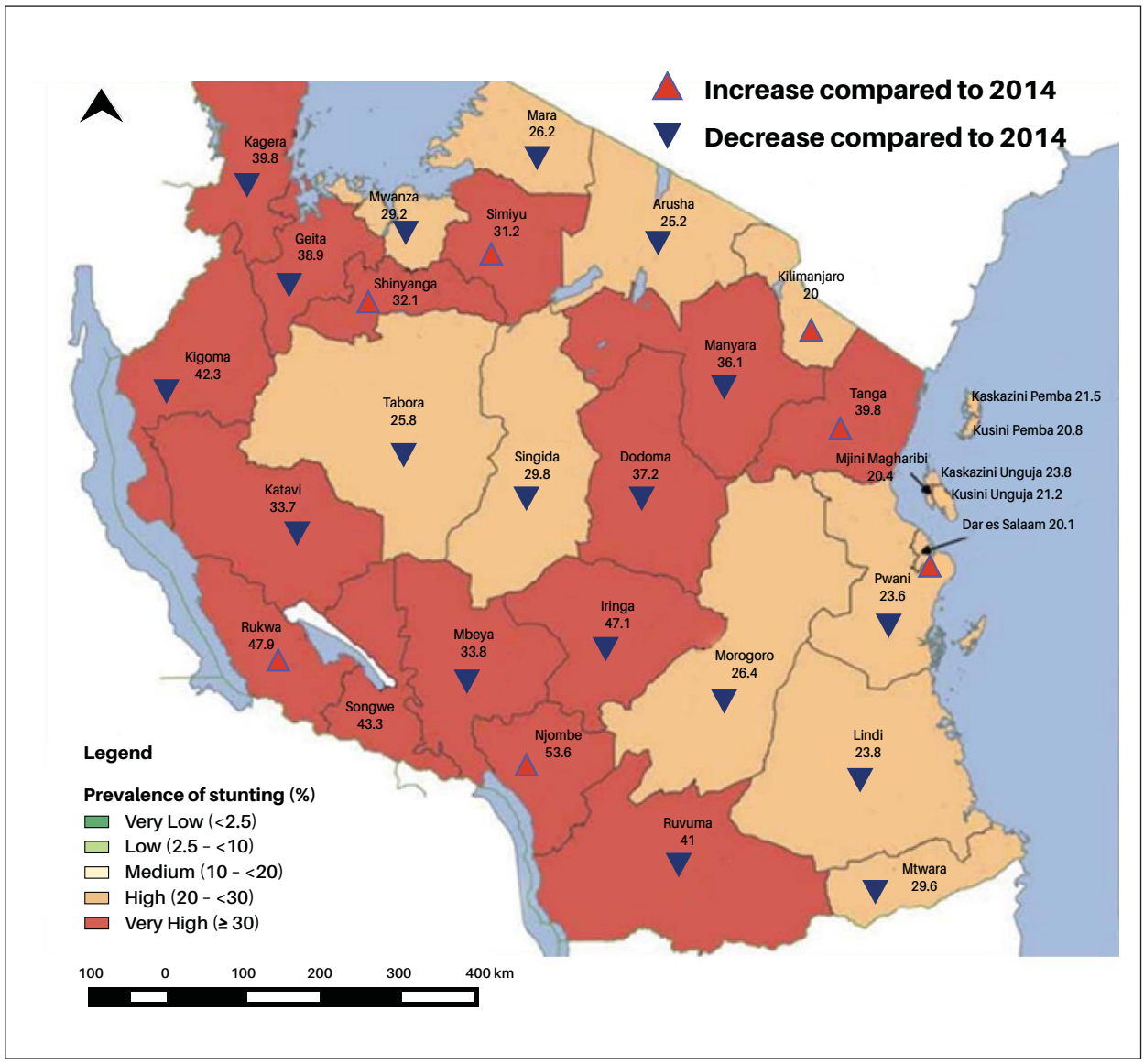
According to the Tanzania National Nutrition Survey (TNNS) 2018, 31.8 per cent of under-five children are stunted, which is a significant decrease from 34.7 per cent in 2014. [4] The results showed that 15 out of 26 regions had levels of stunting above 30 per cent, which is considered to be 'very high' (see Figure 3) based on the new WHO-UNICEF prevalence thresholds for stunting. [5] The survey also revealed great variations among the regions, with some having very high stunting prevalence, including the Njombe (53.6 per cent), Rukwa (47.9 per cent), and Iringa (47.1 per cent) regions, while the lowest stunting prevalence was recorded in the Kilimanjaro and Dar es Salaam regions (20.0 per cent and 20.1 per cent, respectively).

2.1.1.2 Wasting

Low weight-for-height or wasting usually indicates recent and severe weight loss because a person has not had enough food to eat and/or has had infectious disease such as diarrhoea, which has caused them to lose weight. A young child who is moderately or severely wasted is at an increased risk of death if not treated.

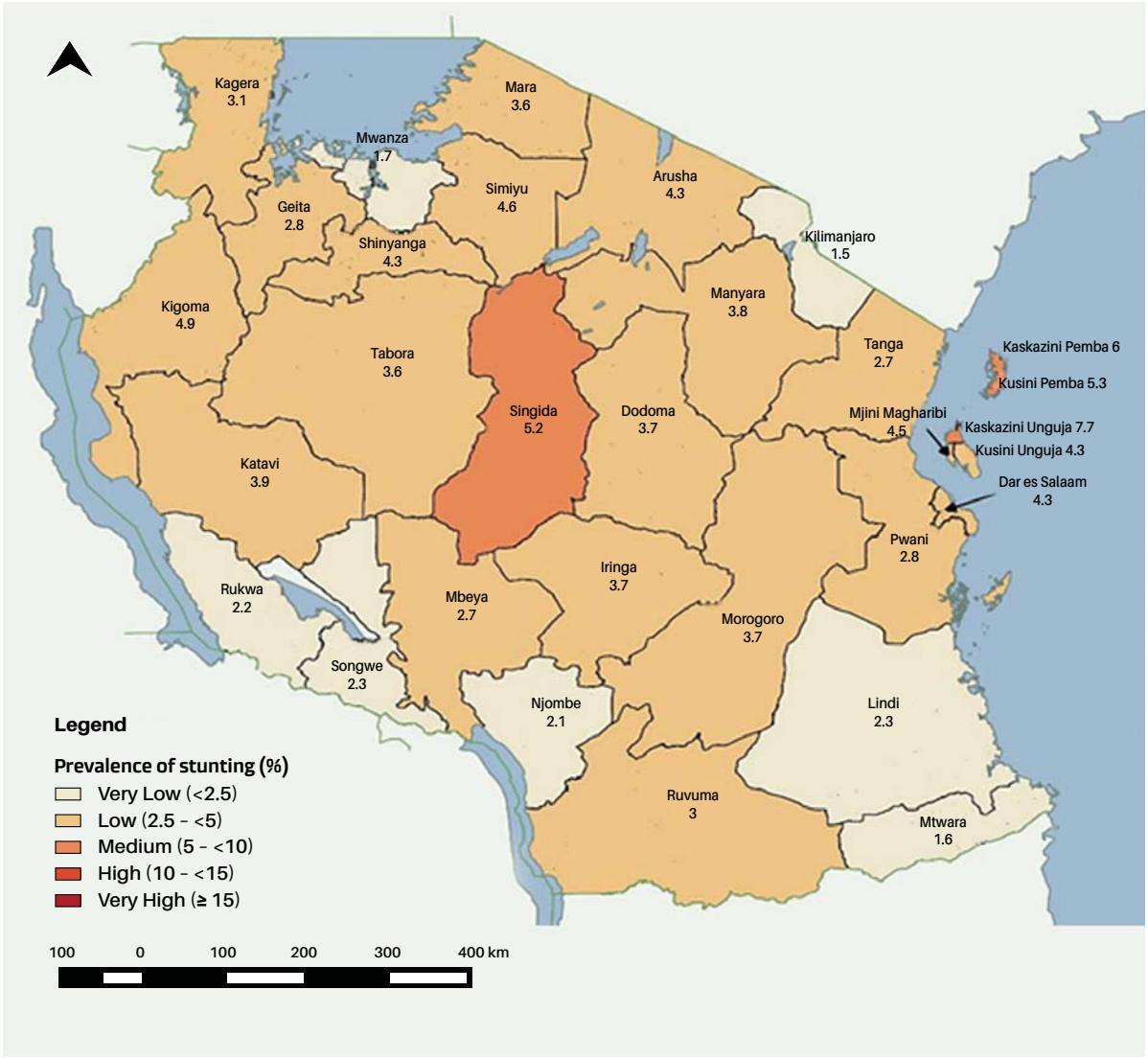
According to the TNNS 2018, Tanzania has achieved the World Health Assembly (WHA) target of maintaining the prevalence of global acute malnutrition (GAM) below 5 per cent. The prevalence of GAM exceeded the 5 per cent threshold only in the Singida region at about 5.2 per cent (see Figure 4). However, it was approximated that the number of children who were acute malnourished had increased from 440,000 in 2014 to 530,000 in 2018.

Figure 3: Prevalence of stunting among children aged 0 to 59 months by region



Source: TNNS 2018 [4]

Figure 4: Prevalence of wasting among children aged 0 to 59 months by region

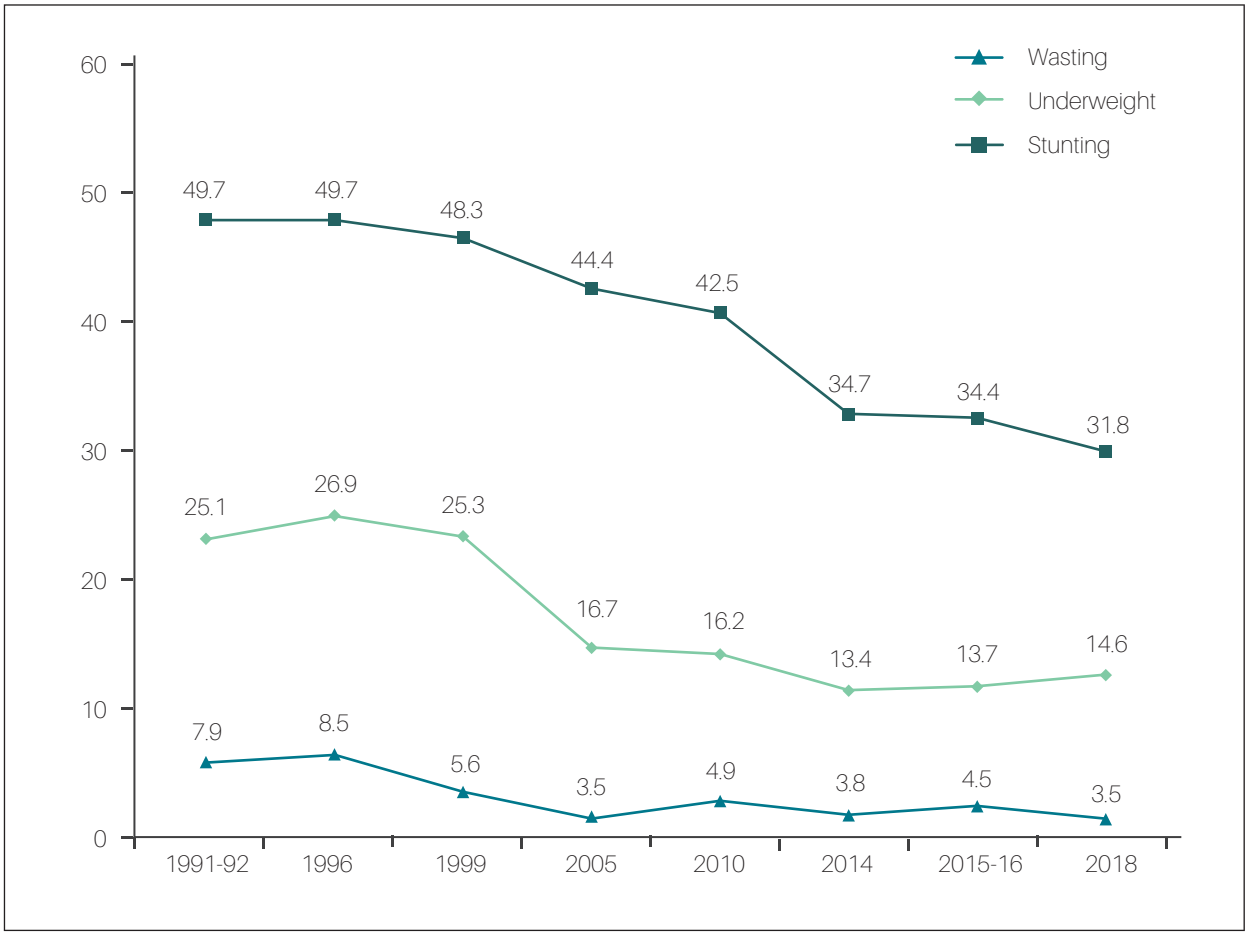


Source: TNNS [4]

2.1.1.3 Underweight

Underweight is referred as low weight-for-age. A person who is underweight may be stunted, wasted, or both. At the national level, the prevalence of underweight among children aged 0-59 months was at 14.6 per cent in 2018, which was significantly higher than the 13.4 per cent in 2014. Trends in the nutritional status of children for the period 1991-92 to 2018 are shown in Figure 5. Underweight dropped from 25.1 per cent (1991-1992) to 13.4 per cent (2014) but increased from 13.4 per cent to 14.6 per cent between 2014 and 2018.

Figure 5: Trends in the nutritional status of under-five children according to WHO growth standards 2006 from 1991 to 2018



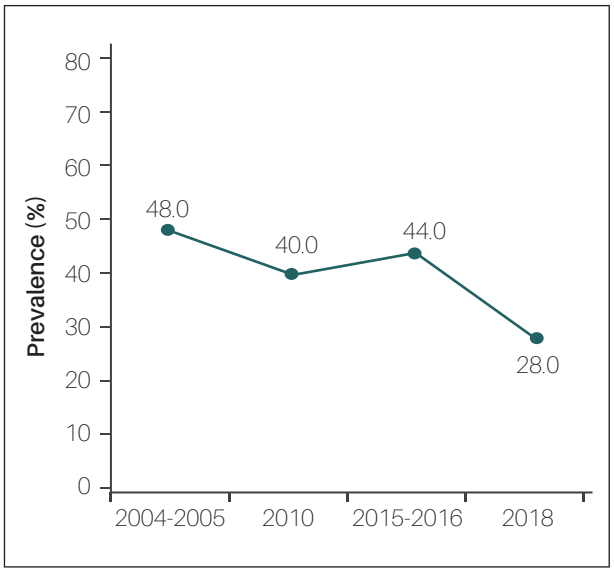
Source: WHO Database TNNS 2014 and TNNS 2018 [4, 12]

2.1.2 Trends in micronutrient deficiencies

Tanzania has made striking progress in several health indicators, but the lack of micronutrients is a major public health problem. Most women of reproductive age (WRA) and children suffer from not one, but multiple micronutrient deficiencies with lasting negative consequences on their health, immune functions, cognitive development, and economic potential. Long-term micronutrient deprivation leads to delayed mental development, poor school performance, and reduced intellectual capacity. According to the Tanzania Health and Demographic Survey (THDS) of 2015 [13], 57 per cent of children have some level of anaemia, which can harm their health, well-being, and cognitive development. Also, over one-half of pregnant women are anaemic, which is a major risk factor for maternal mortality.

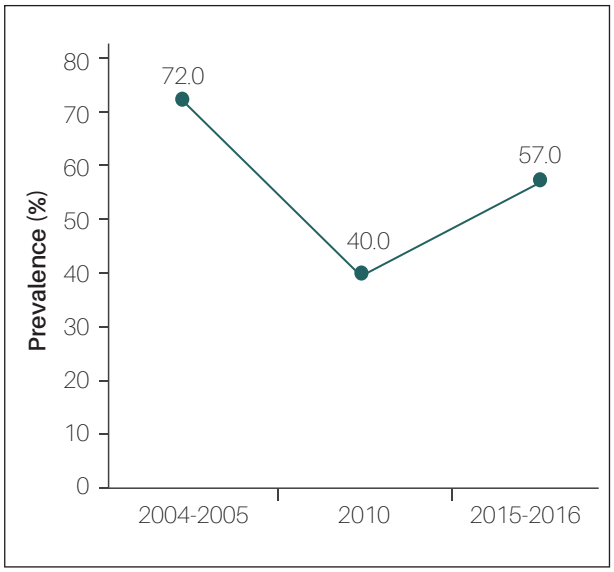
The most common cause of anaemia is an iron deficiency; other important causes include vitamin and mineral deficiencies such as folic acid, vitamin A and vitamin B12. A third of all women and children in Tanzania are vitamin A-deficient, which increases mortality and morbidity and is the leading cause of preventable blindness. Forty-two percent of children are at risk of inadequate zinc intake, which impairs the immune system.

Figure 6: Prevalence of anaemia among women aged 15-49 years



Source: Tanzania Nutrition Survey [4]

Figure 7: Prevalence of anaemia among children aged 6-59 months



Source: TDHS [13]

In recent years, Tanzania has experienced a downward trajectory of anaemia among women aged 15-49 years As it can be seen from Figure 6, the rate of anaemia had dropped from 44 per cent in 2015-16 to 28 per cent in 2018. [5] However, anaemia among children aged 6-59 months had increased from 40 per cent in 2010 to 57 per cent in 2015-2016 (see Figure 7).

2.1.3 Trends in overweight and obesity

The prevalence of overweight and obesity, which is a risk factor to DRNCDs, has been increasing in children and adults. According to TNNS 2018, 2.8 per cent of under-five children are overweight. [4] A few regions appear to be relatively worse than the rest, including Mbeya (5.3 per cent), Mtwara (4.4 per cent), Njombe (4.3 per cent), Ruvuma (4.2 per cent), Morogoro (4.1) and Dar es Salaam (4.0 per cent).

The TNNS 2018 also showed that the prevalence of overweight and obesity among women aged 15-49 years has continued to increase and reached up to 31.7 per cent in 2018. This is the only nutrition indicator that has been increasing over the years. Overweight and obesity among women is most prevalent in the Kilimanjaro (49.0 per cent) and Dar es Salaam (48.6 per cent) regions.

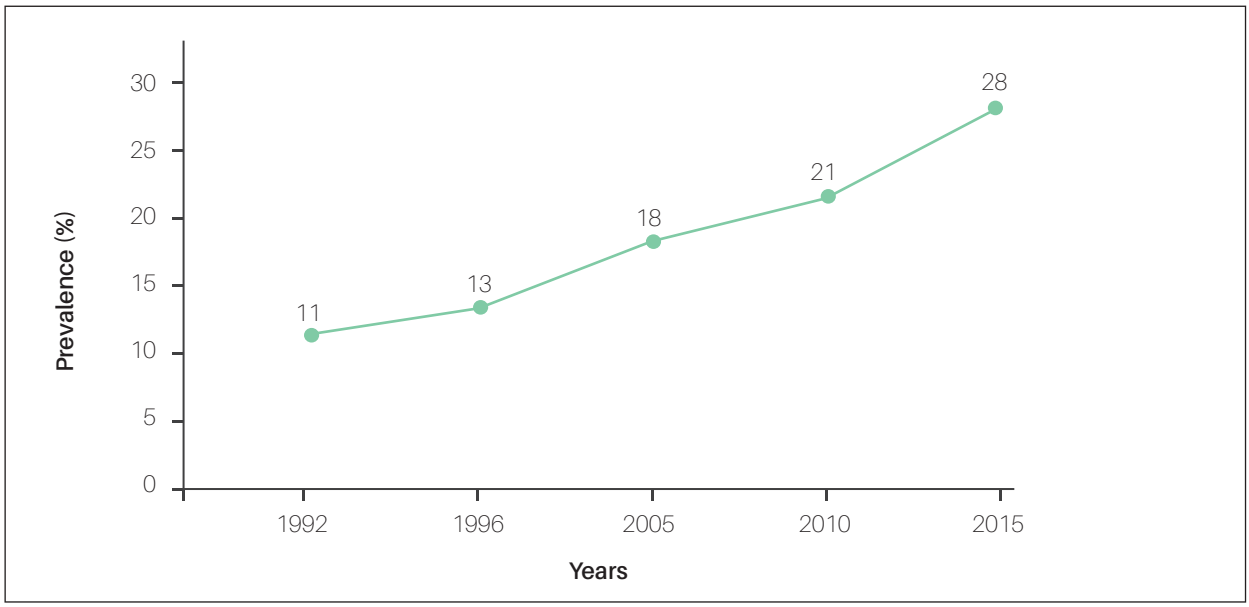
Figure 8 shows the overweight/obesity changes among WRA in Tanzania from the 1990's to 2015, whereby there has been an overall increase throughout.

Prevalence of overweight among under-five children

The NMNAP baseline for this indicator was set using the results from the TDHS 2015/16. [13] The results from the TNNS 2018 [4] report the prevalence of overweight among under-five children to be at 2.8 per cent in 2018, which is a decline from 3.5 per cent. [12] At MTR of the NMNAP I, the end-line target had already been met (<5 per cent). [5] These results are in line with WHA global targets to ensure no increase in childhood overweight.

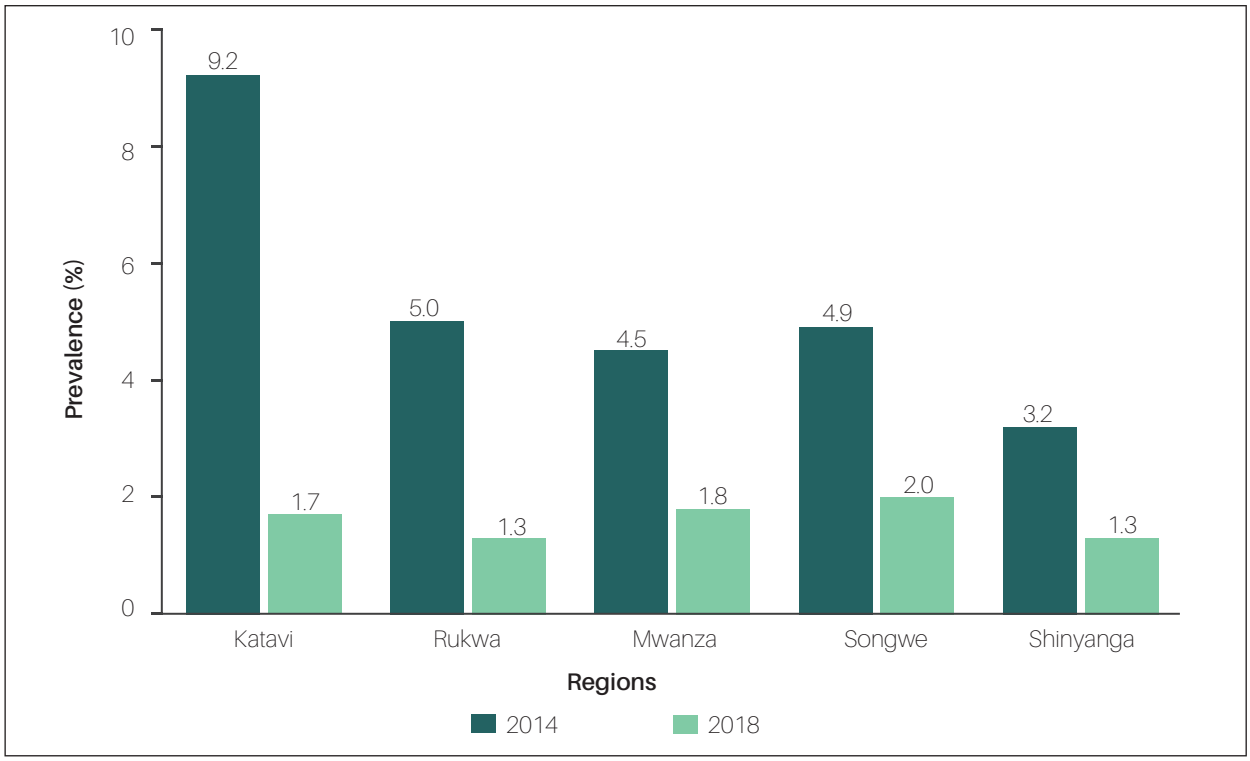
Regions such as Katavi, Rukwa, Mwanza, Songwe and Shinyanga have shown a significant reduction in overweight among children (see Figure 9). Regions such as Dodoma, Simiyu, Morogoro, Kagera and Mtwara, which had low ratios of overweight in 2014, have been reported to have increased prevalence in 2018 (see Figure 10).

Figure 8: National trends in overweight/obesity in WRA, Tanzania, 1992-2015



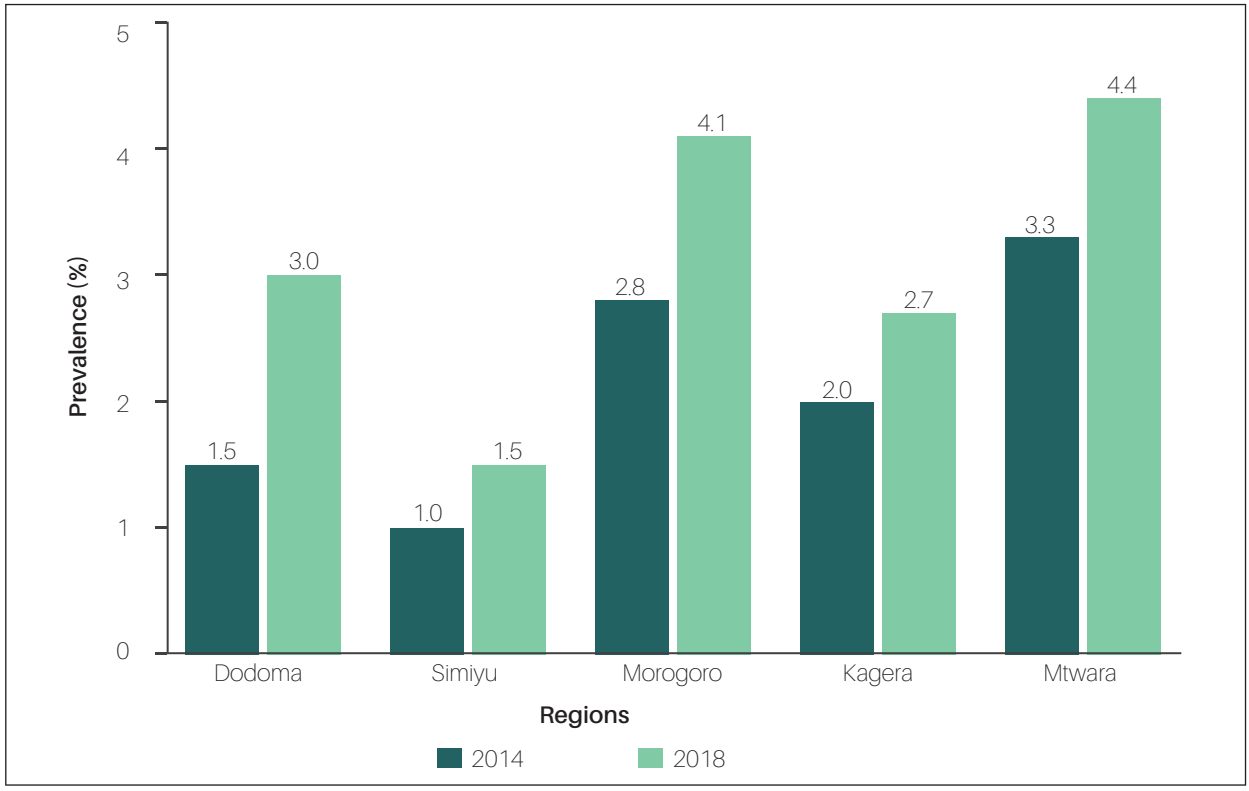
Source: MTR of NMNAP I 2019

Figure 9: Top five regions with decreased prevalence of overweight among children in 2014–2018



Source: MTR of NMNAP I [5]

Figure 10: Top five regions with increased prevalence of overweight among children in 2014–2018



Source: MTR of NMNAP I [5]

Prevalence of overweight among women of reproductive age

There has been an increase in the prevalence of overweight among women from 29 per cent in 2014 to 32 per cent in 2018. The targets for 2018/19 and the end-line (2020/21) targets are to ensure that the prevalence of overweight among women does not exceed 30 per cent. Unfortunately, at MTR of the NMNAP I, data indicate an increase in the prevalence of overweight. [5] These findings follow global trends of an increase in the prevalence of overweight and obesity.

While overall national data indicate an increase in the prevalence of overweight, some regions have shown a decrease. Regions that have shown increased prevalence of overweight are Kagera, Mwanza, Mtwara, Kilimanjaro and Tanga.

2.2 Causes of malnutrition in Tanzania

2.2.1 Conceptual framework

The 2020 UNICEF conceptual framework of determinants of maternal and child nutrition was adapted to clearly explain the causes of all forms of malnutrition in Tanzania. The framework describes the determinants of malnutrition at three levels, which are: enabling (basic), underlying and immediate determinants (see Figure 11).

2.2.1.1 The enabling determinants

The enabling determinants include the political, financial, social, cultural, and environmental conditions that enable good nutrition for women and children. In the conceptual framework, the enabling determinants are organized into three categories:

Governance: Good governance refers to the political, financial, social, and public and private sector actions needed to enable women's and children's right to nutrition.

Resources: Sufficient resources refer to the environmental, financial, social and human resources needed to enable women's and children's right to nutrition.

Norms: Positive norms refer to the gender, cultural and social actions needed to enable women's and children's to nutrition.

2.2.1.2 The underlying determinants

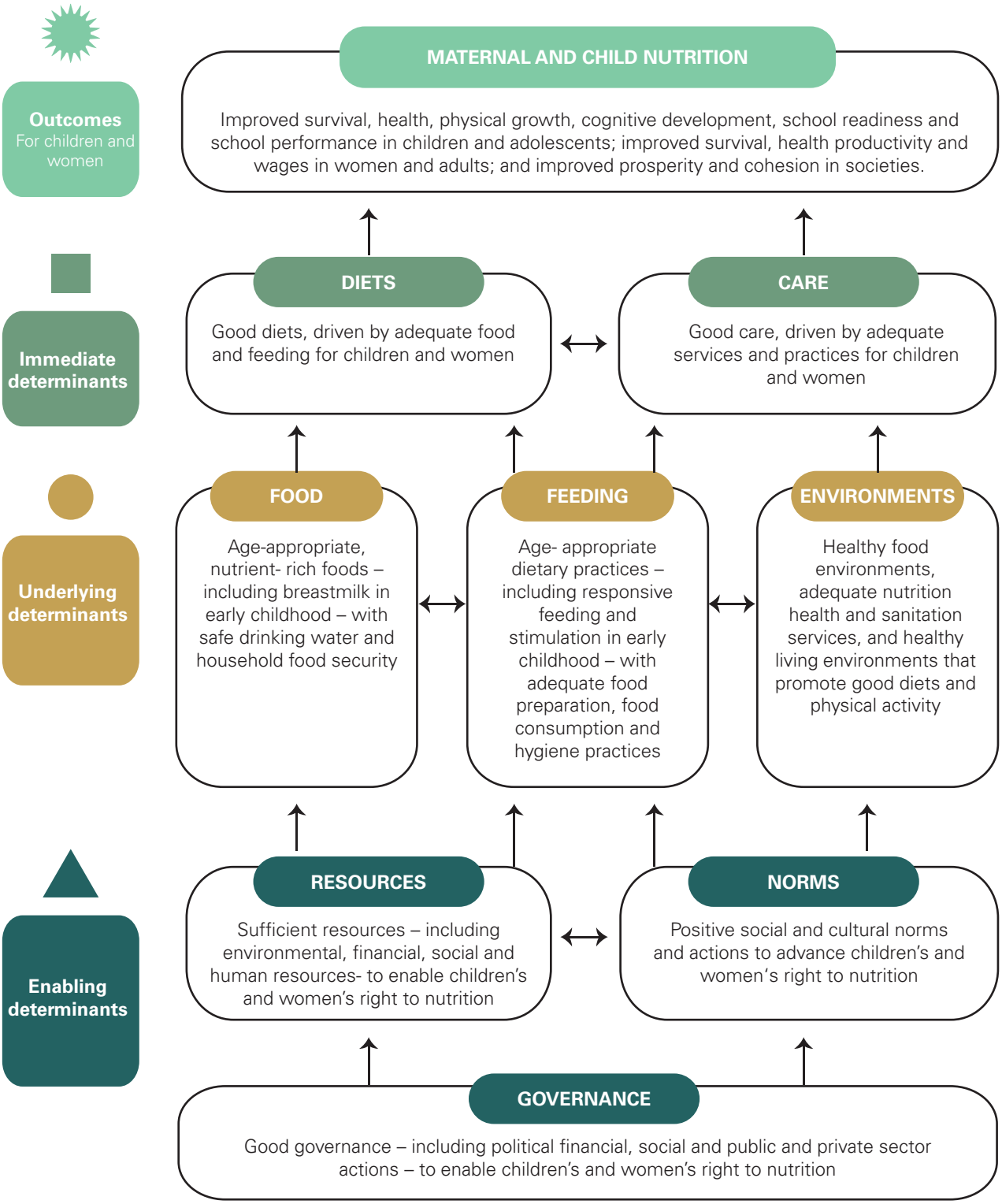
The underlying determinants are the food and nutrition services and practices available that enable good nutrition for women and children in their households, communities, and environments. In the conceptual framework, they are organized into three categories:

Food, which comprises of age-appropriate, nutrient-rich foods – including breast milk and complementary foods for children in the first two years of life – with safe drinking water and household food security for all children and women.

Feeding, which comprises of age-appropriate dietary practices – including breastfeeding, responsive feeding and stimulation in early childhood – with adequate food preparation, food consumption and hygiene practices for all women and children.

Environments, which comprise of healthy food environments, adequate nutrition, health and sanitation services, and healthy living environments that prevent disease and promote good diets and physical activity for all women and children.

Figure 11: The 2020 UNICEF Conceptual Framework of the determinants of maternal and child nutrition (and the prevention of malnutrition in all its forms)



Source: UNICEF Nutrition strategy 2020–2030

2.2.1.3 The immediate determinants

The immediate determinants of maternal and child nutrition are diets and care, which influence each other. Good diets are driven by adequate food and feeding to support good nutrition for women and children. Good care is driven by adequate services and practices to support good nutrition for women and children. Accordingly, the co-occurrence of good diets and good care leads to adequate nutrition for women and children across their course of life.

2.2.1.4 The outcomes

The outcomes resulting from improved nutrition for women and children manifest both in the short and long term, and include:

In childhood and adolescence – Improved survival, health, physical growth, cognitive development, school readiness and school performance.

In adulthood and for societies – Improved survival, health, productivity and wages in adults, and improved prosperity and social cohesion for societies.

2.2.2 Causes of undernutrition and micronutrient deficiency in Tanzania

Undernutrition and micronutrient deficiencies are due to many causes such as suboptimal breastfeeding and complementary feeding practices among infants and young children, inadequate dietary diversity, unsafe food and water, poor sanitation and hygiene practices, inadequate knowledge, inadequate access, and diseases. The most vulnerable groups include WRA, especially pregnant mothers, adolescents, and preschool and under-five children. The lack of knowledge of optimal food practices will need to be addressed to reduce the prevalence of undernutrition and micronutrient deficiencies. The diets of most Tanzanians are undiversified. Studies have shown that, on average, 71 per cent of all energy is obtained from staple foods and even in the richest part of the population, nearly 60 per cent of energy comes from staple foods alone. [17] These staple foods are often very low in micronutrients, either because the food is inherently low in micronutrients or because of the way it is processed or prepared.

2.2.3 Causes of overweight and obesity in Tanzania

The contributing factors to overweight and obesity are mainly related to sedentary lifestyles, lack of exercise and excessive intake of unhealthy foods with high levels of fats and carbohydrates. Other significant reasons include rising income, poverty, inadequate nutrition education and a lack of awareness about healthy dietary practices and non-supportive food system policies, including food industry regulations and controls.

2.3 Situation analysis of key systems for delivering nutrition

The emerging problems of malnutrition in Tanzania demand a system approach that delivers diets, services and practices that support good nutrition for women, men, children, and adolescents, while sustaining nutrition-responsive development at every stage of life and in all contexts. In this

respect, the NMNAP II (see Section 1.4) considers five important and crucial key systems, namely, food, health, education, WASH, and social protection. Similarly, it has been shown that, to improve the quality of children's diets, a food system is required that produces a range of nutritious foods which are available and affordable to families; a health system is required, with well-trained staff at the facility and community levels to counsel caregivers on the benefits of a nutritious, diverse diet for children; a WASH system is required, that provides free, safe and palatable drinking water for a healthy diet and the safe preparation of foods; and a social protection system is required, that reduces inequalities by ensuring that nutritious foods are affordable to vulnerable children and families. [3, 16, 17]

2.3.1 Food system

The food system comprises of the policies, services and actors along the value chain, which are needed to ensure the population's access to good diets, which are defined as diets that are nutritious, safe, affordable, and sustainable. [16] Food systems bear critical responsibility for the nutritional quality, safety, availability, and affordability of people's diets. However, food systems in Tanzania have often failed to account for the special nutritional needs of groups such as children, when determining what foods need to be produced, processed, packaged, stored, and marketed. Further, the cost of nutritious foods puts them out-of-reach for many households whereas ultra-processed and less-nutritious foods may be widely available, affordable, and marketed. Food environments are often profit-driven rather than child-centred, making it challenging for children and families to make good food choices.

The food system needs to operate in ways that empower individuals and families to demand nutritious foods. Secondly, it needs to ensure that nutritious foods are available and affordable. It also needs to create healthy food environments. The government must set standards that are

aligned with people's best needs and create a level-playing field for food producers and suppliers. Producers and suppliers need to ensure that their actions – including food production, labelling, and marketing – are aligned with such standards. Evidence shows that when nutritious options are affordable, convenient, and desirable, children and families make better food choices.

The NMNAP II advocates for leveraging the policies, services, resources, and actors of the food system to make them more accountable in improving the diets and dietary practices of Tanzanians.

The MTR of the NMNAP I revealed that there has been an improvement in the production of milk, fish, and meat at the national level. Improvements have been observed in the national food inflation rate, which has decreased from 9.5 per cent in 2015/16 to 3.5 per cent in 2018/2019 and also in the national food self-sufficiency ratio, which was maintained above 120 per cent. On the other hand, agriculture has remained the most important sector for livelihoods, which makes Tanzanian households very vulnerable to environmental stressors. Assessment of food security vulnerability in 16 selected districts between November 2019 and April 2020 [18] revealed that, 20 per cent out of the entire population in those districts had experienced severe food insecurity. Food insecurity is driven primarily by climate change and leads to prolonged dry spells, erratic rainfall, and pest infestations.

2.3.2 Health system

The health system comprises of the policies, programmes and actors that ensure a population's access to health services. Strong health systems promote nutritious and safe diets, deliver preventive nutrition services, treat severely undernourished children (and other individuals), and foster positive nutrition practices in households and communities. Health systems are a key delivery platform for the prevention and treatment of malnutrition, providing multiple contact opportunities with women and children, such as antenatal care (ANC) and postnatal care services, immunization and well-child visits, sick-child consultations, community-based services, and facility-based care. Empowering communities, especially through behaviour change communication (BCC) interventions, is important to ensure access to, and for the sustainable utilization of, preventive and curative health and nutrition services. However, the situation in Tanzania shows that health systems do not always effectively integrate nutrition services.

It is paramount that the health system invests in the nutrition knowledge and skills of health workers at both the facility and community levels, as they are the front line between the health system, children, and families. Services to prevent malnutrition such as counselling and support for breastfeeding, complementary feeding, and maternal and child nutrition must be delivered during prenatal and postnatal health-care contacts [16] and through the use of media, interpersonal communication, and social and community mobilization. The Government of Tanzania has recognized and included nutrition services as key interventions into the Health Sector Strategic Plan (HSSP) V. [18]

The MTR of the NMNAP I found good progress in most health-related indicators. Improved coverage was observed for malaria prevention and control services and HIV/AIDS screening during pregnancy. Furthermore, significant improvement was reported in the proportion of women attending four or more ANC services from 39 per cent in 2015/16 to 64 per cent in 2018/19. Despite free maternal and child health services, since education and counselling were not systematically provided, key nutrition interventions such as integrated management of acute malnutrition (IMAM), vitamin A supplementation and deworming were not sufficiently integrated into the health system.

2.3.3 Water, sanitation and hygiene system

The water, sanitation and hygiene (WASH) system comprises of the policies, programmes, services, and actors needed to ensure a population's access to safe drinking water, and safe sanitation and hygiene services. The WASH system plays a critical role in preventing all forms of malnutrition by ensuring access to free, safe, and palatable drinking water, and safe sanitation and hygiene services. In Tanzania, safe drinking water is an essential component of good diets, while safe sanitation and hygiene services help foster clean and healthy environments that protect individuals, especially children, from nutrient losses arising from diarrhoea, intestinal worm infections and environmental enteric dysfunction (EED), thus ensuring that their bodies can use nutrients fully. [1, 3, 16]

Safe drinking water, sanitation and good hygiene are critically important in households, schools, health facilities and communities, in both the development and humanitarian contexts. Although investments in water and sanitation infrastructure are important, social and behaviour change communication (SBCC) to promote safe food handling, optimal feeding, and hygiene – including handwashing with soap at critical times – must be mainstreamed in the communities, health facilities and schools. The Government of Tanzania intends to leverage the policies, strategies and programmes of the water and sanitation systems to make them more accountable for improving the diets and nutrition of children, adolescents, men and women, in all contexts.

In Tanzania, the reduction of diarrhoea incidence through improved WASH has contributed to a reduction in stunting and anaemia. The access to piped/protected water and improved toilets has slightly increased due to the engagement of local government leaders and community health workers (CHWs). On the other hand, SBCC had a limited focus on handling animal faeces to prevent faecal contamination among young children, which is a determinant of stunting because it increases the incidence of diarrhoea and enteropathy, a condition that limits the absorption of nutrients.

2.3.4 Social protection system

Social protection comprised of a set of policies and programmes aimed at protecting all people against poverty, fragility, and social exclusion, with a particular emphasis on vulnerable groups. Experience in Tanzania has shown that the social protection system can provide a crucial safety net for improving the diets and nutrition of the most vulnerable families by addressing the underlying causes of malnutrition. Social protection programmes such as Tanzania Social Action Fund (TASAF) [20] provide food transfers and/or cash transfers to improve access to nutritious and diverse diets. It is expected that social protection systems should be the shock response in times of humanitarian and economic crises.

The Government of Tanzania has designed social protection programmes to facilitate and ensure access to nutrition, health and education, and other services. These include providing incentives for accessing prenatal and postnatal care, and nutrition counselling or removing the barriers to school-based nutrition programmes.

Since malnutrition is most prevalent among the poorest and most vulnerable people, reaching them is key to accelerating improvements in nutrition. Tanzania is on track to reach the most vulnerable households, with social protection on programmes such as cash transfers (89 per cent) and public works (87 per cent). The country is also making progress through the establishment of specific programmes for the economic empowerment of women. Performance of Council

Women Development Fund has improved between 2015/16 and 2018/19 respectively, from TShs. 3,388,747,160 to TShs. 11,128,114,993. Similarly, the number of women reached by the programmes has increased from 21,167 to 44,210. The World Bank recommends spending at least USD $8 per child in nutrition-specific interventions and creating enabling environments for nutrition to meet the SDG of reducing stunting. To this end, Tanzania is supposed to increase the minimum budget allocation for nutrition at the local government authority (LGA) level from TShs. 500 per child in each Council to about TShs. 22,000 per child in each Council, by 2030. So far, the proportion of LGAs that disburse such budget allocations has increased from 1 per cent in 2016/17 to 7 per cent in 2018/19. However, the minimum budget allocation was only increased from TShs. 500 in 2015/16 to TShs. 1,000 in 2016/17, and was not increased further as planned in the subsequent years.

2.3.5 Education system

The education system comprises of the policies, programmes, services, and actors that ensure a population's access to education. In Tanzania, the education system offers a large infrastructure – including pre-primary, primary and secondary schools – to help children and adolescents acquire knowledge, develop skills, and realize their right to learn.

The education system can offer an important platform for improving children's diets, delivering nutrition services, and fostering positive nutrition practices among children, adolescents, and families across a range of contexts, including rural, urban, development and humanitarian settings. In schools, nutrition education should ensure that children and families learn how to choose nutritious foods. Schools should enable healthy food environments with access to nutritious foods; free, safe, and palatable drinking water; and promote zero tolerance for 'junk' food and beverages. School feeding programmes may be needed for vulnerable children. [1, 2, 16] Integrating nutrition with ECD interventions through parenting programmes and ECD centres have proven to be effective in terms of addressing nutrition challenges resulting in the child development and growth outcomes surviving and thriving well. [22]

The education system has also been used to deliver programmes which address micronutrient deficiencies through micronutrient supplementation and deworming prophylaxis. Schools can be a key platform to encourage and support dietary habits that promote healthy growth and development and to contribute in building a new generation of well-nourished and nutrition-literate boys and girls.

Since secondary school completion by girls is the single most effective intervention to reduce stunting, Tanzania has made great efforts to create enabling environments for child education, including mandating a fee-free education policy for primary and secondary schools. This has contributed to increased enrolment in both primary and secondary schools. Schools are key platforms for reaching out to a high number of children with nutrition and related interventions, including the promotion of dietary diversity and physical activity, school feeding, and micronutrient supplementation programmes. However, there are challenges related to the low coverage and poor quality of school health programmes. There are also persistent social norms that prioritize boys over girls' education, and there is also a non-availability of pre-school services at the national level. To this end, despite the efforts made by the government, the secondary education completion rate for girls and boys was slightly delayed (38 per cent achieved in 2018 as against the 43 percent target set for that year). The net enrolment rate for pre-primary education was also slightly delayed (40 per cent achieved in 2018 as the against 55 per cent target set for that year).

CHAPTER 3

NMNAP II DESIGN FRAMEWORK

3.1 Rationale

The rationale of developing the NMNAP II, covering the five-year period between 2021/22 – 2025/26, is to replace the existing NMNAP I which came to an end in June 2021. The NMNAP II will address the triple burden of malnutrition, consider interventions within the life cycle system approach, and adopt four outcome areas (KRAs) which aim to address undernutrition, micronutrient deficiencies, overweight and obesity, and strengthen enabling environments for nutrition.

3.2 Vision, mission and guiding principles

Vision

Women, men, children, and adolescents in Tanzania are better nourished, and living healthier and more productive lives.

Mission

To reduce all forms of malnutrition in Tanzania for all age groups using a well-coordinated multisectoral system and to introduce participatory approaches for the optimal health of all Tanzanians and for the country's economic growth.

Guiding principles

Implementation of the NMNAP II will be guided by the following key principles:-

i. Government will continue to be in the driving seat,

ii. Human rights,

iii. Focus on all dimensions of equity, especially gender, age, and economic state,

iv. Build and reinforce effective community and private-sector engagement,

v. Quality, accountability, and impact – through evidence-led, result-oriented, scalable and sustainable interventions,

vi. Adhere to the three "Ones": one plan; one coordinating mechanism and one monitoring, evaluation and learning framework.

3.3 Objective of the NMNAP II

The objective of the NMNAP II is to address the triple burden of malnutrition in Tanzania with emphasis on nutrition-specific and nutrition-sensitive interventions from various sectors, including health, social protection, education, food, water, community development, finance, industry, and trade. The plan is expected to address the shortfalls of the previous plan, identify and propose high-impact low-cost interventions, and engage all sectors, while harnessing the benefits of the existing frameworks to ensure sustainability. The expected result or desired change for the NMNAP II is that all Tanzanians are better-nourished and leading healthier and more productive lives which contribute to the economic growth and sustainable development of the country.

3.4 Theory of change

The NMNAP ToC is that if there are adequate policies and regulatory frameworks to support multisectoral nutrition actions, and if adequate multisectoral and multistakeholder collaboration and coordination for nutrition are adopted and supported with data use, generation and utilization and if there are strengthened human and financial resources for nutrition then there will be an enabling environment that supports the prioritization and financing of nutrition service delivery at the national and subnational levels. If national and subnational level capacity is strengthened for the nutrition commodity supply chain for improved service delivery, and if access to facility and community-based nutrition services is increased, then there will be increased coverage of adequate, equitable and quality nutrition services at the community and facility levels.

If women, men, children, and adolescents have increased nutrition knowledge on optimal nutrition, if they are empowered to make necessary nutrition decisions, and if they have increased consumption of safe, nutritious, and adequate foods, then the women, men, children, and adolescents will practice appropriate nutrition behaviours.

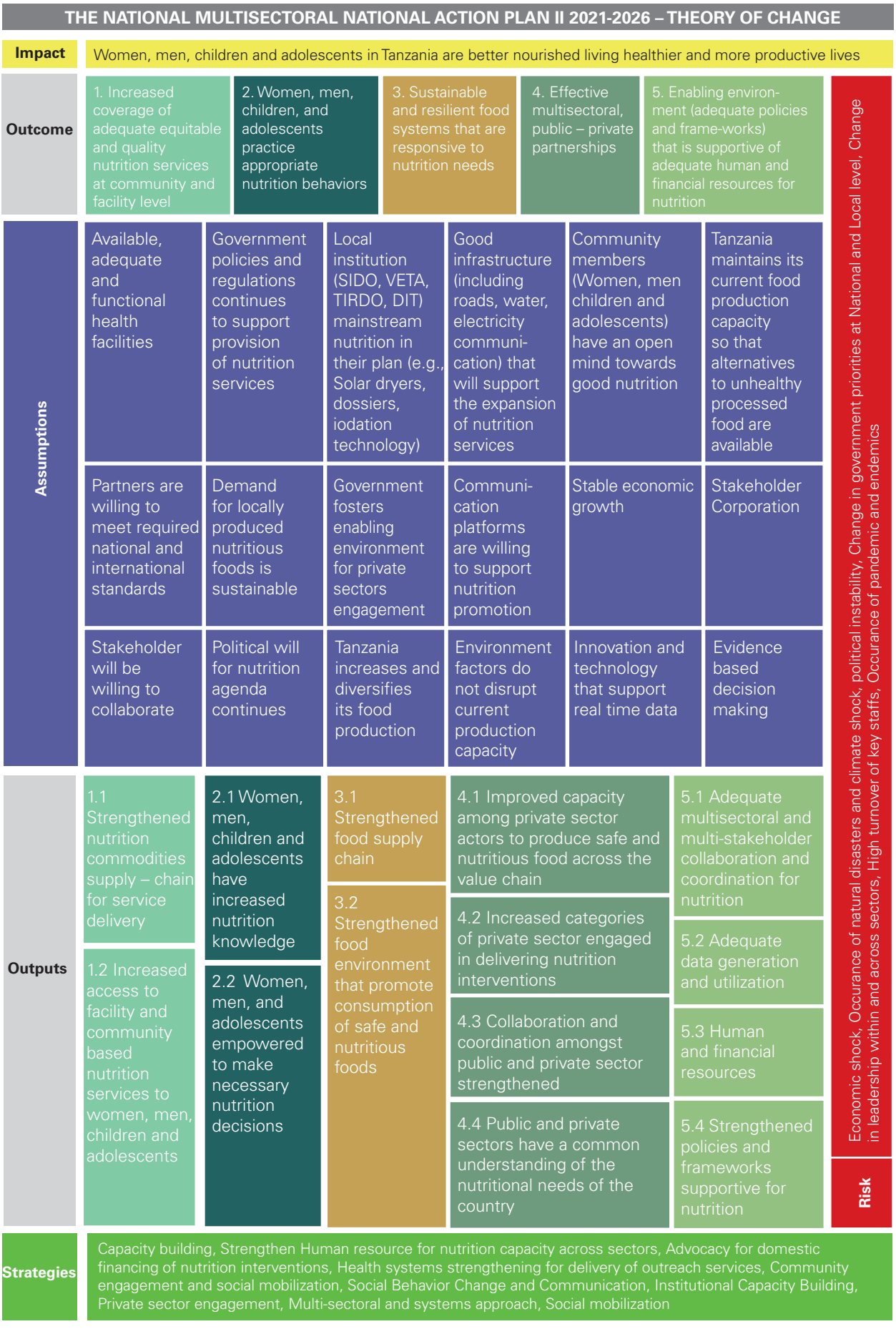
Lastly, if the food supply chain and the food environment are strengthened, and if there will be improved capacity among the private sector to produce safe and nutritious food across the value chain, with increased multi-sector engagement in delivering nutrition services in collaboration with key stakeholders with a common understanding of the people's nutritional needs, then there will be effective and sustainable multisectoral partnerships for nutrition and resilient food systems that are responsive to the nutritional needs of the nation in addressing the triple burden of malnutrition.

Figure 12 summarizes the key elements of the NMNAP II's ToC, outlining five different conditions for change (outcomes) to achieve that desired change. The five conditions for change are an improvement from the NMNAP I. These are:

- **Condition 1:** "Children, adolescents, women and men have increased utilization of adequate, equitable and quality services at the community and facility levels"

- **Condition 2:** "Women, men, children, and adolescents increase adoption and practice appropriate nutrition behaviours"
- **Condition 3:** "Food systems must be enhanced, sustainable, resilient and responsive to the nutritional needs of children, adolescents, women and men"
- **Condition 4:** "Multisectoral and private sector engagement in nutrition must be strengthened"
- **Condition 5:** "The enabling environment must be strengthened and supportive of adequate human and financial resources for nutrition"

Figure 12: NMNAP II THEORY OF CHANGE



These results will be contributed by nutrition-specific and sensitive sectors through the five identified systems of health, food, education, WASH and social protection. In recognizing that the conditions for change are not completely under the control of the actors implementing the NMNAP II but also depend on other unpredictable factors, the ToC also includes a set of 18 necessary assumptions shown in Box 1.

Box 1: Necessary assumptions for the NMNAP II

Policy related assumptions
Government policies and regulations continue to support the provision of nutrition services
Demand for locally produced nutritious foods is sustainable
Tanzania maintains her current food production capacity so that alternatives to unhealthy processed foods are available
Stable economic growth
Partners are willing to meet the required national and international standards
Government fosters enabling environments for private sector engagement
Favorable policy environment
Stakeholders are willing to collaborate
Political will for nutrition agenda continues
Tanzania increases and diversifies its food production
Innovation and technology that support real-time data are available
Evidence-based decision making is prioritized at all levels
Institutional related assumptions
Adequate and functional health facilities are available
Local institutions (e.g., small industries development organization (SIDO), Vocation Education and Training Authority (VETA), TIRDO, DIT) mainstream nutrition in their plans (e.g., solar dryers, dossiers, iodation technology)
Good infrastructure (including roads, water, electricity and communication) that will support the expansion of nutrition services
Communication platforms are willing to support nutrition promotion
Stakeholders are willing to collaborate and cooperate with the government approaches
Community related assumptions
Community members (women, men children and adolescents) have an open mind towards good nutrition
Demand for locally produced nutritious foods is sustainable

CHAPTER 4

KEY RESULT AREAS, STRATEGIES, AND INTERVENTIONS

4.1 Overview of the chapter

The desired change for the NMNAP II is that all Tanzanians are better nourished and leading healthier and more productive lives that contribute to the economic growth and sustainable development of the country. In order to achieve the expected result, a total of four (4) KRAs and five (5) strategic outcomes have been defined as follows.

KRAs:

- Reducing undernutrition
- Reducing micronutrient deficiencies
- Reducing overweight and obesity
- Strengthening the enabling environments

Strategic outcomes are:

Strategic Outcome 1. Increased coverage of adequate, equitable and quality nutrition services at the community and facility levels.

Strategic Outcome 2. Women, men, children and adolescents practice appropriate nutrition behaviours

Strategic Outcome 3. Sustainable and resilient food systems that are responsive to nutritional needs

Strategic Outcome 4. Strengthened multisectoral and private sector engagement for nutrition

Strategic Outcome 5. Enabling environments (adequate policies and frameworks) that are supportive of adequate human and financial resources for nutrition

Summary of key interventions for improving people's nutritional status across the life cycle:

NMNAP II accommodates interventions for all age groups, including for those with special health and nutritional needs. Specifically, this includes a special focus on nutrition-specific and nutrition-sensitive interventions in the first 1,000 days which promote nutrition and early childhood development, and adolescent health and nutrition, and also those interventions which target people with special nutritional needs such as the elderly and those with chronic illnesses e.g., TB, HIV, cancer and diabetes. Also, the NMNAP II will focus on the vulnerable and the poor through social protection programmes and during emergency situations (see Table 3).

Table 3: Key interventions for improving men, women, adolescents and children's nutritional status

Pregnant and lactating women (15–49 years)	Early childhood (0-59 months)	School aged (5-9 years) adolescents (10-19 years)	Adult men and women (19 years - 59 above)	Elderly (60 years and above)
Specific interventions				
Promotion of continued and consistent use of iron and folic acid (IFA) Promotion of diversified diet Promotion of locally available foods, fortified foods and biofortified varieties Nutrition assessment and counselling Counselling and support on breastfeeding Promotion of healthy lifestyles	Protect, promote, and support age-appropriate IYCF Management of acute malnutrition Vitamin A supplementation for children aged 6-59 months Growth and development monitoring	Promotion of diversified diet Promotion of locally available foods, fortified foods and biofortified varieties Provision of school meals using diversified and fortified foods Nutrition assessment, education and counseling support Management of acute malnutrition Promotion of healthy lifestyles	Promotion of diversified diet Promotion of locally available foods, fortified foods and biofortified varieties Nutrition assessment, education and counselling support Promotion of healthy lifestyles	Promotion of diversified diet Promotion of locally available foods, fortified foods and biofortified varieties Nutrition assessment, education and counselling support Promotion of healthy lifestyles

Sensitive interventions				
ANC including HIV testing, care and support Integration of sexual and reproductive health (family planning) Deworming Promotion of hygiene and improved sanitation practices Women empowerment and male involvement Prevention of gender-based violence	Zinc treatment for diarrhoea and deworming Prevention and treatment of infectious diseases and quality care of sick children Immunization and other routine child health services HIV testing, care and support	Sexual and reproductive health education HIV testing, care and support Deworming Promotion of hygiene and improved sanitation practices Promotion of completion of secondary education Prevention of gender-based violence	Promoting preconception and antenatal nutritional care for women HIV testing, care and support Promotion of hygiene and improved sanitation practices Prevention of gender-based violence Women empowerment and male involvement	Promotion of hygiene and improved sanitation practices Prevention of gender-based violence Psychosocial support Provision of livelihoods support
Home fruits and vegetables gardening Small animal keeping	Appropriate infant feeding practices for HIV-exposed infants and PMTCT Promotion of hygiene and improved sanitation practices Promotion of good parenting and nurturing care practices for early child development Provision of livelihood support including income	School and home fruits and vegetables gardening Small animal keeping	Provision of livelihoods support including income Home fruits and vegetables gardening Small animal keeping	Home fruits and vegetables gardening Small animal keeping

4.2 KRAs with corresponding outcomes, outputs, strategies, actions and activities

4.2.1 Undernutrition priority actions and activities

Over the past two decades, Tanzania has seen a significant achievement in the reduction of undernutrition, especially for under-five children, owing to the rapid decline in stunting and underweight. Despite the significant progress made, the levels are still high. Undernourished children have weaker immune systems and are thus more susceptible to infections and illnesses. The consequences of stunting on cognitive development are also remarkable. Various studies show that child stunting is likely to impact brain development and impair motor skills. Stunting in early life is linked to a 2–3-year delay in starting school and having a lower income in adulthood, between 22 and 45 per cent.[1]

The causes for undernutrition are complex and multifaceted. Undernutrition can be caused by insufficient diet intake, poor breastfeeding, or inadequate complementary foods. Other causes include inadequate access to safe water, sanitation and hygiene, and food safety, resulting in recurrent food intoxication and infectious diseases (such as diarrhoea and intestinal worms), leading to inhibition of the absorption and use of calories and nutrients, food insecurity and poor socioeconomic conditions.

To achieve the desired outcomes, a series of activities with related outputs have been prioritized as shown in Table 4.

[1] Maternal and Child Nutrition (2011), 7 (Suppl. 3), pp. 5–18.

Table 4: Priority actions and activities to address undernutrition in Tanzania

Strategic Output	Priority Actions	Activities
Strategic Outcome 1: Increased coverage of adequate, equitable and quality nutrition services at the community and facility levels		
1.1. Strengthened nutrition commodity supply chain for service delivery.	1.1.1 Strengthen procurement of nutrition commodities within the national supply chain	To conduct biannual stakeholders' (medical store departments (MSDs), reproductive and child health sections(RCHS), MoHCDGEC-Nutrition Section, planning support units (PSUs), President Office Regional Administration and Local Government (PO-RALG) meetings to streamline the procurement and distribution of nutrition commodities
		To train regional and district supply officers, the District Reproductive and Child Health Coordinators (DRCHCOs), pharmacists and nutritionists on management (forecasting, reporting and ordering) of nutrition supplies (RUTF, F75, F100, resomal, vitamin A, IFA, multiple micronutrient supplementation (MMS), mid-upper arm circumference (MUAC) tape, weight scale, length board)
	1.1.2 Promote local production of nutrition commodities and supplies (specialize nutritious foods and anthropometric equipment's)	To conduct annual stakeholder meetings with representatives from 26 regions to assess the feasibility of producing the nutrition commodities and supplies
		To develop/review guidelines and standards for the production of nutrition commodities and supplies
		To conduct biannual advocacy activities to Ministry of Industry and Trade (MIT), SIDO, VETA and SMEs to promote the annual local production of nutrition commodities and supplies
	1.1.3 Strengthen monitoring and evaluation of nutrition commodities	To conduct quarterly supportive supervision, mentorship and couching to health facilities to assess management of nutrition commodities and supplies
		To conduct quarterly monitoring of end users/beneficiaries (e.g., mothers, children) to ensure the receipt of and compliance to nutrition commodities and services
	1.1.4. Strengthen availability of nutrition services during emergencies	To develop nutrition in emergency guidelines
		To advocate for the operationalization of nutrition in emergency standard operating procedure (SOPs) at all levels
		To train emergency teams on the provision of nutrition services during emergencies and at all levels
1.2 Increased access to facility and community-based nutrition	1.2.1 Strengthen nutrition technical capacity on the prevention and management of undernutrition at all levels	To conduct annual advocacy meetings for the recruitment of nutritionists at all levels

Strategic Output	Priority Actions	Activities
services for women, men, children and adolescents.		To train extension workers, at the ward level, on the prevention of undernutrition
		To train health care workers (HCWs) on the prevention and management of undernutrition
		To train CHWs on the prevention of undernutrition
	1.2.2 Scale-up nutrition services at all levels	To conduct biannual advocacy meetings for the institutionalization of CHW incentives at the council level
		To conduct national-level advocacy meetings to promote the operationalization of community-based health care service guidelines
		To conduct advocacy to sectoral ministries for the utilization of extension workers to implement nutrition interventions
		To conduct advocacy for the development of nutrition guidelines for ECD centres (creches, community ECD centres, pre–schools and day-care centres)
		To conduct advocacy to LGAs for the inclusion of adolescents in nutrition programmes
Strategic Outcome 2: Women, men, children and adolescents practice appropriate nutrition behaviours		
2.1 Women, men, children and adolescents have increased nutrition knowledge.	2.1.1 Promote nutrition SBCC among community members	To design relevant localized approaches to promote appropriate nutrition behaviours (promotion materials) during the first three years
		To facilitate quarterly implementation of nutrition SBCC activities at the community level (media, traditional groups, ECD centres, community groups, faith-based organization (FBO,) interventions etc.)
		To adopt the relevant global and regional recommendations for the improvement of nutrition
		To commemorate at least two international, regional, national and local nutrition events at LGAs
2.2 Women, men and adolescents empowered to make necessary nutrition decisions	2.2.1 Increase access and control of income and resources	To advocate for LGA and set aside the required percentage of local funds for women and youth funds
		To conduct sensitization sessions of women groups
		To conduct sensitization meetings for male involvement in all community nutrition programmes
		To advocate against cultural practices that hinder optimum nutrition practices
		To advocate for the ownership of resources among women

Strategic Output	Priority Actions	Activities
	2.2.2 Strengthened integration of nutrition services in social safety nets	To advocate for the integration of nutrition into social protection programmes
		To conduct training sessions for social protection teams on the planning, budgeting, implementation and monitoring of nutrition in their respective sectors
2.3 Women, men, children, and adolescents have increased consumption of safe, nutritious and adequate foods.	2.3.1 Strengthen delivery of nutrition-sensitive interventions at all levels (WASH, deworming, food system)	To promote WASH practices at all levels, including innovative nutrition-sensitive interventions (re-use of biogas, climate resilient)
		To conduct sensitization meetings at the ward level to promote WASH practices
		To train nutrition focal persons on nutrition-sensitive guidelines, including school-feeding guidelines, planning and budgeting, the National Accelerated Investment Agenda (NAIA), the National ECD Multisectoral Program, across the ministries, departments and agencies (MDAs), Regional Secretariat (RS) and the councils
		Develop/review nutrition accountability frameworks for the central and local governments
Strategic Outcome 3: Sustainable and resilient food systems that are responsive to nutritional needs		
3.1 Strengthen food supply chains that support functional food systems' activities	3.1.1 increased availability and accessibility of safe and nutritious foods at all levels	To conduct sensitization meetings with agriculture and livestock dealers on the safe utilization and storage of inputs for crops, animals and fisheries
		To advocate with the ministries of agriculture, industry and trade, livestock and fisheries, and other partners, to diversify food production by adding nutrient-rich foods
		To advocate with private sector actors on the production, packaging and distribution of convenient, nutritious, affordable and fortified foods
		To equip extension workers with the appropriate skills to promote the production of safe and nutritious foods at households
		To conduct sensitization meetings to promote the use of appropriate technologies to support the availability of nutritious foods (urban agriculture, sack gardens, aquaponics, agroponics, plastic fishponds, small animal keeping)
		To conduct sensitization meetings on promoting the development of safe and nutritious food products among SMEs at the regional level
		To conduct sensitization meetings for SMEs and food industries on the use of technologies for food processing, preservation and storage that preserve the nutritive value of foods

Strategic Output	Priority Actions	Activities
3.2 Strengthen food environments that promote the consumption of safe and nutritious foods	3.2.1 Strengthen food quality and safety standards	To develop/reinforce guidelines and standards that regulate the marketing of foods
		To advocate for the reinforcement of relevant regulations for safe and nutritious foods to food manufacturers
	3.2.2 Improved market and trade system to ensure affordable, safe and nutritious foods	To advocate for the marketing of safe and nutritious food in institutions (schools, hospitals, offices)
	3.2.3 Strengthen consumer education and information	To advocate to community members on the importance of food labels to inform healthy food choices
Strategic Outcome 4: Strengthened multisectoral and private sector engagement for nutrition		
4.1 Collaboration and coordination amongst public and private sectors strengthened.	4.1.1 Strengthened private sector engagement in the implementation of undernutrition interventions	To advocate to private sector actors to engage in the implementation of nutrition interventions (undernutrition, micronutrient deficiencies, overweight and obesity) once in every year
		To develop guidelines/SOPs and Memorandum of Undestanding (MoU) to enable appropriate engagement of the private sector
		Provide relevant capacity building to private sector actors on mainstreaming nutrition
		To conduct the annual mapping of private sector actors working in nutrition across the country

4.2.2 Priority actions and activities to address micronutrient deficiencies

Micronutrient deficiencies are of public health concern due to their devastating effect on the physical and mental well-being of the population. Micronutrient deficiencies affect key development outcomes, including poor physical and mental development in children, vulnerability or exacerbation of disease, mental retardation, blindness, and general losses in productivity and potential. The health impacts of micronutrient deficiencies are not always acutely visible; it is therefore sometimes termed as 'hidden hunger'. The most common deficiencies in Tanzania are of iron, folate, zinc, iodine and vitamin A. Folic acid deficiency in pregnancy is a risk factor to neural tube defects (NTDs) in neonates and iodine deficiency during pregnancy is the most common risk factor for preventable brain damage in neonates.

The interventions applied in the prevention, control and management of micronutrient deficiencies include, dietary diversification, food fortification, supplementation, and public health measures such as parasitic control, WASH, malaria control, health education and counselling.

The proposed actions and activities to address micronutrient deficiencies in Tanzania are shown in Table 5.

Table 5: Priority actions and activities to address micronutrient deficiencies in Tanzania

Strategic Output	Priority Actions	Activities
Strategic Outcome 1. Increased coverage of adequate equitable and quality nutrition services at the community and facility levels		
1.1 Strengthened nutrition commodity supply chain for service delivery	1.1.1 Timely forecasting, procurement and distribution of the required micronutrient supplements (IFA, ferrous sulphate and folic acid (FEFO)), vitamin A, zinc sulphate, and fortificants such as potassium iodate and other premixes for fortification)	To conduct annual stakeholder meetings to streamline the procurement of micronutrient commodities
		To conduct the annual training of district and facility pharmacist and nutrition officers on the forecasting, reporting and ordering of micronutrient commodities
		To coordinate the forecasting and procurement of micronutrient commodities at all levels
		To procure annual stock and distribute micronutrient commodities to health facilities, ECD centres and school programmes
		To conduct biannual stakeholders' meetings to advocate for local production of micronutrient, premix and supplements.
1.2 Increased access to facility and community-based nutrition services to women, men, children and adolescents	1.2.1 Provision of the appropriate supplements to children, adolescents, pregnant and lactating women, men, elderly and special groups at both the health facilities and in the communities	To advocate for nutrition packages and specific nutrition recommendations for the prevention, early identification (diagnosis) and treatment of micronutrient deficiencies for different service delivery channels targeting children, adolescents, adults and vulnerable groups
		To train providers at reproductive, maternal, newborn, child and adolescent health (RMNACH) clinics on the burden of micronutrient deficiencies and their prevention and management
		To train service providers at OPD departments to ensure the prevention and early management of micronutrient deficiencies (in sick children)
		To train providers at HIV/TB clinics on the burden of micronutrient deficiencies and their prevention and management
		To train ECD centres' child-care workers, school health programme staff and coordinators on the burden of micronutrient deficiencies, their prevention, management and the opportunities for their prevention in school environments
		To train providers at NCD and mental health clinics on the burden, prevention and management of micronutrient deficiencies to ensure service integration
		To train CHWs on the burden of micronutrient deficiencies and their prevention and management to strengthen community systems to identify and refer cases from the community and deliver community-level interventions
		To train/advocate for health management teams at all levels on the burden, prevention and management of micronutrient deficiencies to enable the prioritization of nutrition services

Strategic Output	Priority Actions	Activities
		To conduct nationwide assessments of the factors contributing to non-adherence to IFA supplements
		To conduct biannual national vitamin A supplementation in children (aged 6-59 months) and deworming campaigns for children (aged12-59 months), including screening for nutritional status
		To conduct monitoring and supervision of vitamin A supplementation campaigns
		To conduct baseline assessments to establish the current prevalence of worm infestation and assess the need for continued deworming campaigns
	1.2.2 Scale-up nutrition interventions for ECD centres and school-age children (aged <5 years and 6-19 years)	To design and implement a comprehensive pre-school and school-based model for nutrition information and counselling, and for services on the prevention of micronutrient deficiencies
		To orient CHWs, school teachers, child-care workers, community development officers and other community mobilizers on the designed ECD centres and school-based models for nutrition information and counselling
		To review and update the existing training materials on nutrition education and counselling for children and adolescents
		To provide at least one fortified meal at the ECD centres and at the school level according to the school-feeding guideline of 2020
		To promote the integration of a nutrition agenda with the implementation of nutrition-sensitive interventions such as WASH, MHM and deworming campaigns at schools, by holding joint campaigns
	1.2.3 Increase access to micronutrient commodities and fortificants for the community	To promote the supply and intake of MNP and premixes for home and food fortification as part of improving IYCF practices
		To strengthen distribution channels for MNP and other food fortificants/premixes for home and industrial fortification
	1.2.4 Strengthen the availability of appropriate services for the prevention and treatment of micronutrient deficiencies during emergencies and disasters	To review the national nutrition emergency guidelines and include the provision of diversified micronutrient-rich foods during emergencies and disasters

Strategic Output	Priority Actions	Activities
Strategic Outcome 2. Women, men, children, and adolescents practice appropriate nutrition behaviours		
2.1 Women, men, children, adolescents have increased knowledge of nutrition	2.1.1 Enhance BCC to create demand and increase the uptake of services by raising awareness on the importance of micronutrients and nutrition services among women, men, children, adolescents and groups with special needs	To develop nutrition SBCC strategies to address micronutrient deficiencies
		To build evidence for social and behavioural change through knowledge, attitude, and practice in regards to the health benefits of micronutrients
		To conduct stakeholder meetings to develop the thematic areas and BCC operational plans
		To develop national campaigns by engaging with the relevant ministries and organizations, e.g., the Ministry of Information, Culture Arts and Sports and BASATA, and to create partnerships for effective BCC programmes
		To conduct national BCC programmes for micronutrient deficiencies for the promotion of positive nutrition information and to demystify negative nutrition myths
		To conduct SBCC campaigns to promote locally-produced micronutrient-rich foods and emphasize the linkages of such foods to health outcomes
		To conduct social heath marketing campaigns on supplementation, fortification, biofortification and dietary diversification
	2.1.2 Establish and use the existing school and ECD programmes to promote the importance of micronutrients to the ECD centre (under-five children) and school-aged children (aged 6-19 years)	To conduct micronutrient awareness campaigns among child-care workers, teachers and school committee members
		To conduct the training of trainers (ToT) among selected teachers and leaders of nutrition clubs on the prevention and management of micronutrient deficiencies
		To establish nutrition clubs in schools to increase awareness on the production of micronutrient-rich foods
		To engage youths and adolescents through essay competitions and debates on micronutrients
		To conduct continuous supportive supervision of school and ECD centre gardens and to keep small animal programmes in schools
		To provide support to school gardening programmes

Strategic Output	Priority Actions	Activities
	2.1.3 Strengthen services for the provision of education on the importance of micronutrients in the community	To leverage technology for the provision of nutrition education e.g., the use of social media and web-based apps to provide nutrition education on the importance of micronutrients
		To map the stakeholders who are to be jointly engaged in developing community outreach micronutrient education programmes
		To conduct the training of CHWs and stakeholders engaged in micronutrient outreach programmes
		To implement community outreach activities for education on micronutrient nutrition
	2.1.4 Increase engagement of political leaders and positive social influencers at all levels, in the advocacy for or the prevention of micronutrient deficiencies	To conduct advocacy meetings including parliamentarians
		To develop, print and distribute policy briefs and short communications on micronutrients to the earmarked groups
		To conduct awareness campaigns for decision makers on the importance of micronutrients and food fortification
2.2 Women, men and adolescents empowered to make necessary nutrition decisions	2.2.1 Gender mainstreaming in nutrition interventions - Address the potential of women's workload in affecting child-care practices and nutritional status	To conduct stakeholder meetings to advocate for the inclusion of the micronutrient agenda in the existing film industry as a featured theme
		To conduct advocacy of micronutrient campaigns, which address the potential of women's workload in affecting child-care practices and nutrition outcomes, through religious leaders, VICOBA groups, and vocational training centers which target out-of-school adolescent girls
		To develop micronutrient information, education and communication (IEC) materials
		To disseminate IEC materials on micronutrients and the role of women in advancing nutrition, through the appropriate channels
	2.2.2 Increased awareness and participation of men on the benefits of micronutrients.	To develop IEC materials on micronutrients and the role of men in promoting micronutrient consumption
		To disseminate IEC materials on micronutrients and the role of men in advancing nutrition, through the appropriate channels
		To increase the participation of men in RMNCH by advocating for men-friendly clinics

Strategic Output	Priority Actions	Activities
Strategic Outcome 3. Sustainable and resilient food systems that are responsive to nutrition needs		
3.1 Strengthen food supply chains that support functional food systems	3.1.1 Promote the availability of safe and micronutrient-rich food within the food system	To conduct training of extension officers/farmers groups on the linkages between food
		systems and micronutrient deficiencies and on prevention strategies including food safety and the proper use of pesticides
		To conduct regular surveillance of the contaminants in food products, especially fruits and vegetables, to inform control over the appropriate use of pesticides
	3.1.2 Increase utilization of smart nutrition technologies for the production and processing of safe food	To adapt affordable and useful existing and new technologies, including urban farming techniques, biotechnology and grafting
		To engage the biotechnology forums
		To conduct high-level training of biotechnologists and nutritionists on the micronutrient enhancement of foods
		To increase participation in relevant exchange forums, trade fairs and meetings, including international collaborations concerning micronutrients
		To conduct feasibility studies to identify other food vehicles of micronutrients, and other foods rich in micronutrients to be used selectively for food-to-food fortification, which helps to optimize the available micronutrients
		To create awareness and recruit producers for the pilot production of micronutrient-rich foods
		To conduct training of producers on practical fortification, biofortification, the supplementation process, and good manufacturing practices (GMPs) to minimize mycotoxin contamination
	3.1.3 Strengthen the utilization of good post-harvest handling processes (cold chain storage and preservation)	To conduct advocacy meetings to promote the implementation of the National Post-Harvest Management Strategy (NPHMS) 2019-2029

Strategic Output	Priority Actions	Activities
3.2 Strengthen food environments that promote the consumption of safe and nutritious foods	3.2.1 Strengthen food quality and safety standards	To promote best practices across the value chain for food production, harvesting, processing and storage practices
	3.2.2 Improve pre- and post-marketing monitoring systems for fortified and biofortified foods	To conduct routine monitoring of the production of micronutrient-rich food products, including fortified and biofortified foods
		To conduct routine monitoring of the post-market surveillance of fortified and biofortified foods
		To establish laboratory capacity and human resources for the laboratory assessments of fortified and biofortified foods
		To enforce capacity building for personnel (officers/inspectors) involved in the surveillance and monitoring of micronutrient-rich foods
Strategic Outcome 4. Strengthened multisectoral and private sector engagement for nutrition		
4.1 Improved capacity among private sector actors to produce safe and nutritious food across the value chain	4.1.1 Ensure the provision of necessary support and the availability of functional support structures, including policies, guidelines and incentives for food production, processing, storage and marketing through supplementation, fortification and dietary diversity	To equip and strengthen small and medium-scale millers to implement food fortification according to the prescribed standards
		To advocate for nutrition-sensitive policies to stakeholders
		To promote implementation of the food fortification regulation, the food biofortification guideline, the food registration and safety act, and other nutrition-friendly agricultural policies
		To develop policy briefs on micronutrient issues along the food systems
		To forge strategic partnerships by advocating for investment in the production of micronutrient-rich commodities, in food processing, distribution, and agribusiness
	4.1.2. Support the engagement of the private sector towards the professionalization of the salt industry	To advocate for large and medium salt producers to adopt the consolidation model for salt iodation
		To capacitate small-scale salt producers to produce quality salt
		To strengthen the surveillance system for the availability of iodated salt in the country
		To strengthen law enforcement in salt production and to strengthen the processing, distribution and the point of sale of iodated salt in the country
	4.1.3 Intensify social marketing of fortified maize flour across the major maize-consuming regions	To design and ensure the branding of the millers' packaging materials to facilitate the easy visibility of the products and to catch the attention of the consumers
		To open markets for fortified maize flour through marketing linkages
		To conduct media seminars to talk about fortification regulations and the health benefits of consuming fortified foods

Strategic Output	Priority Actions	Activities
		To prepare and disseminate ward-level external monitoring (QA/QC) guidelines for food fortification by SMEs
4.2 Increased categories of private sector engaged in delivering nutrition interventions	4.2.1 Strengthen the coordination of the private sector using the existing nutrition platforms and create sustainable coordination mechanisms	To map key stakeholders that are engaged in the micronutrient nutrition sector and establish linkages through the existing platforms
		To develop clear ToR on the engagement of the private sector
		To prepare and disseminate private sector engagement roadmaps which will identify the intersection point between the government and the private sector
		To conduct advocacy meetings with major food producers, importers, and traders on the nutritional needs of the population
Strategic Outcome 5. Enabling environments (adequate policies and frameworks) that are supportive of adequate human and financial resources for nutrition		
5.1 Adequate multisectoral and multistakeholder collaborations and coordination for nutrition	5.1.1 Strengthen multisectoral and multistakeholder coordination and collaboration among nutrition actors such as public sector (TFNC, PO-RALG, the Ministry of Health Community Development, Gender, Elderly and Children (MOHCDGEC), Tanzania Bureau of Standards (TBS), the Tanzania Medicines and Devices Agencies (TMDA)), private sector, NGOs/ CSOs, academic institutions and DPs	To conduct quarterly micronutrient thematic working group (TWG) meetings
		To conduct biannual National Council for Control of Iodine Deficiency Disorders (NCCIDD) meetings
		To conduct biannual National Food Fortification Alliance (NFFA) meetings
	5.1.2 Emphasize the availability and implementation of the legislations and guidelines for nutrition with comprehensive mandatory standards for all marketed food products and supplements	To review micronutrient guidelines and standards as appropriate
		To conduct advocacy meetings to promote investment in nutrition
		To advocate for implementation and enforcement of the available legislation on micronutrient fortification
		To advocate for the development of legislations/regulations which govern food safety and the processing and marketing of fortified and biofortified food products

Strategic Output	Priority Actions	Activities
		To establish TWGs on the legislations/policy environments on nutrition
		To improve the policies and ensure that the frameworks which are supportive of micronutrient nutrition are in place.
	5.1.3 Continue sensitization and advocacy to build institutional and human resource capacity for the effective delivery of micronutrient nutrition interventions in both the public and the private sector	To develop IEC materials on micronutrients, food fortification, biofortification and salt iodation for public and private sector sensitization
		To disseminate the IEC materials the using appropriate channels
		To conduct capacity-building sessions for the private sector on the delivery of micronutrient interventions
5.2 Adequate data generation and utilization	5.2.1 Generate data on micronutrient deficiency indicators for vulnerable groups to be included e.g., children aged less than two years, adolescents, and the elderly	To conduct periodic national micronutrient surveys to generate data on the country's status regarding following key micronutrients such as vitamin A, vitamin B12, iron/ferritin, folate, zinc, vitamin d, calcium and iodine
		To engage research and academic institutions to develop research priorities on the prevention and control of micronutrient deficiencies
		To enhance financial support for operational research activities on micronutrients
		To monitor micronutrient deficiencies through routine data collected from the health management information system (HMIS)
		To establish human resource capacity for the laboratory assessment of micronutrient deficiencies
		To establish laboratory capacity for the monitoring of micronutrient deficiencies
5.3. Human and financial resources	5.3.1 Ensure adequate human and financial resources to deliver interventions on micronutrient deficiencies	To advocate for adequate human and financial resources to deliver micronutrient nutrition services

4.2.3 Priority actions and activities to address overweight and obesity

Tanzania is facing significant health and economic challenges from overweight and obesity, which cause the loss of about 2.8 per cent of its annual GDP. The prevalence of obesity and overweight in adults aged 25-69 years is 30 per cent, [5] while the prevalence among women has been noted to increase from 29 per cent in 2014 to 32 per cent in 2018. Also, the trend of overweight among under-five children has declined from 3.5 per cent in 2014 to 2.8 per cent in 2018. This implies that despite several interventions[2] initiated by the government, the problem of overweight and obesity has continued to rise, particularly in adults aged 25-69 years. The strategies which can be applied in the prevention, control, and management of overweight and obesity include:

- Strengthening health-care infrastructures
- Strengthening overweight and obesity interventions at the workplace and community levels
- Advocacy of fiscal policies on sugar and sweetened beverages (SSBs)
- Strengthening partnerships, including public–private sector engagement
- Implementing National Food Based Dietary Guidelines (NFBDGs)

The proposed interventions and activities to address overweight and obesity in Tanzania are shown in Table 6.

[2] Among the significant interventions is development and implementation of the first National Multisectoral Nutrition Action Plan (NMNAP I) for the period 2016/17 – 2020/21 (United Republic of Tanzania, 2016)

Table 6: Priority Actions and activities to address overweight and obesity in Tanzania

Strategic Output	Priority Actions	Activities
Strategic Outcome 1. Increased coverage of adequate equitable and quality nutrition services at the community and facility levels		
1.1 Strengthened nutrition commodity supply chains for service delivery	1.1.1 Strengthen the availability of nutrition commodities at all levels	To procure and distribute equipment and tools for nutrition assessments and village health and nutrition days (VHNDs) (e.g., weighing scales, height boards, MUAC, skin-fold calipers, bioelectrical impedance, indirect calorimetry and Dexa machines)
		To procure nutrition-related commodities (enteral and parenteral feeds e.g., free amino acids IV and fatty acids IV) for the management of DRNCDs and chronic illnesses
		To conduct advocacy meetings for the inclusion of nutrition commodities into the national health insurance scheme
1.2 Increased access to facility and community-based nutrition services to women, men, children, and adolescents	1.2.1 Strengthen nutrition services in reproductive and child health (RCH) during prenatal and postnatal periods for the purpose of preventing excessive weight gain and improving infant-feeding practices	To review IYCF guidelines to include the prevention and management of overweight and obesity (working sessions, validations, printing)
		To conduct ToT on the prevention and management of overweight and obesity (national and regional training)
	1.2.2 Strengthen the prevention and nutrition management of diet-related NCDs and chronic diseases at health facilities	To develop guidelines/SOPs on nutrition management of DRNCDs and chronic illnesses at the facility level (working sessions and validation)
		To conduct training of HCWs on nutrition management of NCDs
		To conduct advocacy meetings with community health management teams (CHMTs)/regional health management teams (RHMTs) to include screening for overweight and obesity into other existing health programmes e.g., TB and HIV, as part of vital assessments in health facilities
	1.2.3 Strengthen nutrition interventions at formal workplaces	To conduct studies to identify the gaps in nutrition interventions at workplaces (preparation, field work, analysis, report writing)
		To develop nutrition packages for workplace interventions based on the identified gaps
		To conduct advocacy meetings with employers to implement nutrition packages at workplaces, including the prevention of overweight and obesity
		To conduct sensitization meetings among food vendors in and around workplaces to prepare and serve healthy foods, snacks, and drinks

Strategic Output	Priority Actions	Activities
	1.2.4 Enhance community participation in health and nutrition programmes, particularly on the prevention of overweight and obesity	To develop guidelines on the screening and interpretation of overweight and obesity for CHWs
		To conduct training for CHWs on the screening of overweight and obesity at the community level
		To commemorate annual health lifestyle/NCD week (cooking demonstrations, and bonanzas on the preparation and consumption of fruits and vegetables)
	1.2.5 Improve ECD centre and school-feeding environments to promote healthier food choices and physical activity	To conduct training for health and nutrition teachers/coordinators, child-care workers, and school committees on the implementation of school-feeding guidelines in ECD centres, primary and secondary schools
		To develop guidelines for food vendors in and around school environments
		To conduct national/regional ECD centres and school campaigns on nutrition and healthy lifestyles
Strategic Outcome 2: Women, men, children, and adolescents practice appropriate nutrition behaviours		
2.1 Women, men, children, and adolescents have increased nutrition knowledge and skills	2.1.1 Strengthen SBCC	To conduct sensitization meetings on healthy lifestyles with policy makers, religious leaders, and influential people
		To conduct sensitization sessions for artists and celebrities on healthy lifestyles
		To develop/review messages on healthy lifestyles among social media houses and artists
		To conduct public awareness campaigns on healthy lifestyles at the regional and national levels
		To conduct sensitization seminars on healthy lifestyles for journalists, editors and house media including social media
Strategic Outcome 3. Sustainable and resilient food systems that are responsive to nutritional needs		
3.1 Strengthen food supply chains that support functional food systems	3.1.1 Increase the availability of nutrient-rich and diversified foods	To conduct advocacy meetings with policy/decision makers on better input supply, and improved varieties
		To conduct training of agricultural extension workers on the production of nutritious food
		To conduct advocacy meetings on the provision of incentives to farmers and distributors producing nutritious food, e.g., fruits and vegetables and keeping animal sources

Strategic Output	Priority Actions	Activities
3.2 Strengthen food environments that promote the consumption of safe and nutritious foods	3.2.1 Strengthen fiscal policies and regulate food marketing and labelling	To update and disseminate the national food composition table
		To conduct advocacy meetings with policy makers on tax regulations on foods with high content of sugar, salt and fats, and on restrictions of imported foods with low nutritive value
		To adapt the Nutrient Profile Model for the WHO African Region for certain identified foods to be restricted to children
		To review the Food Labelling Regulations of 2006 to include mandatory front-of-pack nutrition labelling and menu labelling which will be used by food service operators
		To conduct advocacy sessions with legislators and regulators on the benefits of and the need to enforce marketing restrictions and label nutritive values
		To conduct consultative meetings with food industry specialists on the formulation and reformulation of food products that are nutrition-sensitive
		To develop policies to control foods and SSBs that are marketed to children through television, radio, within ECD centres, schools and other places where children gather (e.g., sports clubs), in the streets and in digital media
		To conduct advocacy meetings on the adoption and enforcement of the implementation of fiscal and other policies to control foods and SSBs that are marketed to children through television, radio, within ECD centres, schools and other places where children gather (e.g., sports clubs), in the streets and in digital media
Strategic Outcome 4: Strengthened multisectoral and private-sector engagement for nutrition		
4.1 Improved capacity among private sector actors to produce safe and nutritious food across the value chain	4.1.1 Increase awareness on the production and distribution of healthy foods among food producers and distributors	To conduct advocacy meetings with large-scale food processors on the production of healthy foods at the regional level
		To orient small and medium-scale food processors on standardized food processing and packaging
4.2 Strengthened collaboration and coordination among public and private sectors	4.2.1 Strengthen council, regional and national multistakeholder platforms/networks to coordinate efforts to reduce and prevent overweight and obesity	To conduct stakeholder meetings on the prevention of overweight and obesity at all levels

4.2.4 Enabling environments for nutrition priority actions and activities

Enabling environment is the engine which achieves the impacts, outcomes, outputs, and strategies of the NMNAP II. It includes Governance; Financial and human resource mobilization; and Nutrition Information System. The nutrition information system facilitates the achievement of evidence-based information which can support the advocacy strategy for transforming food systems and nutrition security. Effective governance through political processes to achieve policies, and legal and regulatory frameworks which address all the key components of nutrition, if well-organized and sustainably conducted, will yield significant achievement of the NMNAP II and eventually lead to the end of malnutrition in Tanzania.

The enabling environment for nutrition in implementing NMNAP II will therefore focus on three areas:

- **Governance:** Multisectoral nutrition governance is strengthened whereby efficient and effective multisectoral coordination at all levels should be considered through ensuring accountability, user-friendly policies, legal and regulatory frameworks, political leadership, and commitment for nutrition.
- **Resource mobilization:** Financial and human resources for the implementation of the NMNAP II mobilized at all levels.
- **Nutrition information system:** Multisectoral nutrition data generation and utilization is improved. This will be enhanced through the strategic outputs of multisectoral nutrition data-generation systems, improved national nutrition and related surveys, and operational research.

The proposed actions and activities to strengthen the enabling environment for nutrition in Tanzania are shown in the following Table 7.

Table 7: Priority Actions and Activities for Enabling Environment for nutrition

Strategic Output	Priority Actions	Activities
Strategic Outcome 5: Enabling environments (adequate policies and frameworks) that are supportive of adequate human and financial resources for nutrition		
5.1 Strengthened multisectoral coordination at all levels	5.1.1 Strengthen multisectoral nutrition coordination platforms	To review the performance of the multisectoral-level coordination platforms at all levels (JMNR)
		To undertake refresher trainings for multisectoral coordination platforms at all levels – (High-level Steering Committee for Nutrition (HLSCN) and Regional/ Council Multisectoral Nutrition Steering Committee (R/CMNSC)
		To facilitate the operationalization of the academia platforms at the ECD centres, primary, secondary, collegiate and university levels
		To conduct periodic multisectoral nutrition coordination meetings at all levels (TWG, HLSC, R/CMNSC)
		To advocate for improved nutrition governance to all multisectoral nutrition coordination platforms at all levels (from LGAs to higher levels)
	5.1.2 Strengthen the contribution of the nutrition-sensitive sector in the implementation of nutrition interventions	To conduct nutrition orientation meetings with nutrition-sensitive sectors
		To facilitate periodic lessons and experience-sharing among nutrition-sensitive sectors
		To mainstream the nutrition agenda into the sectoral annual exhibitions (i.e., Nanenane, Milk Week, SIDO, World Food Day, etc.)
		To develop and operationalize accountability mechanisms in nutrition-sensitive sectors
		To capacitate key national nutrition coordination institutions
		To develop ToR of nutrition focal persons and evaluate their performance
		To conduct orientation meetings on NMNAP II with nutrition-sensitive sectors
	5.1.3 Leverage and promote the innovative involvement of the private sector for nutrition	To conduct mapping for private-sector entities involved in nutrition
		To develop a road map for private sector participation in the implementation of the NMNAP II
		To undertake periodic private sector engagement meetings
		To review and evaluate private sector engagement in nutrition interventions
		To conduct an assessment on the viability of private sector engagement platforms for nutrition
		To advocate for increased private sector contributions to nutrition

Strategic Output	Priority Actions	Activities
5.2 Enabling policies, and legal and regulatory frameworks	5.2.1 Adequate policies and regulatory frameworks to support multisectoral nutrition actions	To review the food and nutrition policy of 1992 to accommodate the multisectoral nutrition policy actions
		To review and advocate the mainstreaming of nutrition in sectoral policies and programmes
		To review the national fortification regulations
		To develop and disseminate regular policy briefs on key nutrition issues
		To advocate for the revision and operationalization of relevant nutrition-sensitive regulations
		To advocate for the inclusion of nutrition as a cross-cutting issue in the national policy guidelines
	5.2.2 Enhanced enforcement of nutrition-relevant laws and regulation	To capacitate regulatory authorities on the enforcement of the relevant laws and regulations
		To prepare and disseminate a directory of all the key laws and regulations that affect nutrition
		To sensitize stakeholders on willing compliance with the relevant laws and regulations
		To develop by-laws for the implementation and enforcement of nutrition at the decentralized level
5.3 Political leadership and commitment for nutrition strengthened	5.3.1 Strengthen engagement of the parliament and parliamentarians in scaling-up nutrition	To provide capacity building to Members of Parliament (MPs) on nutrition issues
		To sensitize MPs on the need to increase domestic resources for nutrition
		To sensitize MPs (Committees) on the need for sustainable and equitable funding for the nutrition sector
		To advocate for nutrition sector visibility within the parliamentary standing committees (Fact sheets and guidelines)
		To advocate for detailed Controller and Auditors General (CAG) reports on the councils' own source expenditure for nutrition (Parliament to support by putting resolutions directing CAG to demand this)
		To develop an advocacy and information package for the parliamentarians
	5.3.2 Promote political engagement in scaling-up nutrition interventions	To sensitize political leaders in nutrition and the need for increased political support (national and subnational levels)
		To identify and capacitate nutrition champions
		To evaluate the implementation of nutrition directives in the ruling party manifesto
		To develop and disseminate advocacy materials for political leaders

Strategic Output	Priority Actions	Activities
	5.3.3 Strengthen accountability mechanisms for nutrition at all levels	To conduct sectoral periodic assessments and accountability meetings
		To conduct compact evaluation meetings at the national, regional, and council levels
		To review nutrition compact and accountability tools (scorecards) at the decentralized level
		To develop a mechanism for social accountability of nutrition at the community level
		To undertake annual reviews and learning platforms for nutrition
		To conduct CSOs' accountability for nutrition at all levels
5.4 Improved financing for nutrition	5.4.1 Improve financing systems for nutrition	To develop, launch, disseminate and use the national resource mobilization strategy for nutrition
		To conduct a pre-planning session for nutrition at all levels
		To conduct nutrition budget scrutinization of the sector ministries
		To advocate for the formulation of nutrition objectives and budget lines for nutrition supplies
		To conduct a public expenditure review (PER) for nutrition
		To advocate for increased nutrition funding from the DPs
		To conduct advocacy to LGAs on own source funding for nutrition
		To conduct a study on the innovations within nutrition that call for DPs and the private sector's engagement
		To undertake budgeting sessions to integrate nutrition issues into the plan and budget system (ring fencing and coding)
	5.4.2 Strengthen the private sector's financial contribution in nutrition	To sensitize private-sector entities to finance relevant nutrition interventions
		To advocate for nutrition-sensitive microcredit schemes
		To promote private sector investment in food fortification and biofortification
		To sensitize national and international DPs to establish the National Nutrition Basket Fund
5.5 Strengthen human resources for nutrition at all levels	5.5.1 Strengthen human resources for nutrition at all levels	To build the capacity of the nutrition officers and the relevant staff on the effective implementation of nutrition activities
		To capacitate the health-care workforce on dietetics and clinical nutritionists
		To prepare human resource requirements for nutrition (nutritionists, dietitians and other nutrition related professions) at all levels and share them with the responsible institutions

Strategic Output	Priority Actions	Activities
		To develop and operationalize the Tanzania Nutrition Leadership programme
		To review and implement the scheme of service for nutritionists, dieticians, and other nutrition related professions
		To formulate and operationalize the professional bodies for nutritionists and dietitians
5.6 Improved multisectoral nutrition data generation and utilization	5.6.1 Enhance the availability of relevant data related to nutrition from sectoral and decentralized data systems	To train key nutrition actors on routine data management and report generation
		To orient nutrition focal persons and the relevant officers from key line ministries on Multisectoral Nutrition Information System (MNIS)
		To improve MNIS to accommodate MEAL from the NMNAP II
		To advocate for the inclusion of missing nutrition-sensitive indicators in their respective MNIS
		To develop and disseminate periodic nutrition fact sheets
		To review the available sectoral systems to facilitate the NIS periodic update
		To review and integrate overweight and obesity indicators in the available information system platforms across all age groups
		To conduct research on the cultural factors and their contribution to overweight and obesity
		To undertake reviews to align major national assessments and surveys to ensure the coverage of overweight and obesity indicators among all age groups (e.g., TDHS, STEPS, TNNS, Malaria Nutrition Surveys, HBS)
	5.6.2 Establish a mechanism for capturing and tracking nutrition-relevant data from the private sector	To map the available nutrition data from the private sector
		To develop data tools for capturing data from the private sector
		To improve MNIS to accommodate relevant data generated from the private sector
		To orient key actors from the private sector on data collection, analysis and management
	5.6.3 Operationalize a comprehensive MEAL framework for the NMNAP II	To improve MNIS to accommodate MEAL from the NMNAP II
		To prepare and disseminate the annual MEAL report
		To review and update multisectoral nutrition scorecards to incorporate MEAL from the NMNAP II

Strategic Output	Priority Actions	Activities
	5.6.4 Sustain and improve national nutrition and other related surveys, and operational research	To undertake working sessions for the inclusion of nutrition components such as biomarkers in national surveys (TDHS-MIS, NPS, MUCHALI)
		To undertake mid-line and end-line reviews for the NMNAP II (action research)
		To develop and operationalize a mechanism of capturing research findings from the relevant higher learning institutions
		To conduct Integrated National Nutrition SMART surveys
		To develop and operationalize the national nutrition research roadmap
		To train the relevant nutrition stakeholders on nutrition surveys and data quality assessments
		To develop and operationalize nutrition data quality toolkits
	5.6.5 Enhance capacity on multisectoral data use within and across sectors	To undertake capacity building on data analysis, interpretation and the use of evidence-based decision making
		To build capacity on nutrition surveys and the integration of nutrition surveys in other socioeconomic, demographic, and epidemiological surveys
		To conduct webinars on the use of nutrition data and data-use platforms
		To develop and disseminate periodic nutrition fact sheets
		To generate the periodic publication of researched, reliable, validated, and up-to-date statistics
		To conduct data and information sharing workshops between research institutions, MDAs, private sectors, and decision makers at all levels
		To develop and operationalize an open data use and information sharing platform

4.3 Key strategies

The following are the key strategies that will be adopted for the implementation of the NMNAP II:

1. **Strengthen human resources for nutrition across all sectors –** It is important to strengthen the nutrition capacities of workforces across the systems, through up-to-date technical guidance, pre-service and in-service knowledge, and skill development.

2. **Advocacy for the domestic financing of nutrition interventions –** Financial investments are critical to reach the intended nutrition targets. It is therefore important to mobilize for increased domestic financing, including innovative financing mechanisms. Domestic financing should be the primary means of funding the NMNAP II. The NMNAP II will also advocate for a more efficient and equitable allocation of the existing financial resources.

3. **System strengthening for the delivery of nutrition services –** The NMNAP II is promoting the delivery of evidence-based high-impact nutrition interventions across five key systems, namely, food, health, WASH, education, and social protection. These systems are meant to deliver essential nutrition services for children, adolescents, women and men.

4. **Community engagement and social mobilization –** Community engagement seeks to mobilize communities to collectively participate in addressing the nutrition situation of children, adolescents, women, and men. By sharing knowledge, raising awareness, and strengthening capacities, communities will be made to participate in the analysis, design, implementation and monitoring of context-specific responses for nutrition.

5. **SBCC –** It is the strategic use of communication approaches to promote changes in knowledge, attitudes, norms, beliefs, and behaviours. It is a participatory process, engaging individuals and communities in identifying and demanding their rights, and adopting and sustaining positive behaviours. The NMNAP II will use SBCC to effectively understand and influence the individual practices and social norms which affect nutrition behaviours.

6. **Institutional capacity building –** The NMNAP II calls for the need to build capacity at all levels of the five key systems involved in delivering nutritious diets, essential nutrition services, and encouraging positive nutrition practices for children, adolescents, women, and men.

7. **Private sector engagement –** While the national government has the primary accountability to uphold the people's right to nutrition; however, the private sector has a key role to play. The NMNAP II calls for programmes to engage strategically with public and private-sector actors to advocate for business policies, practices, and products that support optimal nutrition in all contexts.

8. **Advocacy and policy dialogues –** The NMNAP II strives to have clear policy, strategy, and programme frameworks in place, along with legislation, dedicated budgets and the promotion of policy dialogue. This will help align actions taken by the governments and other partners, promote accountability and transparency across systems, and guide resource mobilization and drive financial commitments for nutrition.

9. **Innovation and research –** The NMNAP II seeks to create an environment in which knowledge, innovations and learning are harnessed to drive advocacy, policies, programmes, and research to improve the quality of diets, nutrition services, and nutrition practices for children, adolescents,

women and men. It is important to conduct a systematic analysis of the nutrition situation and find out the determinants and drivers, including the potential pathways for positive impact on nutrition outcomes.

10. **Multisectoral and systems approach –** The NMNAP II calls for strengthening the capacity and accountability of five key systems – food, health, WASH, education, and social protection – to deliver nutritious diets, essential nutrition services, and positive nutrition practices for children, adolescents, women and men.

CHAPTER 5

COSTED ACTION PLANS OF NMNAP II

5.1 Context

The NMNAP II budget is costed at the national level. In selecting interventions, unfinished businesses in NMNAP I, changes in the burden of malnutrition, and the available resource envelope, were all considered in the preparation of the costed action plan.

The total cost of the NMNAP II is TZS 642,349,052,101.30 (USD 279,282,196.57). Financing the NMNAP II will require concerted efforts from the Government of Tanzania, DPs, CSOs, and the private sector. However, the major investor in these nutrition priorities will be the Government of Tanzania.

5.2 Intervention prioritization

The intervention prioritization was based on the cost-effectiveness approach, the available resources such as financial and human resources, unfinished businesses identified in MTR 2019, climate change, emergency preparedness and cross cutting issues on nutrition.

5.3 Costing approach

The method used to cost the NMNAP II is referred to as results-based costing, which lays emphasis on results. The participatory approach was used during costing preparation whereby all relevant stakeholders such as government officials from the relevant ministries, DPs, and CSOs, were involved throughout the whole process. The steps followed were:

- Identification of the inputs/resources needed to perform activities
- Estimation of the price of each resource/input
- Determination of the duration of each resource and its necessary assumptions
- Costing the needed resources/inputs based on the quantities and frequencies
- Calculation of the input costs to get the activity cost

- Costing all the activities necessary to achieve each of the expected outputs in each KRA and the categorization of each activity according to the five delivery systems
- Summation of the total cost of each delivery system (food, health, education, social protection and WASH) and enabling environments

5.4 Financial resource needs for implementing the NMNAP II

The total budget cost to achieve the five delivery systems and the enabling environment outlined in the NMNAP II from 2021/2022 to 2025/2026, is TZS 642,349,052,101 (USD 279,282,196.57). There is variation in the financial need across various delivery systems (see Table 8). The resource mobilization strategy for the NMNAP II provides details for the various sources of funds. About one-third of the total NMNAP II budget is allocated to food system (33 per cent) followed by the health system (28 per cent), education (10 per cent), WASH (8 per cent) and social protection (5 per cent). The interventions that are included as enabling environments have been allocated 16 per cent of the total NMNAP II budget.

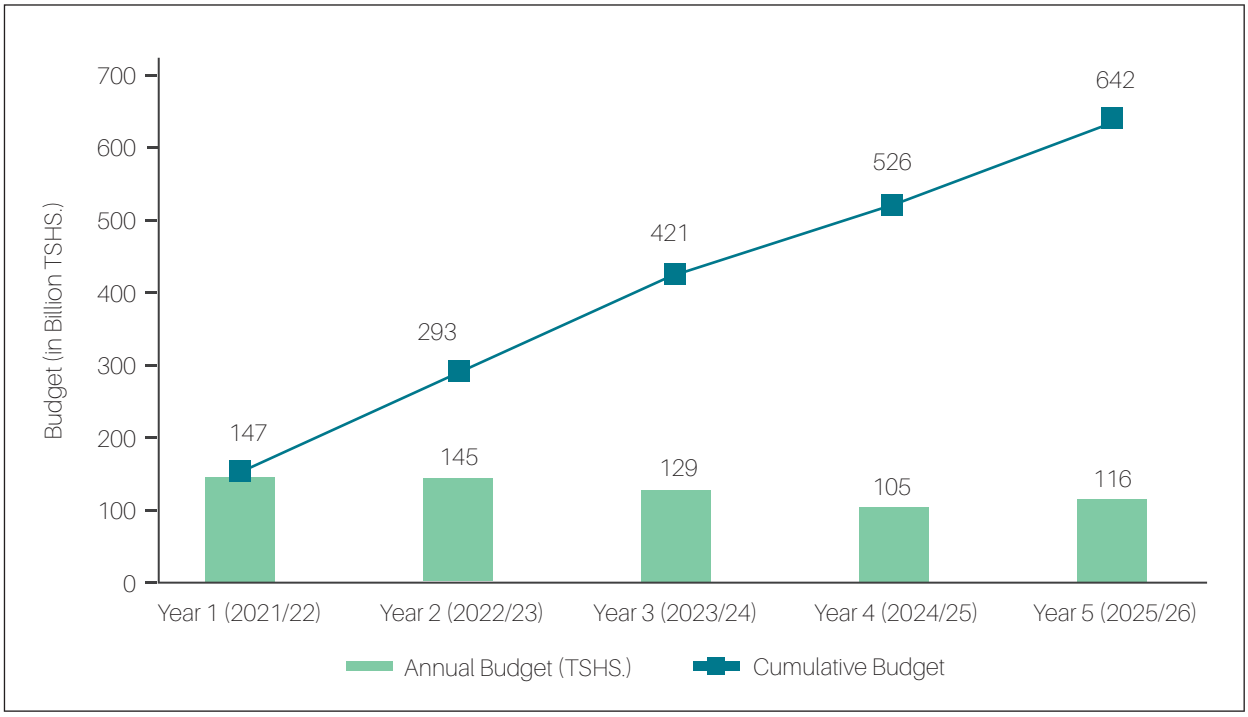
Table 8: Summary of financial resource needs for the NMNAP II per key delivery systems and enabling environment

DELIVERY SYSTEM	Year 1 (2021/22)	Year 2 (2022/23)	Year 3 (2023/24)	Year 4 (2024/25)	Year 5 (2025/26)	TOTAL TSHS.	% Per cent TOTAL
Education	13,662,265,000	13,878,731,946	12,430,978,734	12,946,060,079	13,522,191,403	66,440,227,162	10 per cent
Enabling environments	21,205,140,211	18,648,367,913	20,820,377,231	18,011,740,758	22,133,710,545	100,819,336,658	16 per cent
Food system	46,932,086,714	46,787,271,013	42,086,132,292	37,844,092,789	39,848,515,711	213,498,098,519	33 per cent
Health	42,846,150,731	43,024,158,668	29,492,426,704	30,830,920,546	34,174,363,656	180,368,020,305	28 per cent
Social protection	5,799,753,000	5,781,450,019	5,759,910,545	5,163,340,832	6,408,158,932	28,912,613,328	5 per cent
WASH	16,658,325,000	17,379,794,225	18,127,125,377	71,224,438	74,287,089	52,310,756,129	8 per cent
Enabling environments	21,205,140,211	18,648,367,913	20,820,377,231	18,011,740,758	22,133,710,545	100,819,336,658	16 per cent
Total	**147,103,720,656**	**145,499,773,784**	**128,716,950,883**	**104,867,379,443**	**116,161,227,336**	**642,349,052,101**	**100 per cent**

Table 9: Summary of the NMNAP II budget per strategic outcomes for a period between 2021/22 and 2025/26

Strategic Outcome	Estimated Budget (In Billion TSHS.)						Total (In Million USD)
	Year 1 (2021/22)	Year 2 (2022/23)	Year 3 (2023/24)	Year 4 (2024/25)	Year 5 (2025/26)	Total TSHS.	
1. Increased coverage of adequate, equitable and quality nutrition services at the community and facility levels	77.04	79.10	64.43	66.90	72.91	360.38	156.69
2. Women, men, children, and adolescents practice appropriate nutrition behaviours	38.11	39.72	39.19	21.24	22.08	160.33	69.71
3. Sustainable and resilient food systems that are responsive to nutritional needs	11.44	11.82	8.27	2.73	3.24	37.51	16.31
4. Strengthened multisectoral and private sector engagement for nutrition	4.43	3.18	2.11	2.06	2.15	13.93	6.06
5. Enabling environments (adequate policies and frameworks) that are supportive of adequate human and financial resources for nutrition	16.08	11.68	14.71	11.93	15.79	70.19	30.52
Total	**147.10**	**145.50**	**128.72**	**104.87**	**116.16**	**642.35**	**279.28**

Figure 13: Overview of the total budget of the NMNAP II for a period between 2021/22 and 2025/26



5.5 Funding opportunities and sustainability plan for the NMNAP II

Tanzania's central and local governments, in alliance with other agencies and DPs, will finance the NMNAP II through focused resource reallocation within the existing budgets and through mainstreaming nutrition in various sector programmes to increase resource availability. This calls for making nutrition a high priority in national programmes, specifically in such sectors as health, agriculture, social development, finance, education, trade and tourism, and local development. For successful resource mobilization, a strong advocacy strategy will be used to demonstrate to the sectors and the DPs the cost-effectiveness of the improved investment in nutrition and the consequences of failing to do so.

The government recognizes that the current domestic budgets will not be able to independently finance the NMNAP II at the level required to sustainably improve the nutrition indicators. While the government will seek to fund the NMNAP II through domestic revenues in the long-term, it will continue to depend on external resources in the short to medium term, while progressively reducing its reliance on such resources. Opportunities for initial resource mobilization will be through such forums as monthly local DP group meetings. The government will take further advantage of the existing and new global and regional initiatives, including WHO, WFP, and the United States Agency for International Development's Advancing nutrition, to identify the potential sources for financing the nutrition programmes.

The current support for nutrition programmes is fragmented and has minimal impact on the nutrition indicators. Thus, at the national level, advocacy for basket funding will be adopted for nutrition

programmes, from the national nutrition DPs, to maximize the investments in nutrition. This will facilitate a more holistic approach to nutrition programming and implementation.

Additionally, some DPs provide support directly to the CSOs, NGOs, and some districts outside the government budget. While this arrangement is not discouraged, it will be appropriate to share information on the level of support provided, and the activities of the NMNAP II being funded, to have an accurate assessment of the impact on the nutrition indicators.

Experience shows that cooperation between the public and private sectors, in the form of public-private partnerships, can be a powerful incentive for improving the quality and efficiency of public services and can also be a source for financing public infrastructure. There will be strategic exploration of public-private partnerships with the highest cost-effectiveness in sustainably addressing the triple burden of malnutrition in Tanzania, especially through the value addition, energy, and labor-saving technologies.

Existing and available resources for nutrition within the national budget and from the private sector and DPs must be coordinated effectively to maximize impact. Additionally, the government envisions encouraging the affected communities to take ownership of their nutrition problems. If communities recognize how these problems are affecting their development and see that they can help in identifying the strategies to address these problems, the community contribution to nutrition interventions would increase and help sustain more activities.

Table 10 illustrates resource mobilization plan for NMNAP II from different sources to enable its implementation.

Table 10: Selected financing options for funding the NMNAP II (2021/22 -2025/26)

No	Detail	Funds to be mobilized (In TZS billion)	per cent of the NMNAP II Total Budget
1	Financing need as established by the NMNAP II	642.37	100 per cent
2	Committed funds to finance the NMNAP II from the PO-RALG - Inclusive of 1,000 per child allocated under the compact agreement	67.22	10.5 per cent
3	TFNC nutrition specific budget	33.83	5.2
4	Nutrition-specific budgets from the MDAs	16.52	2.6
5	Budgeted expenditure for school feeding from the Ministry responsible for Education, according to the NMNAP II	11.57	1.8
6	**NMNAP II funding gap (No 1 minus sum of 2-5)**	**523.23**	**79.9 per cent**
	Financing options to fill the funding gap		
	Traditional domestic sources		
7	Reprioritized funds from the MoHCDGEC via HSSP V[3]	182.90	28.5 per cent
8	Reprioritized funds from the Ministry of Agriculture via NSAAP[4]	21.62	3.4 per cent
9	Tax revenue- Sin Tax (or Earmarked tax)[5]	44.97	7.0 per cent
	Traditional external sources		
10	Concessional loans[6]	64.24	10.0 per cent

11	DPs contribution (Grants)[7], including TZS 51.5 billion contribution currently indicated by the DPs	256.94	40 per cent
	Non-traditional financing instruments		
12	New/innovative sources	12.84	2 per cent
13	PRIVATE SECTOR – FOOD FORTIFICATION INVESTMENT	14.09	2 per cent
Total resources mobilized for the NMNAP II		597.6	93.0 per cent
Difference between funds to be mobilized and funding gap (TZS 597.6-523.23)[8]		74.37	13.1

Source: NMNAP II Resource Mobilization Strategy Report 2021

[3] The figures are estimated under the assumption that HSSP V will attain a moderate execution rate of 30 per cent.

[4] The figures are calculated assuming that NSAAP will accomplish a moderate execution rate of 30 per cent.

[5] It is envisaged that a small percent of the Sin Tax will be imposed on the unhealthy products (i.e., sugar-sweetened beverages (SSBs) and tobacco) in order to mobilize about 7 per cent of the resources for financing NMNAP II.

[6] Concessional loans will be used to mobilize around 10 per cent of the funds needed for NMNAP II, and this reflects a relatively small funding amount for an important social investment like nutrition could be acquired as stand-alone loans or integrated into loans acquired to finance social assistance programmes implemented by TASAF and make nutrition a core part of the existing cash transfer programmes.

[7] It should be noted that the amount to be mobilized from DPs includes the figures which have been indicated by various DPs that will be allocated to finance the NMNAP II.

[8] If all financing options are to be fully executed the NMNAP will be over funded by 13.1 per cent- the funds to be mobilized by the selected options (TZS 597.6 billion) plus the funds planned to finance NMNAP II from the government budget lines (TZS 129.14 billion) will mobilize around TZS billion 726.74 for the NMNAP II despite the NMNAP II budget being TZS 642.37 billion. This calculated move will provide a crucial cushion (5 per cent of NMNAP II total budget) to the efforts of generating funds for the NMNAP II in case some of the proposed financing options fail to mobilize the expected number of resources.

CHAPTER 6

GOVERNANCE, INSTITUTIONAL AND LEGAL FRAMEWORK FOR NMNAP II

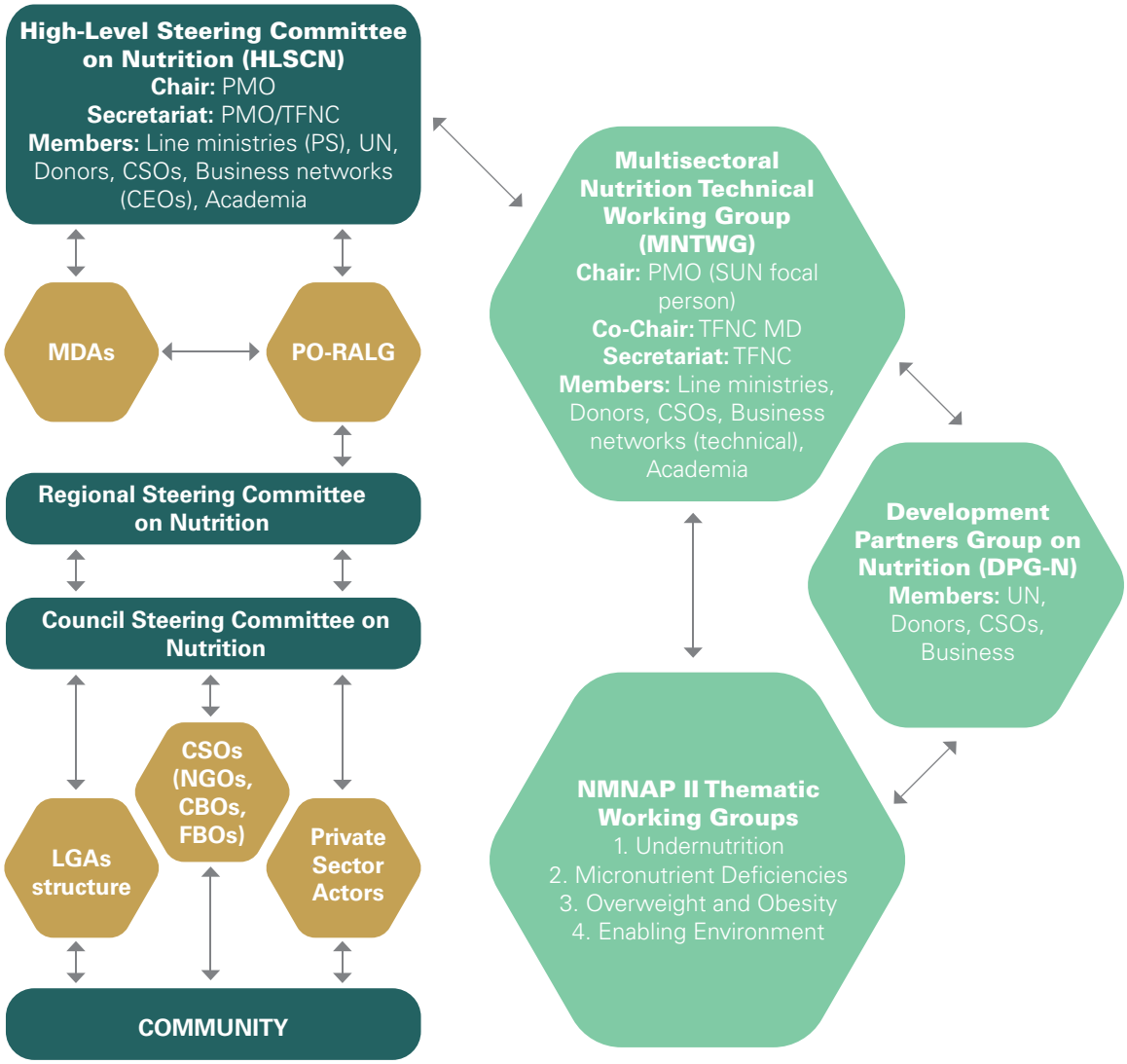
6.1 Overview

The implementation of the NMNAP II will require strong multisectoral coordination within the nutrition sector and between other sectors to ensure coherence and synergy, which is crucial for its success. Effective nutrition governance is required to ensure that multiple determinants of malnutrition (biological, social, cultural, economic, political) are addressed and that the understanding of policy and decision makers on the impact of malnutrition on national development is increased, thus linking policies to actions. Furthermore, ensuring functional, efficient, effective, and strategic leadership and management that adequately supports the implementation of the NMNAP II is critical to meeting the desired outcomes and targets.

6.2 Leadership, management and coordination structure

The NMNAP 2016–2021 coordination structure has been adopted to ensure effective leadership, management, and coordination that adequately supports the implementation of the NMNAP II, as shown in Figure 14.

Figure 14: Coordination structure for the NMNAP II



Source: Modified from the NMNAP I document

6.3 Key actors, their roles, and responsibilities

The proposed structure streamlines and harmonizes the coordination structures to improve upon strategic leadership, management, coordination, and functional linkages. Table 11 summarizes the roles and responsibilities of the key actors.

Table 11: Roles and responsibilities of key actors

Actor	Responsibilities
Prime Minister's Office (PMO)	» Overall coordination of the national response to nutrition, including effective contribution by sectors through the MDAs, » Support the multisectoral response to nutrition and ensuring that nutrition is adequately mainstreamed in the policies and strategies of key line ministries, » Provide oversight for the governance and accountability of all sectors and actors in nutrition, » Promote private sector engagement and participation for the improvement of nutrition, and » Oversee and provide policy-level guidance on the overall implementation of the NMNAP II.
Ministry responsible for regional administration and local government authorities	» Coordination, supervision, support, guidance and monitoring of the activities at the regional and local government authorities, » Guide and monitor the integration of nutrition interventions into the regional and local government authorities' plans and by-laws, » Coordinate and facilitate the capacity development of regional and local government administrations to plan and implement nutrition improvement programmes at the community level, and » Coordinate and monitor nutrition interventions by all actors in the regional and local government authorities using the principle of the three ones: one plan, one coordinating mechanism and one monitoring and evaluation framework.
Ministries responsible for agriculture, food security, cooperatives and irrigation	» Contribute towards national food and nutrition security through the increased production, processing, and marketing of safe and diversified food crops, » Promote skill building to ensure the regular availability of safe foods, » Promote the multiplication of seeds, seedlings, and cuttings of the nutrient-rich varieties of crops (orange-fleshed sweet potatoes, high-protein maize, cassava, and vitamin A-rich bananas) and distribute them to farmers, » Promote the development and adoption of culturally acceptable smart technologies in agriculture, and » Encourage, undertake and coordinate research, development and training.
Ministries responsible for livestock and fisheries	» Contribute towards national food security through the increased production, processing and marketing of livestock and fisheries products to meet the national nutritional requirements, » Improve the standards of living, health, and nutrition of the people engaged in the livestock and fisheries industry through increased income generation from the production and consumption of livestock and fisheries' products, and » Ensure quality and safety of the livestock and fisheries' products.

Actor	Responsibilities
Ministry responsible for health	» To facilitate the scaling-up of quality and equitable basic health services (health promotion, prevention, curative and rehabilitation services) which are essential for the improvement of nutrition in the country, up till the health facility and community levels, and » To facilitate the implementation, monitoring, and coordination of the essential health interventions for the improvement of nutritional status at all levels, through the development of policies, strategies, plans and legislations in line with the HSSP V.
Ministry responsible for community development, gender, elders and children	» Strengthen food and nutrition services for vulnerable groups, including children with multiple vulnerabilities (MVC), people with disability (PWD) and the elderly . » Promote integration of nutrition objectives in social protection programs. » Promote household-based strategies to increase food and nutrition security, » Promote nutrition-supportive behaviours and discourage behaviours that are barriers to the improvement of nutrition, and » Advocate for the mainstreaming of nutrition issues in community development.
Ministry responsible for industry and trade	» Contribute to human development and the creation of employment opportunities, » Enable economic transformation to achieve sustainable development and economic growth, and » Promote the increased processing, storage, and marketing of agricultural, livestock and fisheries' products.
Ministry responsible for water	» Ensure the sustainable supply of adequate, safe and clean water up till the household level, and » Promote safe WASH practices for improved nutrition outcomes.
Ministry responsible for education, science and technology	» Establish policies and guidelines that highlight the link between nutrition and education, » Design and implement school health programmes » Integrate nutrition education in school and college curricula, and » Promote nutritious feeding programmes in schools, colleges and other educational institutions.
Ministry responsible for finance and planning	» Mobilize and allocate funds for the implementation of the NMNAP II and expedite the timely disbursement of allocated funds to the responsible sectors and institutions, and » Establish policies and guidelines that highlight the link between nutrition, and the finance and planning sector.
Ministry responsible for energy and minerals	» Promote better and cheaper energy in both rural and urban areas to reduce women's workload, prevent deforestation, and increase nutrition outcomes in households.
Ministry responsible for natural resources management	» Ensure the integration of the nutritional rights of communities surrounding wildlife and forest reserves in their resource's sustainable management plan.

Actor	Responsibilities
Ministry responsible for public service and good governance	» Facilitate the establishment, recruitment, and development of nutrition cadres at all levels.
Ministry responsible for labour, youth, employment and persons with disability	» Sensitize employers, employees, and the national labour force on the importance of good nutrition in terms of good health and high productivity.
Ministry responsible for home affairs	» Strengthen the enforcement of laws and regulations that facilitate food and nutrition security in the country, and ensure that the food and nutritional rights of the people under incarceration, including the prisoners, are met.
Ministry responsible for information, communications, and information technology	» Promote increased media coverage and public awareness of the NMNAP II and the overall nutrition issues across the country, » Promote local expertise in science, technology, and innovation for the benefit of nutrition outcomes, » Develop and maintain regulatory regimes that facilitate the free flow of information, including nutrition-related information, and » Deliver government news on nutrition issues to the public officials through the different types of media, such as the government spokesperson.
Ministry responsible for culture, arts and sports	» Promote and facilitate physical exercise by improving the access to, the quality, equity, and management of sports, games, traditional games, and sports infrastructure at all levels, and » Educate the society on issues related to good tradition and the customs relevant to nutrition.
Ministries responsible for infrastructure development	» Ensure that functional road networks, railway, and water transport services (where applicable) are in place to facilitate access and food transportation between the producing areas and markets across the country, throughout the year.
TFNC	» Advise the government and other stakeholders on all key matters related to nutrition in the country, including training, human resource deployment, and the accreditation of nutritionists, » Provide strategic and technical leadership and support on nutrition to all the sectors and actors, and » Strengthen multisector coordination and collaboration; advocate for nutrition resources; promote the harmonization and alignment of sector financing; provide guidance, training and technical support to the implementing agencies; and to monitor and evaluate progress.
Tanzania Bureau of Standards (TBS)	» Ensure that nutrition concerns are addressed in the development and monitoring of food product quality and standards.
Other MDAs	» Ensure that nutrition is adequately reflected in the MDA policies, strategic plans, programmes, legislations, regulations, guidelines, and » Identify, mobilize and allocate human, financial and organizational resources for the discharge of responsibilities under the NMNAP II.

Actor	Responsibilities
Regional secretariats	» Identify nutrition problems, challenges and solutions in the regions, » Integrate food and nutrition objectives in the regional secretariat plans and strategies, and » Interpret policies and policy guidelines on nutrition; maintain norms and minimum standards; provide technical guidance and supportive supervision to local government authorities on nutrition; and coordinate, monitor and evaluate the implementation of the strategy by different stakeholders at the regional level.
LGAs	» Strengthen the multisectoral coordination committees at the LGA level on nutrition, » Integrate the NMNAP II components/activities into their comprehensive council development plans, » Ensure the implementation of the policies, strategies and guidelines within the respective districts, » Mobilize resources for the implementation of nutrition activities, » Sensitize and support the wards and communities to initiate, implement and monitor nutrition activities at the ward and community levels, and » Coordinate, provide technical support, and monitor the implementation of the NMNAP II at the ward and village/street levels.
Ward and village/street levels	» Identify food and nutrition opportunities and challenges at the respective levels.
Community/households	» Individuals and families hold the key to maintaining and improving their own health and nutrition conditions, and they are actors in their own development. The community will be responsible for mobilizing resources, initiating, implementing, and monitoring the implementation of nutrition activities in line with regional and LGAs priorities.
CSOs	» Advocate for nutrition as a human development issue, » Mobilize resources for the implementation of the NMNAP II, » Provide technical and financial support to LGAs in the implementation of the NMNAP II, » Support LGAs in the capacity development and management of nutrition activities, » Incorporate nutrition interventions in community-based programmes and ensure effective linkages to the health-care system and other relevant sectors, » Advocate for the prioritization of nutrition in national, regional, LGA and community development plans, » Support community mobilization and the implementation of nutrition interventions down to the household level, » Support capacity development for the improvement of food and nutrition at all levels in the LGAs, » Integrate nutrition issues into CSO programmes, projects and activities which target communities and households, and » Align the nutrition plans with the government plans at the respective levels.

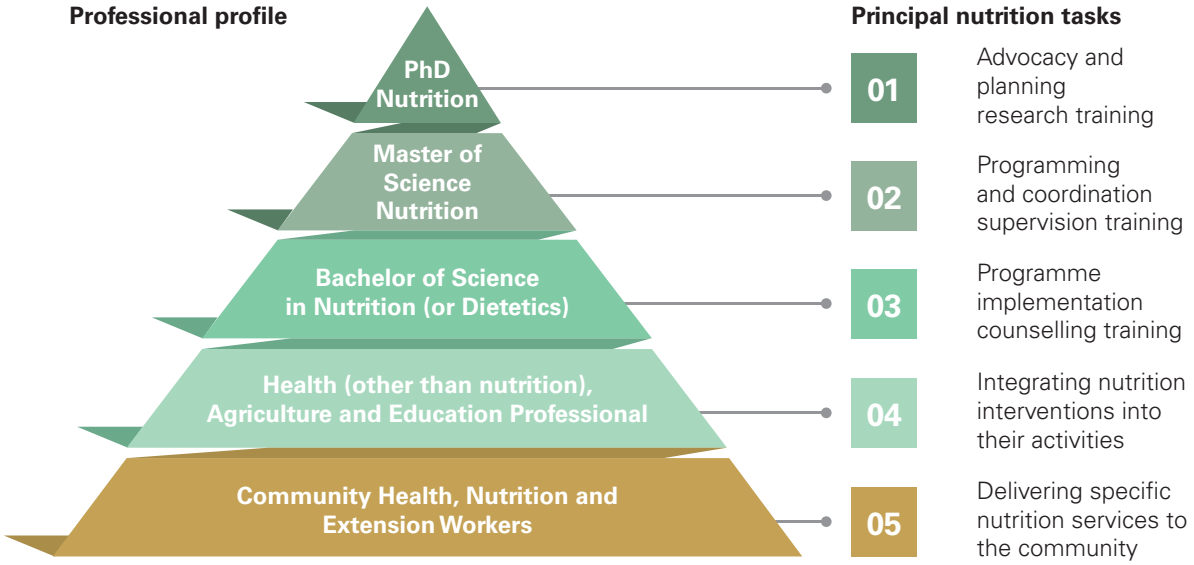
Actor	Responsibilities
Media	» Highlight the problem of malnutrition in Tanzania, advocate for action, and report on the progress, failures and successes of those actions to alleviate malnutrition.
Higher learning, training and research institutions	» Review and update pre-service, in-service, and continuing education curricula to ensure that nutrition is adequately integrated and to increase opportunities for training in nutrition.
Professional bodies	» Provide professional guidance, conduct research, set professional standards, and participate in the development of nutrition curricula for pre-service, in-service and continuing education, and to support nutrition outreach activities in communities.
Development partners (DPs)	» Mobilize and provide technical and funding support for the improved planning, implementation, monitoring and evaluation of nutrition services and interventions, in accordance with the national policies and priorities.
Private sector	» Responsible for supporting government and community actions and efforts geared towards the implementation of the NMNAP II, » Invest resources for the implementation of the NMNAP II in line with the laws, regulations and guidelines, » Increase investment in the production, processing, storage, and marketing of high-value nutritious products and in the provision of essential and basic social services (food, health and WASH) for improvement in nutrition, » Invest in the production and marketing of appropriate low-cost labor-saving technologies that improve food and nutrition status at the community level, » Integrate nutrition support into the corporate social responsibility plans and activities, » Make the appropriate technologies available for nutrition improvement, including for advocacy, creating public awareness, and for tracking progress, » Initiate and improve workplace nutrition programmes for their labor force, and » Ensure compliance with all national laws, regulations, guidelines, and international protocols for the protection of consumer rights, health, and the environment.
Political parties	» Incorporate food and nutrition improvement issues in their election manifestos and campaigns, » Support mobilization for improved food and nutrition security in the country, » Support initiatives to improve food and nutrition, especially in vulnerable groups, and » Advocate for the prioritization of nutrition in the national, regional, LGA and community development plans.

6.4. Human resources and institutional capacity requirements

The successful implementation of the NMNAP II will depend on the adequate human resources and the capacity building of the institutions dealing with nutrition. Based on the conceptual framework of the NMNAP II implementation, which embraces the system approach, there is a need to strengthen the capacity of human resources and ensure collaboration across sectors. This entails capacitating the implementers of the plan from various sectors, including professionals working in nutrition-sensitive sectors such as extension officers and teachers, so that they can enrich their knowledge and skills on health, food, education, WASH and social protection systems.

The nutrition workforce is best portrayed as a pyramid, representing the numbers, levels of training and the occupational profiles at those levels (see Figure 15). The base consists of community health, nutrition, and extension workers who need vocational or on-the-job training to deliver some nutrition services directly to the populations (e.g., child growth monitoring and its promotion). The upper levels are nutritionists (and dietitians, where relevant) with different levels of university training for different roles: from the implementation of programmes and nutrition counselling at the individual and community levels, through programming and coordination, up till planning, advocacy, and research at the national level. Bachelor- level nutritionists and dietitians could perform most of the required nutrition activities at the national and LGA levels, and their competence could be maintained through continuous education.

Figure 15: Nutrition workforce pyramid



Source: Adapted from Shrimpton et al [20]

Institutional capacity covers the ability to engage and build consensus among the nutrition stakeholders, build skills to mobilize stakeholders across sectors and create partnerships and networks around nutrition issues. This also includes the ability of institutions to develop an enabling environment that facilitates in engaging all partners, mediating divergent interests, building consensus and establishing collaborative mechanisms. Relevant institutions are required to establish and maintain the stakeholders' commitment and support to nutrition. The key capacity areas that need to be strengthened to ensure the successful implementation of the NMNAP II interventions include, the enforcement of laws and regulations, laboratory analysis, nutrition surveillance, M&E of fortification programmes, and food safety. Other capacity areas are social marketing strategies in doing SBCC for nutrition, and the use of the information technology (IT) structure to facilitate the collection, analysis, dissemination, and utilization of nutrition information.

For effective coordination, there should be timely reporting and supervision through the use of relevant tools such as ToR, standard agenda, action point-tracking tool and standardized minute format, as well as more frequent dialogue on nutrition among the stakeholders.

6.5 Legal and regulatory framework for nutrition in the NMNAP II

This framework represents the Government of Tanzania's political will and its commitments to nutrition through the formulation and operationalization of evidence-based multisectoral and sectoral policies, legislations, plans, and strategies that are relevant to nutrition outcomes. The government has also adopted various global and regional policies and legal frameworks that guide, support and inform relevant actions that aim to address and reduce the impact of malnutrition at the national and LGA levels. These policies, strategies, plans and guidelines are shown in Box 2 and Box 3.

Box 2: National policies and strategies

- National Food and Nutrition Policy (1992)
- Community Development Policy (1996)
- National Trade Policy (2003)
- National Population Policy (2006)
- National Livestock Policy (2006)
- National Health Policy (2007)
- National Agriculture Policy (2013)
- National Fisheries Policy (2015)
- Policy Guidelines for Micronutrient Supplementation (1997)
- Tanzania National Strategy on Infant and Young Child Nutrition (2004)
- National Strategy for Gender Development (2005)
- National Population Policy Implementation Strategy (2007)
- National Policy Guidelines on Infant and Young Child Nutrition (2007)
- Livestock Sector Development Strategy (2010)
- The Tanzanian Food, Drugs and Cosmetics (Iodated Salt) Regulations, 2010
- Food Fortification Regulations (2011)
- International Code of Marketing of Breastmilk Substitutes (the Code) 1981
- Implementation Plan for Biotechnology Policy (2011)
- Tanzania Agriculture and Food Security Investment Plan (2011–2020)
- National Nutrition Social and Behavior Change Communication Strategy (2013–2018)
- National Multisectoral Nutrition Action Plan (2016–2021)
- Health Sector Strategic Plan V (2021 – 2026)
- The Ruling Party Election Manifesto 2020 – 2025
- National Guidelines on Nutrition Care and Support for People Living with HIV 2016
- National Accelerated Investment Agenda for Adolescents Health and Well Being (NAIA-AW)
- National Guideline on School Feeding and Nutrition Services to Basic Education Services
- National Action Plan for Non-Communicable Diseases (NCDs) (2016/2020 and 2021/2026 Draft)
- Marketing of Food and Designated Products for infants and Young Children Regulations (2013) Updated February 2018

Box 3: Regional and global frameworks

- The right to good food and nutrition as a human right with the Universal Declaration of Human Rights (UDHR) with Article 25, protecting the right for people to feed themselves in dignity, formally recognized by the United Nations in 1948
- The UN General Assembly 2030 Agenda for SDGs
- WHA Targets 2025
- The WHA voluntary Global NCD Targets and Global NCD Action Plan of 2014
- The WHA Comprehensive Integrated Plan on Infant and Young Child Nutrition (CIP-IYCN) 2012
- The Scaling-Up Nutrition (SUN) movement launched in 2012
- The 2016-2025 Decade of Action on Nutrition launched by the UN General Assembly
- SADC Food and Nutrition Security Strategy 2015- 2025
- AU Agenda 2063

CHAPTER 7

MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING

7.1 Overview

Monitoring, evaluation, accountability and learning (MEAL) is a very important tool to assess the progress of the NMNAP II in achieving the set targets and in serving as an accountability and learning framework for the various nutrition stakeholders in Tanzania. This MEAL plan will be used to track the performance, implementation and outputs, and measure the effectiveness and lessons learned during the implementation of the NMNAP II. The NMNAP II ToC highlights the desired impact to be achieved by 2026, which is ''Women, men, children and adolescents in Tanzania are better nourished, living healthier and more productive lives''. To achieve this impact, the MEAL framework clarifies the process and the interventions that will lead to the desired NMNAP II outputs. There are several notable platforms that generate data to track the implementation of nutrition interventions, however, further strengthening of data generation, quality and utilization to support nutrition is of paramount importance. The country needs to ensure that, nationally-representative nutrition surveys are conducted every 4-5 years.

The National Nutrition Scorecard rolled out in all the districts of the country offers a web-based tool to support vertical accountability, providing quarterly snapshots of each district's performance in delivering the nutrition interventions and targets specified in the NMNAP II.

The annual Joint Multi-Sectoral Nutrition Review (JMNR) also provides a strong platform for the follow-up and review of the progress in implementing the nutritional plans. The JMNR convenes a wide range of partners from ministries, agencies, DPs, the private sector and research institutions, alongside members of the parliament, district and regional nutrition officers and civil society representatives. The multiple day-long reviews examine the cross-sectoral implementation of the NMNAP II by using the latest data to facilitate unprecedented joint capacity building and learning across subnational and national administrations.

7.2 Multisectoral Nutrition Information System

The Multisectoral Nutrition Information System (MNIS) enables the collection, analysis, interpretation, and reporting of information on the nutritional status of the population, and most importantly,

uses this information to inform appropriate response strategies. The MNIS is characterized by a coordinated set of processes for collecting, storing, analysing, and disseminating nutrition data and information. Sources of nutrition data will also include various population-based surveys, sentinel sites and health facility programme data, which are used in nutrition surveillance and monitoring.

The information system aims to integrate data from a variety of sources with the following objectives:

- To facilitate nutrition data collection
- To facilitate the monitoring of progress in the fight against malnutrition
- To strengthen mechanisms for mutual accountability between stakeholders, accountability to the State, the donors, and most importantly, the citizens
- To promote transparency in the investment in nutrition

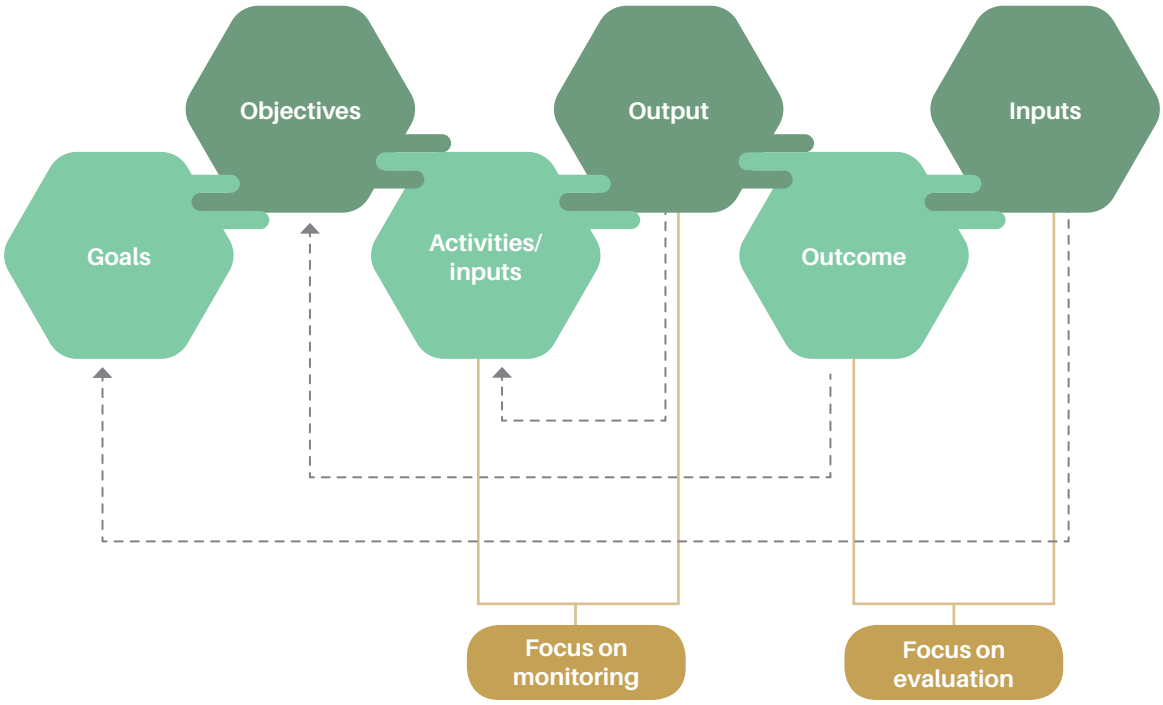
7.3 Common Result, Resources, and Accountability Framework

A CRRAF is a single and agreed-upon set of expected results for the improvement of nutrition, generated through the engagement of different sectors and stakeholders. CRRAF serves as the framework for NMNAP I and enables multiple stakeholders, including different government ministries and external partners, to work toward these results and to agree on the allocation of responsibilities for their implementation and achievement amongst different sectors. The CRRAF uses a logical results framework at three levels – impacts, outcomes, and output results (see Figure 16).

The common results framework will continue to be implemented to:

- Further establish ownership from all stakeholders, otherwise it risks irrelevance.
- Ensure that the results and actions included in the CRRAF reflect the realities of the people suffering from malnutrition and are grounded in evidence. Context is critical, and there is no one-size-fits-all approach.
- Ensure that nutrition-sensitive strategies are implemented across sectors with the appropriate nutrition-relevant goals in various sector plans, including health, agriculture, social protection and WASH.
- Specific attention to the nutritional needs of vulnerable individuals and communities.
- Ensure the prioritization of nutrition actions by the relevant partners in the "first 1,000 days" window of opportunity between conception and a child's second birthday.
- Create the enabling environment that is required by children and WRA, including adolescent girls, to get effective benefits from the nutrition-specific actions.
- Ensure the development of local-level plans informed by national recommendations, by effectively engaging the regions and councils; and
- Translate the common result areas into indicators for monitoring the progress of the implementation.

Figure 16: Results-based M&E framework for tracking the implementation of the NMNAP II



7.4 NMNAP II monitoring process

Progress monitoring of the implementation of the NMNAP II will be an ongoing process with continuous periodic reporting. Monitoring the performance and progress of the implementation will be done through quarterly and annual reports, joint annual nutrition review meetings, and through the Nutrition Score cards. At the subnational level, there are tools to collect, analyse, and communicate nutrition indicators, including the multisectoral nutrition scorecard, bottleneck analysis, COMPACT scorecard, and the annual work plans. Regions and councils produce quarterly reports which indicate the progress on the implementation of the nutrition actions taken in their respective areas. These reports are collected and analysed by PO-RALG.

7.5 NMNAP II evaluations

Evaluation will be done at two points during the implementation process.

Mid-Term Review

The MTR is proposed to be done in 2023/24 to assess the progress made towards the implementation of the proposed and agreed interventions, to achieve the agreed objectives, and to review the relevance of the interventions. The MTR will provide an opportunity to make modifications to ensure the achievement of these objectives within the NMNAP II timelines.

End-Term Review

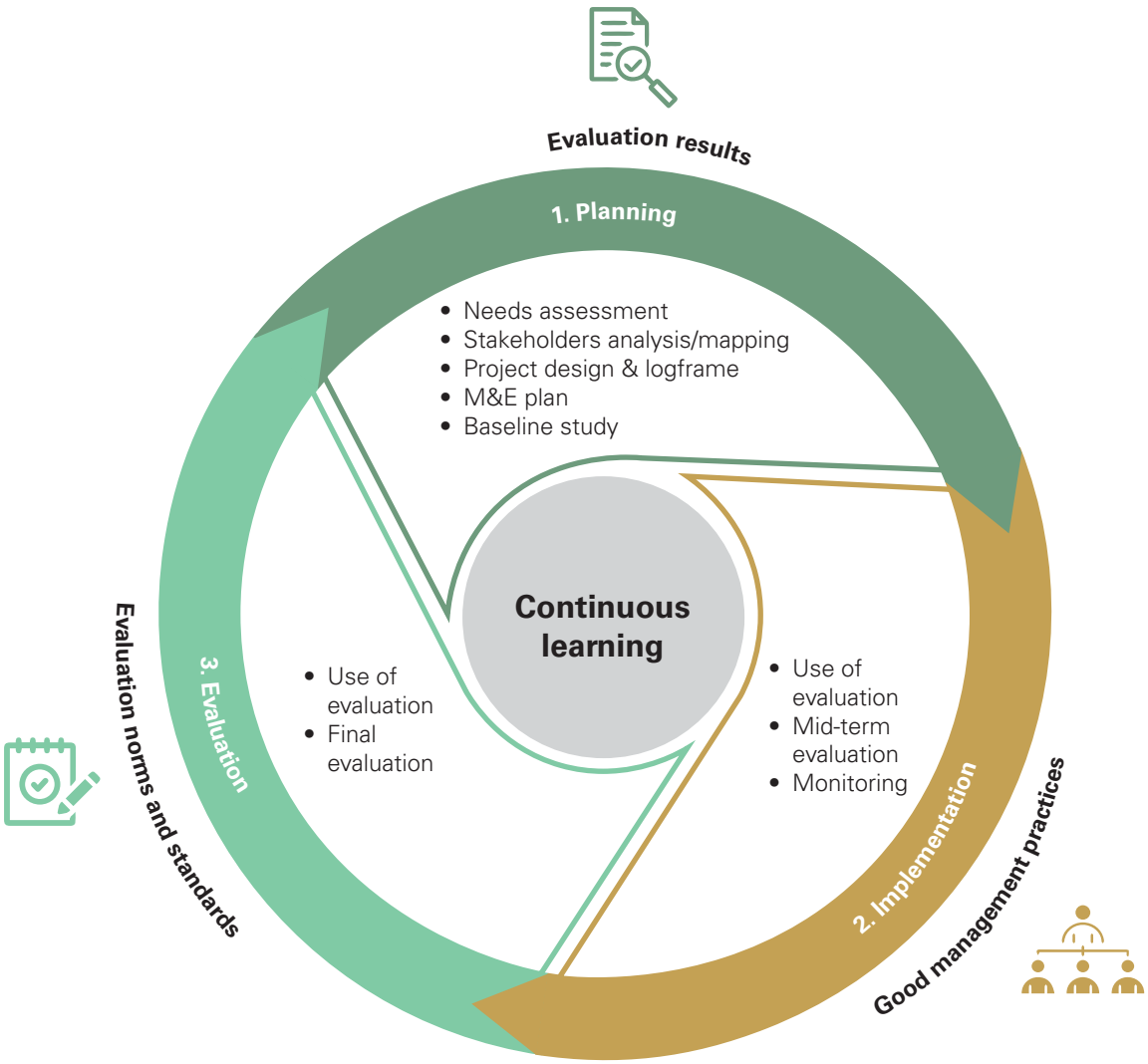
The ETR will be carried out in the year 2026 in order to:

- Assess performance as per the foreseen targets and indicators of achievement at the output level; and also assess the strategies and implementation arrangements, including the partnership arrangements, constraints, and opportunities
- Evaluate the impact of the NMNAP II against the desired outcomes as defined in the ToC
- Provide strategic and operational recommendations and highlight the lessons learnt to inform the planning of the NMNAP III

7.6 The NMNAP II planning, monitoring, evaluation and learning cycle

The planning, monitoring, evaluation and learning cycle (PMELC) is an integral part of the design, implementation, and completion of the NMNAP II; PMELC is presently at the planning stage and will be implemented at all stages within the NMNAP II. The PMELC is summarized in Figure 17.

Figure 17: The NMNAP II PMELC



Source: Adapted from the UNODC, Evaluation Handbook

The PMELC started with the initial needs assessment, where four KRAs were identified (undernutrition, overweight and obesity, micronutrients deficiencies and enabling environments) that needed to be addressed in the NMNAP II. These ideas were generated by learning from the existing NMNAP I, the sector policies, NMNAP MTR, global nutrition documents, other relevant documents, and through conversations with partners, communities, and funders. The in-depth understanding of the need or the problem, its underlying causes, and how it affected the target communities, was conducted through the situation analysis and stakeholders' meetings, where the conceptual framework and the ToC were developed and adapted.

During the implementation, the monitoring will be done through the existing structures outlined in the M&E plan, including a mid-term evaluation, which will provide valuable lessons to take stock of where NMNAP II is, and whether the country is on target to achieve the desired outcomes. Towards the end of the NMNAP II, a final evaluation will be conducted to assess the outcome and impact of implementing the NMNAP II, which will provide the opportunity to use this learning as important inputs for the planning cycle of the NMNAP III.

7.7 Financial tracking and budget analysis for nutrition

PO-RALG audits the implementation of nutrition interventions through the joint supervision and scrutinization of council plans, to ensure that funding for these interventions is properly planned and allocated according to the action plans. PO-RALG have created nutrition objectives within the government planning and reporting system, which help to track the nutritional and financial resources of the councils.

Expenditure for nutrition at Local Government Authorities is tracked through the planning and reporting system (PLANREP) to determine the amount of funds allocated for nutrition at decentralized levels). Nutrition activities planned at the health facility level are being tracked through the Epicor and FFARS systems, which are also linked to PLANREP. There are government machineries at all levels, which conduct the monitoring and tracking of the financial expenditures for nutrition, e.g., finance committees at the regional and council levels.

7.8 Research

Operational research and basic research are explicitly encouraged to be part-and-parcel of the implementation of the NMNAP II. Research will help to identify and test novel discoveries in nutrition and also test the feasibility of taking such innovative interventions to scale. Various operational research activities have been identified to support the effective implementation of the NMNAP II, to generate data for evidence-based decision making and policy planning. Examples of the proposed activities include:

- To undertake working sessions for the inclusion of nutrition components such as biomarkers in national surveys (TDHS-MIS, NPS, MUCHALI)
- To undertake mid-line and end-line reviews for NMNAP II (action research)
- To develop and operationalize a mechanism for capturing research findings from relevant higher-learning institutions

- To conduct Integrated National Nutrition SMART surveys
- To develop and operationalize national nutrition research roadmaps
- To train the relevant nutrition stakeholders on nutrition surveys and data quality assessments
- To develop and operationalize a nutrition data quality toolkit

7.9 Cost of monitoring, evaluation, accountability and learning

The M&E budget has been considered in the costing of the NMNAP II, to ensure that the specific M&E activities are carried out according to the plan. The cost of M&E is expected to be 15,881,418,200.00, which reflects 2.4 per cent of the entire NMNAP II budget.

7.10 NMNAP II targets

The key planned targets are adapted from the globally-agreed WHA nutrition targets by 2025, and the NMNAP II aims to achieve 28 key nutrition targets. The selected 28 nutrition targets constitute the CRRAF (see Appendix 2), and if achieved, will contribute significantly to the desired change i.e., "Women, Men, Children and adolescents in Tanzania are better nourished living healthier and more productive lives''. Table 12 shows the Tanzania nutrition targets for 2021-2026.

Table 12: NMNAP II targets

	Planned Results	Baseline (Year)	Target 2025/26	Means of Verification
	IMPACT RESULTS			
1.	Reduced prevalence of stunting among children 0-59 months	31.8% (2018)	24%	TNNS
2.	Maintain prevalence of global acute malnutrition among children 0-59 months	3.5% (2018)	<5%	TNNS
3.	Reduced prevalence of low birthweight	6.3% (2018)	<5%	TNNS
4.	Reduced proportion of non-pregnant women 15-49 years with anaemia	28.8% (2018)	23%	TNNS
5.	Reduced prevalence of Vitamin A deficiency among children aged 6-59	33% (2010)	20%	TDHS
6.	Maintain median urinary iodine of women of reproductive age between 100- 299 µg/L by 2026	100-299 ug/L (2010)	100-299 ug/L	TDHS
7.	Maintain prevalence of overweight among children under five	2.8 (2018)	<5%	TNNS
8.	Maintain prevalence of overweight/obesity among women aged 15-49 years	31.7% (2018)	<32%	TNNS
9.	Maintain prevalence of overweight among adults	26% (2012)	<30%	STEPS

	Planned Results	Baseline (Year)	Target 2025/26	Means of Verification
	OUTCOME RESULTS			
1.	Increased proportion of children aged 0-5 months who are exclusively breastfed	58.6% (2018)	70%	TNNS
2.	Increased proportion of children aged 6-23 months who receive a minimum acceptable diet	30.3% (2018)	50%	TNNS
3.	Increased proportion of children aged 6-59 months who received Vitamin A Supplement during the last 6 months	63.8% (2018)	90%	TNNS
4.	Increased proportion of households consuming adequately iodized salt	61.2% (2018)	90%	TNNS
5.	Increased proportion of pregnant women taking iron and folic acid (IFA) for 90+ days during pregnancy	28.5% (2018)	50%	TNNS
6.	Increased proportion of children under five in need of SAM treatment who are admitted in the program annually	13% (2018)	75%	BNA
7.	Increased proportion of children under five in need of MAM treatment who are admitted in the program annually	8% (2018)	75%	WFP Standard project Report
8.	Reduced percentage of people who eat less than 5 servings of fruit and/or vegetables on average per day	97.2% (2012)	68%	STEPS
9.	Increased production of horticultural crops	6,556,102 tons	14,600,000 tons	MoA reports
10.	Increased milk production	3 Bil.L/yr (2020/21)	4.3 Bil.L/yr	TDB/MLF
11.	Increased per capital consumption of milk in Tanzanian population	54.7 Liters/ person/annum (2020/21)	100 Liters/ per person/per annum	TDB/MLF
12.	Increased number of primary schools implementing school milk feeding program	39 (2020/21)	5000	TDB/MLF
13.	Increased Meat production	702.0('000.Mt/yr) (2020/21)	951.7('000.Mt/ yr)	TMB/MLF
14.	Increased per capital consumption of meat in Tanzanian population	15kg/person/ annum	25kg/per person/per annum	TMB/MLF
15.	Increased fish production	497,567 tons 2019/20)	600,000 tons	MLF
16.	Increased per capital consumption of fish in Tanzanian population	8.5kg/person/ annum (2019/20)	10.5kg/person/ annum	MLF
17.	Number of adolescents trained on health and wellbeing.	0 (2021)	2,000,000	MoH

	Planned Results	Baseline (Year)	Target 2025/26	Means of Verification
18.	Increased percentage of schools implementing school feeding program	TBD		MoEST
19.	Percentage of rural population with access to piped or protected water as their main source.	70% (2020)	85%	Water Sector Status report
20.	Proportional of the households in Rural areas with improved sanitation facilities	36% (2020)	75%	Water Sector Status report
21.	Percentage of Regional Centre's population with access to piped or protected water as their main source.	84% (2020)	95%	Water Sector Status report
22.	Percentage increase of social protection coverage	20% (2020)	30%	PMO
23.	Increased coverage of Productive Social Safety Net Program (extreme poor households)	70% (2019)	100%	TASAF Report
24.	Increased percentage of SMEs food processors engage in food fortification	NA	20% Increase from Baseline	MITI
25.	Increased proportion of planned budget spent on nutrition sensitive interventions	33.7% (2019)	60%	PMO/PO-RALG
26.	Increased proportion of councils spending a minimum budget allocation per child under five to nutrition	52% (2019)	100%	IMES/ PO-RALG

CHAPTER 8

RISK ANALYSIS AND MITIGATION (RAM)

8.1 Introduction

Risk analysis and management is the systematic use of the available nutrition information to determine the likelihood of specified adverse events occurring, their magnitude, and consequences of the uncertainty of the forecasted cash flow streams and how to mitigate them. Risk analysis and management is one of the cornerstones of modern scientific and risk-based approaches to planning, and it refers to the probability of a project's success or failure, hence its inclusion in the development of the NMNAP II. All plans face certain risks; without risks, rewards are less likely. The problem is that too much risk can lead to failure. Risk analysis allows a balance to be struck between taking risks and reducing them.

8.2 Risk analysis framework

The risk analysis framework shown in Table 13, coupled with the SWOT analysis approach, is used in the assessment of risks involved in implementing the NMNAP II. SWOT stands for strengths, opportunities, weaknesses, and threats, as follows:

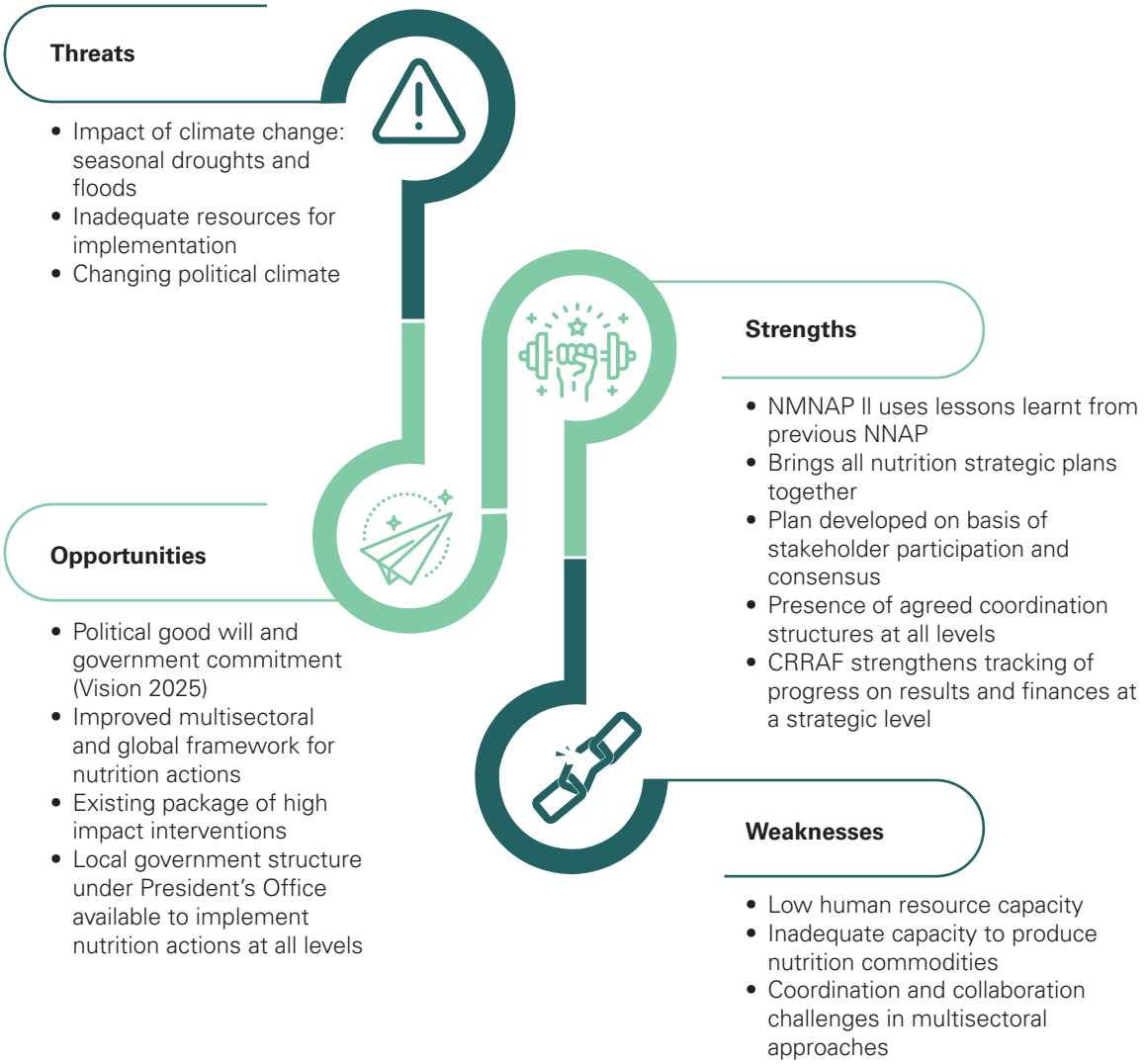
- **Strengths –** What advantages does the NMNAP II have in addressing malnutrition in Tanzania? How can they be used effectively to assure good implementation?
- **Weaknesses –** Are there any internal disadvantages in the plan? What should be done to address them?
- **Opportunities –** What are the current external trends which are waiting to be taken advantage of? How should this be done?
- **Threats –** Are there any external factors which may cause a problem and have a negative impact on the plan?

Results of the SWOT analysis for the NMNAP II are summarized in Figure 18. Using the risk analysis framework, the risk analysis for the NMNAP II can be summarized as shown in Table 13. The results consider the likelihood of occurrence, the consequence if it occurs, the overall risk prioritization, and the possible mitigation measures.

Table 13: The risk analysis framework

Likelihood level	5-Near certain	Low	Medium	High	High	High
	4-Highly likely	Low	Medium	Medium	High	High
	3-Likely	Low	Low	Medium	Medium	High
	2-Unlikely	Low	Low	Low	Medium	Medium
	1-Remote	Low	Low	Low	Low	Low
		1- Negligible	2-Minor	3-Marginal	4-Critical	5-Catastrophic
	Consequence/impact level					

Figure 18: SWOT analysis for the NMNAP II



8.3 Risk mitigation

An important component of the NMNAP II is to be able to identify and manage risks that may affect its smooth implementation. A summary of the results of risk analysis is presented in Table 14. It is the process of developing options and actions to enhance the opportunities and reduce the threats to the achievement of the desired objectives. The process involves:

- **Risk identification –** define risk events and their relationship.
- **Risk impact assessment –** assess the probability (likelihood) of their occurrence and their consequences (impacts). Consequences may include cost, schedule, technical performance; impacts as well as capability or functionality.
- **Risk prioritization analysis –** identify risk events from most to least critical.
- **Risk mitigation –** The ultimate purpose of risk identification and analysis is to prepare for risk mitigation. Mitigation includes a reduction in the likelihood of a risk event occurring and/or a reduction in the effect of a risk event, even if it does occur. The interpretation of a risk is based on the likelihood of its occurrence and the level of its consequences.

Risk mitigation handling options include:

(i) Assume/accept: Acknowledge the existence of a particular risk, and make a deliberate decision to accept it without engaging in special efforts to control it.

(ii) Avoid: Adjust programme requirements or constraints to eliminate or reduce the risk. This adjustment could be accommodated by a change in the funding, the schedule, or the technical requirements.

(iii) Control: Implement actions to minimize the impact or the likelihood of the risk.

(iv) Transfer: Reassign organizational accountability, responsibility, and authority to another stakeholder who is willing to accept the risk.

(v) Watch/monitor: Monitor the environment for changes that might affect the nature and/or the impact of the risk and respond appropriately.

Table 14: Risk analysis and mitigation strategies for the NMNAP II

Sn.	Identified risk	Likelihood of occurrence	Impact if it occurs	Overall risk	Risk mitigation
1	Low institutional capacity to lead and manage the NMNAP II	Medium	Medium	Medium	Develops capacity of the NMNAP- lead institutions to be able to effectively lead, coordinate and manage implementation of the NMNAP-. Include the capacities of TFNC, PMO-SUN Focal point, PO-RALG and MOHCDGEC nutrition sections
2	Low functional skilled human resource capacity especially at community level	Medium	Medium	Medium	Government to prioritize human resource development in nutrition and allocate adequate number of skilled staff to implement the NMNAP- at all levels especially at the community level
3	Inadequate funding of NMNAP II	Medium	High	Medium	Prioritize interventions and activities. TFNC in collaboration with MoHCDGEC, PMO, PO-RALG and developmental partners to develop a funding mobilization strategy
4	Low commitment and collaboration by some key stakeholders	Medium	Medium	Medium	Continue to advocate and actively coordinate with stakeholders to ensure their policies, strategies and plans on nutrition are aligned with the NMNAP-
5	Political will and government-commitment wavers	Low	High	Low	Advocacy to continue keeping nutrition high on the country's development agenda. Monitor and track inclusion of nutrition in nutrition relevant MDAs, parliament and political parties
6	Occurrence of natural disasters (e.g. floods, drought, earthquake, COVID-19)	Medium	High	Medium	Accept and prepare for natural (and related) disasters. They are likely to be localized in drought/flood prone areas. Such areas should be prioritized in emergency/disaster-response plans. Need to monitor all possible disasters closely and respond appropriately. Develop a strategy for nutrition and climate change
7	Political instability or civil conflict	Low	High	Medium	Monitor closely. Though the likelihood of occurring is low, overall risk is medium for low-intensity political tensions. The consequences are critical/ catastrophic if political instability occurs
8	Global and/ or national economic shocks	Medium	High	Medium	Monitor closely and adjust plan as appropriate

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APPENDIX 1

SUMMARY OF THE COSTED ACTIVITIES

Table 15: Summary of costed activities by delivery systems

Delivery Systems	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)	TOTAL (USD)*
Education	13,662,265,000.00	13,878,731,946	12,430,978,734	12,946,060,079	13,522,191,403	66,440,227,161.72	28,887,055.29
Enabling Environment	21,205,140,211.00	18,648,367,913	20,820,377,231	18,011,740,758	22,133,710,545	100,819,336,658.44	43,834,494.20
Food System	46,932,086,714.00	46,787,271,013	42,086,132,292	37,844,092,789	39,848,515,711	213,498,098,518.73	92,825,260.23
Health	42,846,150,731.31	43,024,158,668	29,492,426,704	30,830,920,546	34,174,363,656	180,368,020,305.20	78,420,878.39
Social Protection	5,799,753,000.00	5,781,450,019	5,759,910,545	5,163,340,832	6,408,158,932	28,912,613,327.85	12,570,701.45
WASH	16,658,325,000.00	17,379,794,225	18,127,125,377	71,224,438	74,287,089	52,310,756,129.36	22,743,807.01
TOTAL	**147,103,720,656.31**	**145,499,773,784**	**128,716,950,883**	**104,867,379,443**	**116,161,227,336**	**642,349,052,101.30**	**279,282,196.57**

**Exchange rate 1USD = 2300 Tshs.*

APPENDIX 2

NMNAP II BUDGET

Table 16: NMNAP II budget by delivery system

FOOD SYSTEM (33 PER CENT OF NMNAP II TOTAL BUDGET)

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
1	Train extension workers at the ward level on the prevention of undernutrition	1,486,050,000.00	1,549,950,150	–	–	–	3,036,000,150.00
2	Conduct sensitization meeting to agriculture and livestock dealers on safe utilization and storage of inputs for crops, animals and fisheries	1,106,700,000.00	1,154,288,100	–	–	–	2,260,988,100.00
3	Advocate with the ministry of agriculture, ministry of industry and trade, ministry of livestock and fisheries, and partners to diversify food production with nutrient rich foods	9,860,000.00	10,283,980	–	–	–	20,143,980.00
4	Advocate with the private sector actors on production, packaging, and distribution of convenient nutritious, affordable, and fortified foods	22,130,000.00	23,081,590	24,074,098	–	–	69,285,688.37
5	Equip eExtension workers with appropriate skills to promote production of safe and nutritious foods at households.	1,566,170,000.00	1,633,515,310	–	–	–	3,199,685,310.00

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
6	Conduct sensitization meeting to promote use of appropriate technologies to support availability of nutritious foods (urban agriculture, sack gardens, aquaponics, agrypnotics, plastic fishponds, small animal keeping)	1,566,170,000.00	1,633,515,310	1,703,756,468	–	–	4,903,441,778.33
7	Conduct sensitization meetings on promotion of development of safe and nutritious food products among SMEs at regional level	158,275,000.00	165,080,825	–	–	–	323,355,825.00
8	Conduct sensitization meetings to SMEs and food industries on the use of technologies for food processing, preservation and storage that preserve nutritive value of foods	158,275,000.00	165,080,825	172,179,300	–	–	495,535,125.48
9	Develop/ reinforce guidelines and standards that regulate marketing of foods.	47,720,000.00	49,771,960	–	–	–	97,491,960.00
10	Advocate for reinforcement of relevant regulations for safe and nutritious foods to food manufactures	21,990,000.00	22,935,570	–	–	–	44,925,570.00
11	Advocate for marketing of safe and nutritious food in institutions (schools, hospitals, offices)	1,004,865,000.00	1,048,074,195	1,093,141,385	–	–	3,146,080,580.39
12	Advocate to community members on the importance of food labels to inform food choices.	2,036,700,000.00	2,124,278,100	2,215,622,058	–	–	6,376,600,158.30
13	To conduct sensitization meetings among food vendors in and around working places to prepare and serve healthy foods, snacks and drinks	65,900,000.00	–	–	–	–	65,900,000.00
14	To conduct advocacy meetings with large-scale food processors on production of healthy foods at regional level	–	7,248,850	7,560,551	7,885,654	8,224,737	30,919,792.13

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
15	To orient small and medium scale food processors on standardized food processing and packaging	–	11,968,425	12,483,067	13,019,839	13,579,692	51,051,023.69
16	To conduct advocacy meeting for policy/decision-makers on better input supply, and improved varieties to stakeholders	–	59,033,800	61,572,253	64,219,860	–	184,825,913.70
17	To impart training to agricultural extension workers on production of nutritious food	–	362,755,400	378,353,882	394,623,099	411,591,892	1,547,324,273.73
18	To conduct advocacy meeting on provision of incentives to farmers and distributors, producing nutritious food, e.g. fruits and vegetables, and animal sources	–	–	–	–	–	–
19	To update and disseminate the national food composition table	117,700,000.00	–	–	–	–	117,700,000.00
20	To conduct advocacy sessions with legislators and regulators on the benefits and need for nutrition-labelling and enforcing marketing restriction.	55,180,000.00	57,552,740	–	–	–	112,732,740.00
21	To conduct consultative meetings with food industry on formulation and reformulation of food product that nutrition sensitive.	–	40,364,100	42,099,756	43,910,046	–	126,373,902.12
22	To develop policies to control foods and beverages that are marketed to children through TV, radio or within schools or other places where children gather (e.g. sports clubs), in the street & Digital media	–	0	77074101.65	80388288.02	0	157,462,389.67
23	To conduct advocacy meetings on enforcement of implementation of policies to control foods and beverages that are marketed to children through TV, radio or within schools or other places where children gather (e.g. sports clubs), in the street, and digital media	–	0	140087755	146111528.4	0	286,199,283.41

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
24	Facilitate availability and distribution of micronutrient fortificants /premixes for food processing industry	28,527,721,714.00	29,754,413,748	31,033,853,539	32,368,309,241	33,760,146,538	155,444,444,779.97
25	Promote appropriate use of micronutrient fortificants /premixes for food processing industry- Activity costed under training of industry on fortification	–	–	–	–	–	–
26	Strengthen distribution channels for micronutrient powders and other food fortificants/premixes for home and food processing facilities fortification	55,140,000.00	57,511,020	59,983,994	62,563,306	65,253,528	300,451,847.19
27	Conduct SBCC campaigns to promote local micronutrient rich foods and their linkage to health outcomes	73,705,000.00	76,874,315	80,179,911	–	–	230,759,225.55
28	Conduct social heath marketing campaigns on supplementation, fortification, biofortification and dietary diversification	81,905,000.00	85,426,915	89,100,272	92,931,584	96,927,642	446,291,413.57
29	Equip and strengthen small and medium scale millers to do food fortification according to standards	1,095,360,000.00	1,142,460,480	–	181,994,092	–	2,419,814,571.72
30	Advocacy of nutrition-sensitive policies among stakeholders to promote the implementation of the food fortification regulation, food biofortification guideline, food registration and safety act, and other nutrition-friendly agricultural policies	17,730,000.00	18,492,390	19,287,563	20,116,928	20,981,956	96,608,836.61
31	Conduct National Dialogue and develop policy briefs on micronutrient issues along the food systems	41,375,000.00	–	45,009,752	–	–	86,384,752.38

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
32	Forge strategic partnerships by advocating for investment in production of micronutrient rich commodities, food processing, distribution, and agribusiness	292,600,000.00	–	321,750,641	–	350,016,113	964,366,754.06
33	Advocate for salt processors industry, and medium and small-scale salt producers to adopt salt consolidation models	451,585,000.00	8,020,670	–	178,652,617	–	638,258,286.66
34	Capacitate small-scale salt producers to produce quality salt	1,897,610,000.00	1,692,726,420	1,346,691,791	1,404,599,538	1,464,997,318	7,806,625,067.35
35	Strengthen surveillance system for availability of iodised salt in the country; change this activity to monitoring visits- 26 regions, visited biannually	12,640,000.00	–	13,750,411	–	14,958,371	41,348,782.61
36	Strengthen law-enforcement in salt production, processing, distribution and point of sale in regard to iodised salt in the country- TBS, TMDA, MOIT, Mwanasheria MKUU, MoH, PMO, TSPA, NFFA, GAIN, UNICEF	20,120,000.00	20,985,160	21,887,522	22,828,685	23,810,319	109,631,685.99
37	Designing and branding of millers' packaging materials to facilitate easy feasibility and catch the attention of the consumer – BCC campaign on branding of fortified foods including salt	29,220,000.00	–	–	–	–	29,220,000.00
38	Open up markets for fortified maize flour through marketing linkages	69,700,000.00	72,697,100	75,823,075	-	–	218,220,175.30
39	Media seminars to talk about the health benefits of consuming fortified foods and fortification regulations	47,900,000.00	49,959,700	52,107,967	54,348,610	56,685,600	261,001,876.69
40	Preparing and disseminating ward level external monitoring (QA/QC) guideline for SMEs food fortification	239,360,000.00	–	–	–	–	239,360,000.00

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
41	Develop IEC materials on micronutrients, food fortification, biofortification, and salt iodation, for public and private sector sensitization	122,650,000.00	–	–	–	–	122,650,000.00
42	Disseminate the IEC materials using appropriate channels	–	–	–	–	–	–
43	Strengthen laboratory capacity for monitoring of micronutrient deficiencies (TFNC Lab)	860,000,000.00	646,660,000	674,466,380	703,468,434	733,717,577	3,618,312,391.36
44	Conduct training to extension officers / farmers groups on the link between food systems and micronutrient deficiencies and prevention strategies including food safety and proper use of pesticides	415,180,000.00	433,032,740	–	–	–	848,212,740.00
45	Conduct regular surveillance of heavy metals in food products especially fruits and vegetables to inform control of and appropriate use of pesticides (TBS, GCLA)	419,545,000.00	–	437,585,435	–	456,401,609	1,313,532,043.71
46	Adapt affordable and useful existing and new technologies including urban farming techniques, biotechnology, grafting	137,350,000.00	143,256,050	149,416,060	155,840,951	162,542,112	748,405,172.50
47	Engage industry and higher learning institutions to identify innovations and take innovations to scale	26,300,000.00	27,430,900	28,610,429	29,840,677	31,123,826	143,305,832.08
48	Engage biotechnology forum	55,400,000.00	57,782,200	60,266,835	62,858,308	65,561,216	301,868,558.84
49	Conduct high-level training of biotechnologists and nutritionists on micronutrient enhancement on foods	25,100,000.00	26,179,300	27,305,010	28,479,125	29,703,728	136,767,162.94
50	Increase participation in relevant exchange forums, trade fairs and meetings, including international collaborations concerning micronutrients	–	–	–	–	–	–

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
51	Conduct feasibility studies to identify other food vehicles of micronutrients and other foods rich in micronutrients to be used in selected food-to-food fortification for optimization of available micronutrients	200,000,000.00	220,000,000	242,000,000	266,200,000	292,820,000	1,221,020,000.00
52	Create awareness and recruit (producers) for pilot production of micronutrient rich foods	–	–	–	–	–	–
53	Training of producers on practical fortification, biofortification and good manufacturing practices (GMPs) to minimize mycotoxins-contamination	–	212,354,800	–	–	240,943,385	453,298,184.97
54	Conduct assessment to ascertain installed and utilized production capacity of producers for fortification of selected food vehicles	428,095,000.00	–	-	–	–	428,095,000.00
55	Conduct routine monitoring of production of micronutrient rich (including fortified and biofortified foods) food products	298,985,000.00	311,841,355	325,250,533	339,236,306	353,823,467	1,629,136,661.82
56	Conduct routine monitoring of post-market surveillance of fortified and biofortified foods	326,985,000.00	359,683,500	395,651,850	435,217,035	478,738,739	1,996,276,123.50
57	Strengthen laboratory capacity and human resource for laboratory assessment for fortified and biofortified foods	945,000,000.00	943,915,000	658,148,645	686,449,037	715,966,345	3,949,479,027.05
58	Enforce capacity building for personnel (officers/inspectors) involved in surveillance and monitoring of fortification program at the Council levels.	294,140,000.00	306,788,020	–	–	–	600,928,020.00
	TOTAL FOOD SYSTEM	46,932,086,714	46,787,271,013	42,086,132,292	37,844,092,789	39,848,515,711	213,498,098,518.73

HEALTH SYSTEM (28 PER CENT OF NMNAP II TOTAL BUDGET)

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
1	Conduct biannual stakeholders' (MSD, RCHS, MoH- NS and PSU, PO RALG) meetings to streamline procurement and distribution of nutrition commodities	9,900,000.00	10,325,700	10,769,705	–	–	30,995,405.10
2	Train regional and District Supply Officers, DRCCHO, pharmacists and nutritionists on management (forecasting, reporting, and ordering) of nutrition supplies	440,950,000.00	459,910,850	–	–	–	900,860,850.00
3	Conduct annual stakeholders meeting of 26 regions to assess the feasibility of producing the nutrition commodities and supplies	80,700,000.00	81,035,400	81,385,222	81,750,087	82,130,640	407,001,349.44
4	Develop/ review guidelines and standards for production of nutrition commodities and supplies	42,900,000.00	43,093,500	–	–	–	85,993,500.00
5	Conduct biannual advocacy activities to MoIT, SIDO, VETA and SMEs to promote local production of nutrition commodities and supplies annually	8,300,000.00	–	–	–	–	8,300,000.00
6	Conduct quarterly supportive supervision, mentorship and couching to health facilities to assess management of nutrition commodities and supplies	246,450,000.00	257,047,350	268,100,386	279,628,703	291,652,737	1,342,879,175.56
7	Conduct monitoring of end users/ beneficiaries (e.g., mothers, children) to ensure receipt and compliance to nutrition commodities and services	–	131,418,000	137,068,974	142,962,940	–	411,449,913.88
8	Conduct annual advocacy meetings for recruitment of nutritionists at all levels	4,750,000.00	4,954,250	5,167,283	5,389,476	–	20,261,008.66

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
9	Train health care workers on prevention and management of undernutrition	5,845,750,000.00	6,097,117,250	–	–	–	11,942,867,250.00
10	Train community health workers on prevention of undernutrition	4,741,110,000.00	4,944,977,730	–	–	–	9,686,087,730.00
11	Conduct biannual advocacy for institutionalization of CHW incentives and council level	7,650,000.00	7,978,950	8,322,045	8,679,893	9,053,128	41,684,015.80
12	Conduct national-level advocacy meeting to promote operationalization of community-based health care services guideline	7,650,000.00	7,978,950	8,322,045	–	–	23,950,994.85
13	To design relevant localized approaches to promote appropriate nutrition behaviours (promotion materials) during the first three years	18,475,000.00	19,269,425	20,098,010	–	–	57,842,435.28
14	To facilitate quarterly implementation of nutrition SBCC activities at community level (media, traditional groups, community groups, FBOs interventions, etc.)	51,400,000.00	53,610,200	55,915,439	58,319,802	60,827,554	280,072,995.03
15	To procure and distribute equipment and tools for nutrition assessment and Village Health and Nutrition Days (e.g., weighing scales, and height boards, MUAC, skin-fold callipers, bio-electrical impedance, indirect calorimetry, Dexa machines)	100,545,000.00	104,868,435	109,377,778	114,081,022	118,986,506	547,858,740.95
16	To procure nutrition-related commodities (enteral and parenteral feeds, e.g., free amino acids IV, fatty acids IV) for management of DRNCDs and chronic diseases	–	–	–	–	–	–

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
17	To conduct advocacy meeting for inclusion of nutrition commodities into national health insurance scheme	27,150,000.00	28,317,450	29,535,100	30,805,110	–	115,807,660.02
18	To review IYCF guidelines to include prevention and management of overweight and obesity (working sessions, validations, printing)	65,550,000.00	–	–	–	–	65,550,000.00
19	To conduct ToT on prevention and management of overweight and obesity (national and regional training)	96,842,550.00	–	–	–	–	96,842,550.00
20	To develop guide/SOPs on nutritional management of DRNCDs and chronic diseases at facility level (working sessions and validation)	73,200,000.00	–	–	–	–	73,200,000.00
21	To conduct training of Health Care Workers (HCWs) on nutritional management of NCDs	–	150,609,200	157,085,396	163,840,068	170,885,191	642,419,853.73
22	To conduct advocacy meeting to CHMT/RHMT for screening for overweight and obesity into other existing health programs, e.g., TB, HIV as part of vital assessment in the health facilities	169,750,000.00	185,516,600	193,493,814	201,814,048	210,492,052	961,066,513.44
23	To conduct study to identify gaps in nutrition interventions at workplace (preparation, fieldwork, analysis, report writing)	64,075,000.00	–	–	–	–	64,075,000.00
24	To develop nutrition package for workplace interventions based on identified gaps	–	61,849,900	–	–	–	61,849,900.00

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
25	To conduct advocacy meeting with employers to implement nutrition package at working place including prevention of overweight and obesity at the workplace	–	–	–	–	–	–
26	To develop guide on screening and interpretation of overweight and obesity for Community Health Workers (CHWs)	59,300,000.00	61,849,900	64,509,446	67,283,352	70,176,536	323,119,233.56
27	To conduct training to CHWs on screening of overweight and obesity at community level	–	70,924,000	73,973,732	77,154,602	80,472,250	302,524,584.86
28	To commemorate annual health lifestyle/ NCD week (cooking demonstrations, and bonanza on preparation and consumption of fruits and vegetables)	85,500,000.00	89,176,500	93,011,090	97,010,566	101,182,021	465,880,176.55
29	To conduct sensitization meeting for policy makers, religious leaders and influential people on healthy lifestyles	16,800,000.00	17,522,400	18,275,863	19,061,725	–	71,659,988.52
30	To conduct sensitization sessions for artists and celebrities on healthy lifestyles	13,350,000.00	13,924,050	14,522,784	15,147,264	15,798,596	72,742,694.23
31	To develop/review messages on healthy lifestyles among social media houses and artists	59,450,000.00	–	–	67,453,546	–	126,903,545.84
32	To conduct public awareness campaigns on healthy lifestyle at regional and national level	–	1,032,309,250	1,076,698,548	1,122,996,585	1,171,285,438	4,403,289,821.52
33	To conduct sensitization seminars on healthy lifestyles for journalists, editors and house media including social media	10,425,000.00	10,873,275	11,340,826	11,828,481	12,337,106	56,804,688.19
34	To conduct stakeholders meeting on prevention of overweight and obesity at all levels	–	36,192,100	37,748,360	39,371,540	41,064,516	154,376,516.10

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
35	Capacitate healthcare workforce on dietetics and clinical nutritionists	270,550,000.00	282,183,650	294,317,547	306,973,201	320,173,049	1,474,197,447.55
36	To conduct research on cultural factors and its contribution to overweight and obesity in 8 Agro-ecological Zones	817,200,000.00	–	–	–	–	817,200,000.00
37	Conduct annual stakeholders meeting to streamline procurement of micronutrient commodities	20,400,000.00	41,677,200	85,146,520	173,954,340	355,388,716	676,566,774.83
38	Conduct training of district and facility pharmacists and nutrition officers on forecasting, reporting, and ordering of micronutrient pre-mix, and supplements	239,400,000.00	–	–	–	–	239,400,000.00
39	Procure annual stock and distribute micronutrient commodities – to health facilities and school programs	24,172,840,681.31	25,212,272,831	26,296,400,562	27,427,145,787	28,606,513,055	131,715,172,916.06
40	Conduct stakeholders' meetings to advocate for local production of micronutrient, pre-mix, and supplements	–	23,571,800	–	–	–	23,571,800.00
41	Advocate for nutrition package and specific nutrition recommendations for prevention, early identification (diagnosis) and treatment of micronutrient deficiencies for different service delivery channels	691,875,000.00	721,625,625	–	–	–	1,413,500,625.00
42	Training of providers at RMNCH clinics on the burden of micronutrient deficiencies, prevention, and management.	68,300,000.00	71,236,900	–	–	7,123,690	146,660,590.00
43	Training of service providers at OPD department to ensure prevention and early management of micronutrient deficiencies (sick child)	501,757,500.00	523,333,073	–	–	593,787,576	1,618,878,148.55

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
44	Training of providers at HIV/ TB Clinic, on the burden of micronutrient deficiencies, prevention, and management	426,290,000.00	444,620,470	–	–	504,478,171	1,375,388,640.82
45	Training of providers at NCD and Mental Health Clinics on the burden of micronutrient deficiencies, prevention and management to ensure service integration	430,365,000.00	448,870,695	–	–	–	879,235,695.00
46	Training of Community Health Workers on the burden of micronutrient deficiencies, prevention and management to strengthen community systems to identify, refer cases from the community and also deliver community level interventions	860,730,000.00	897,741,390	–	–	1,018,601,178	2,777,072,567.53
47	Conduct nNational- wide aAssessment of factors contributing to non- adherence to IFA supplements	319,100,000.00	–	–	–	–	319,100,000.00
48	Conduct bBi annual nNational VitaminIT A supplementation in children (6-59 months) and deworming (12 to 59 months) campaigns including screening for nNutrition sStatus	18,300,000.00	19,086,900	19,907,637	20,763,665	21,656,503	99,714,704.45
49	Conduct support supervision of Vitamin A sSupplementation	199,160,000.00	207,723,880	216,656,007	225,972,215	235,689,020	1,085,201,122.36
50	Conduct baseline assessment to establish current prevalence of worm infestation and assess the need for continued deworming campaigns	326,075,000.00	–	–	–	–	326,075,000.00
51	Promote sSupply and intake of micronutrient powders and pre-mixes for home and food fortification as part of improving IYCF practices	55,045,000.00	65,755,935	68,583,440	71,532,528	74,608,427	335,525,330.18

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
52	Develop 'Nutrition Social and Behavior Change Communication Strategy' to address micronutrient deficiencies	62,000,000.00	–	–	–	–	62,000,000.00
53	Build evidence for Social Behavioural Change through Knowledge, Aattitudes, and Ppractice with regard to micronutrients' health benefits	325,775,000.00	–	–	–	–	325,775,000.00
54	Conduct sStakeholder's' meeting to develop thematic areas and BCC operational plan	29,925,000.00	31,211,775	–	–	–	61,136,775.00
55	Develop national campaign by engaging with relevant ministries and organizations, e.g., Ministry of Information, Culture, Arts aAnd Sports, and BASATA to create partnerships for effective BCC programmes	14,780,000.00	15,415,540	–	–	–	30,195,540.00
56	Conduct national BCC for micronutrient deficiencies for promotion of positive nutrition information and demystifying negative nutrition myths	33,730,000.00	35,180,390	36,693,147	–	–	105,603,536.77
57	Training of Community Health Workers and stakeholders engaged in micronutrients outreach programs	159,900,000.00	–	–	–	–	159,900,000.00
58	Implement community outreach activities for micronutrients-nutrition education	–	–	–	–	–	–
59	Monitor micronutrient deficiencies through routine data collected in HMIS	–	–	–	–	–	–
60	Strengthen human resource capacity for laboratory assessment of micronutrients deficiencies.	454,730,000.00	–	–	–	–	454,730,000.00
	TOTAL HEALTH	42,846,150,731.31	43,024,158,668	29,492,426,704	30,830,920,546	34,174,363,656	180,368,020,305.20

EDUCATION SYSTEM (10 PER CENT OF NMNAP II TOTAL BUDGET)

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
1	To conduct training for health and nutrition teachers/coordinators, and school committees on implementation of school feeding guidelines in primary and secondary schools	34,425,000.00	35,905,275	37,449,202	39,059,518	40,739,077	187,578,071.08
2	To develop guidelines for food vendors in and around the school environment	57,500,000.00	–	–	–	–	57,500,000.00
3	To conduct national/regional school campaigns on nutrition and healthy lifestyle	182,200,000.00	190,034,600	198,206,088	206,728,950	215,618,294	992,787,931.78
4	Training of the School Health Program staff and coordinators on the burden of micronutrient deficiencies, prevention and management and opportunity for prevention in the school environment	129,840,000.00	–	–	–	–	129,840,000.00
5	Design and implement a comprehensive school-based models for nutrition information and services on the prevention of micronutrient deficiencies	48,900,000.00	–	–	–	–	48,900,000.00
6	Review and update existing training materials on nutrition education and counselling for children and adolescents	37,490,000.00	108,117,676	–	–	–	145,607,676.00
7	Advocate for implementation of rReviewed training materials, and nutrition education and counselling package through media	–	6,023,325	–	–	–	6,023,325.00
8	Conduct Micronutrient Awareness Campaigns among teachers and school committee members	1,240,100,000.00	1,293,424,300	–	–	–	2,533,524,300.00

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
9	Training of Trainers among selected teachers and leaders of nutrition clubs on prevention, including food- based approaches and management of micronutrient deficiencies	173,540,000.00	–	–	–	–	173,540,000.00
10	Establish Nutrition Clubs in schools to increase awareness on the production of micronutrient rich foods in schools	547,040,000.00	570,562,720	–	–	–	1,117,602,720.00
11	Engage youths and adolescents through essay competitions and debates on micronutrients	14,150,000.00	14,758,450	15,393,063	16,054,965	16,745,329	77,101,807.00
12	Conduct continuous supportive supervision of school gardens and keeping of small animal programprogrammess in schools	331,200,000.00	345,441,600	360,295,589	375,788,299	391,947,196	1,804,672,683.90
13	Provide support by extension officers to the school gardening programmes-– include support to school programmes in extension officers TORs	10,848,000,000.00	11,314,464,000	11,800,985,952	12,308,428,348	12,837,690,767	59,109,569,066.83
14	Leverage technology in provision of nutrition education, e.g., use of social media and web-based applications to provide nutrition education on the importance of micronutrients.	17,880,000.00	–	18,648,840	–	19,450,740	55,979,580.12
	TOTAL EDUCATION	13,662,265,000.00	13,878,731,946	12,430,978,734	12,946,060,079	13,522,191,403	66,440,227,161.72

WASH SYSTEM (8 PER CENT OF NMNAP II TOTAL BUDGET)

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
1	Promote water, hygiene and sanitation practices at all levels including innovative nutrition-sensitive interventions (re use of biogas, climate resilient)	30,000,000.00	31,236,250	32,579,409	33,980,323	35,441,477	163,237,459.31
2	Conduct sensitization meetings at ward level to promote water, hygiene, and sanitation practices	16,600,500,000.00	17,314,321,500	18,058,837,325	–	–	51,973,658,824.50
3	Promote integration of nutrition agenda with implementation of nutrition sensitive interventions such as WASH, MHM and deworming campaigns at the schools by holding joint campaigns (development of IEC, training package, media seminar kit, and media seminar meetings) Airtime cost.	27,825,000.00	34,236,475	35,708,643	37,244,115	38,845,612	173,859,845.56
	TOTAL WASH	16,658,325,000.00	17,379,794,225	18,127,125,377	71,224,438	74,287,089	52,310,756,129.36

SOCIAL PROTECTION (5 PER CENT OF NMNAP II TOTAL BUDGET)

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
1	Develop nutrition- in- emergencies guidelines	28,700,000.00	–	–	–	–	28,700,000.00
2	Operationalization of nutrition- in-emergencies SOPs at all levels.	5,020,805,000.00	5,021,699,615	5,022,632,698	5,000,000,000	6,237,794,444	26,302,931,757.45
3	Train emergency teams on provision of nutrition services during emergency at all levels.	102,365,000.00	106,766,695	111,357,663	–	–	320,489,357.89
4	CTo conduct sensitization amongto women's groups on qualifications related to accessing loans forof women and youth groups	139,350,000.00	145,342,050	151,560,364	–	–	436,252,413.85
5	Conduct sensitization meetings for male involvement in all community nutrition programmes	139,393,000.00	145,386,899	151,638,536	–	–	436,418,434.66
6	Advocate against cultural practices that hinder optimum nutrition practices	50,900,000.00	53,088,700	55,371,514	–	–	159,360,214.10
7	Advocate for ownership of resources among women	50,900,000.00	53,088,700	55,371,514	–	–	159,360,214.10
8	Advocate for integration of nutrition to social protection programmes	50,900,000.00	53,088,700	55,371,514	–	–	159,360,214.10
9	To Conduct training sessions forto social protection teams on planning, budgeting, implementation, and monitoring of nutrition in their respective sectors (National- lLevel iInviting rRegions)	16,980,000.00	17,710,140	–	–	–	34,690,140.00
10	Advocate for implementation of the national emergency preparedness plan at all levels including provision of diversified micronutrients rich foods during emergencies and disasters -– (activity costed under-undernutrition)	–	–	–	–	–	–

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
11	Capacity building of council and regional emergency preparedness teams on the prevention of micronutrient deficiencies in the implementation of the National Emergency Preparedness Plan	–	–	–	–	–	–
12	Conduct advocacy micronutrients campaigns to address the potential of women workload in affecting childcare practices and nutrition outcomes through religious leaders, VICOBA groups, and vocational training centers targeting out-of-school adolescent girls	20,455,000.00	21,334,565	22,251,951	23,208,785	24,206,763	111,457,064.46
13	Develop IEC materials on micronutrients IEC materials	33,680,000.00	35,128,240	–	–	–	68,808,240.00
14	Disseminate micronutrients IEC materials through appropriate channels on the role of women in advancing nutrition	27,625,000.00	28,812,875	30,051,829	31,344,057	32,691,852	150,525,612.60
15	Develop micronutrients IEC materials on the role of men in promoting micronutrients consumption	21,820,000.00	–	–	–	–	21,820,000.00
16	Disseminate micronutrients IEC materials through appropriate channels on the role of men in advancing nutrition	95,880,000.00	100,002,840	104,302,962	108,787,989	113,465,873	522,439,664.65
17	Increase participation of men in RMNCH by advocating for men-friendly clinics	–	–	–	–	–	–
	Total Social Protection	**5,799,753,000.00**	**5,781,450,019**	**5,759,910,545**	**5,163,340,832**	**6,408,158,932**	**28,912,613,327.85**

ENABLING ENVIRONMENT (16 PER CENT OF NMNAP II TOTAL BUDGET)

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
1	Conduct advocacy to sectoral ministries for utilization of extension workers to implement nutrition interventions	7,650,000.00	7,978,950	8,322,045	–	–	23,950,994.85
2	Conduct advocacy to LGAs for inclusion of adolescent in nutrition programmes	716,100,000.00	746,892,300	_	_	_	1,462,992,300.00
3	To adopt relevant global and regional recommendations for improvement of nutrition	32,240,000.00	33,626,320	35,072,252	_	–	100,938,571.76
4	To commemorate at least two international, regional, national and local nutrition events at LGAs	6,127,200,000.00	6,390,669,600	6,665,468,393	6,952,083,534	7,251,023,126	33,386,444,652.13
5	Advocate for LGAs to set the required percentage of local funds to women and youth funds	139,350,000.00	145,342,050	151,591,758			436,283,808.15
6	Train nutrition focals on nutrition-sensitive guidelines including school feeding guidelines, planning and budgeting, NAIA,) across NSI MDAs, RS and councils (training forto nutrition focals)	22,500,000.00	23,467,500	–	–	–	45,967,500.00
7	Develop/ rReview nutrition accountability frameworks for central and local government	31,750,000.00	33,115,250	–	–	–	64,865,250.00
8	To advocate to private sector actors to engage in implementation of nutrition interventions (undernutrition, micronutrients, overweight and obesity) once in every year	51,900,000.00	54,131,700	56,459,363	58,887,116	61,419,262	282,797,440.50
9	To develop guidelines / SOPs and MoU to enable appropriate engagement of PPP	45,025,000.00	–	–	–	–	45,025,000.00

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
10	Provide relevant capacity building to private sector actors on mainstreaming nutrition	17,980,000.00	17,992,900	18,766,595	–	–	54,739,494.70
11	Mapping of nutrition private sector actors across the country (1 meeting) during the first year of implementation	6,600,000.00	–	–	–	–	6,600,000.00
12	To conduct advocacy meeting amongto policy makers on tax regulations on foods with high content of sugar, salt and fats, and restrictions onf importeds foods with low nutritive value	–	36,066,940	37,617,818	–	–	73,684,758.42
13	To adapt Afro WHO nutrient profile model for identifying foods to be restricted to children.	–	78,251,075	–	–	–	78,251,075.00
14	To review the Food Labelling Regulations of 2006 to include mandatory front-of- pack nutrition labelling and menu labelling to be used by food service operators	–	115,460,100	–	–	–	115,460,100.00
15	To review the performance of multisectoral level coordination platform (JMNR)	239,600,000.00	249,902,800	260,648,620	271,856,511	283,546,341	1,305,554,272.53
16	To undertake refresher trainings for multisectoral coordination platforms at all levels (HLSC, R/CMNSC)	17,990,000.00	18,763,570	19,570,404	20,411,931	21,289,644	98,025,548.26
17	Facilitate the operationalization of the academia platform	37,300,000.00	38,903,900	40,576,768	42,321,569	44,141,396	203,243,632.58
18	Conduct periodic multisectoral nutrition coordination meetings at all levels (TWG, HLSC, R/CMNSC)	1,334,700,000.00	1,392,092,100	1,451,952,060	1,514,385,999	1,579,504,597	7,272,634,756.04
19	Advocate for improved nutrition governance to all multisectoral nutrition coordination platforms at all level.	341,160,000.00	355,829,880	371,130,565	387,089,179	403,734,014	1,858,943,637.80

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
20	Conduct nutrition orientation meetings to nutrition- sensitive sectors	28,200,000.00	29,412,600	30,677,342	31,996,467	33,372,316	153,658,724.90
21	Facilitate periodic lessons and experience sharing among nutrition- sensitive sectors	17,940,000.00	18,711,420	19,516,011	20,355,200	21,230,473	97,753,103.71
22	Mainstream nutrition agenda into sectoral annual exhibitions (i.e., Nanenane, Milk Week, SIDO, World Food Day, etc.)	323,520,000.00	337,431,360	351,940,908	367,074,368	382,858,565	1,762,825,201.37
23	Develop and operationalize accountability mechanism to nutrition- sensitive sectors	33,000,000.00	34,419,000	35,899,017	37,442,675	39,052,710	179,813,401.48
24	Capacitate key national nutrition coordination institutions	70,230,000.00	73,249,890	76,399,635	79,684,820	83,111,267	382,675,611.69
25	Develop ToOR for Nutrition Focal Persons and evaluate their performance	126,400,000.00	131,835,200	137,504,114	143,416,790	149,583,712	688,739,816.56
26	Conduct orientation meetings to nutrition sensitive sectors on NMNAP II	55,300,000.00	57,677,900	60,158,050	62,744,846	65,442,874	301,323,669.75
27	Conduct mapping for the private sector entities involved in nutrition	209,500,000.00	–	–	–	–	209,500,000.00
28	Develop a road map for private sector participation in the implementation of NMNAP II	34,850,000.00	36,348,550	37,911,538	39,541,734	41,242,028	189,893,849.74
29	Undertake periodic private sectors engagement meetings and learning platforms	41,140,000.00	42,909,020	44,754,108	46,678,534	48,685,711	224,167,373.84
30	Review and evaluate private sectors engagement in nutrition interventions	19,800,000.00	20,651,400	21,539,410	22,465,605	23,431,626	107,888,040.89
31	Conduct an assessment on viability of PPP arrangement for nutrition	6,950,000.00	7,248,850	7,560,551	7,885,654	8,224,737	37,869,792.13

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
32	Advocate for an increased private sector contribution to nutrition	20,310,000.00	21,183,330	22,094,213	23,044,264	24,035,168	110,666,975.27
33	Review the food and nutrition policy of 1992 to accommodate multisectoral nutrition policy actions	381,770,000.00	210,446,110	–	–	–	592,216,110.00
34	Review and advocate mainstreaming of nutrition in sectoral policies and programmes	442,000,000.00	221,116,000	–	–	–	663,116,000.00
35	Review the national fortification regulations	54,750,000.00	57,104,250	59,559,733	62,120,801	64,791,996	298,326,779.72
36	Develop and disseminate regular policy briefs on key nutrition issues	57,900,000.00	60,389,700	62,986,457	65,694,875	68,519,754	315,490,786.23
37	Advocate for revision and operationalization of relevant nutrition- sensitive regulations	127,100,000.00	132,565,300	138,265,608	144,211,029	150,412,103	692,554,040.23
38	Advocate for inclusion of nutrition as a cross-cutting issue in the national policy guidelines	33,000,000.00	34,419,000	35,899,017	37,442,675	39,052,710	179,813,401.48
39	Capacitate relevant regulatory authorities on enforcement of relevant laws and regulation.	338,854,211.00	–	–	–	–	338,854,211.00
40	Prepare and disseminate a directory of all key laws and regulations that affect nutrition	18,300,000.00	19,086,900	19,907,637	20,763,665	21,656,503	99,714,704.45
41	Sensitize stakeholders toon willingly compliance with relevant laws and regulations	33,120,000.00	34,544,160	36,029,559	37,578,830	39,194,720	180,467,268.39
42	Development of by-laws for implementation and enforcement of nutrition issues at decentralized level	1,171,800,000.00	1,222,187,400	1,274,741,458	1,329,555,341	1,386,726,221	6,385,010,419.66
43	Capacity building ofto MPs on nutrition issues	134,450,000.00	140,231,350	–	–	159,110,207	433,791,556.82

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
44	Sensitize MPs on the need to increase domestic resources for nutrition	135,650,000.00	141,482,950	–	–	160,530,305	437,663,255.36
45	Sensitize MPs (Committees) on the need for sustainable and equitable funding for nutrition sector	42,900,000.00	44,744,700	46,668,722	48,675,477	50,768,523	233,757,421.92
46	Advocate for nutrition sector visibility within the pParliamentary standing committees (fact sheets, guidelines)	47,000,000.00	49,021,000	51,128,903	53,327,446	55,620,526	256,097,874.83
47	Advocate for detailed CAG reports on cCouncils' oOwn source expenditure for nutrition	10,400,000.00	10,847,200	11,313,630	11,800,116	12,307,521	56,668,465.92
48	Develop an advocacy and information package for parliamentarians	42,125,000.00	43,936,375	45,825,639	47,796,142	49,851,376	229,534,531.43
49	Sensitize political leaders toin nutrition and need for increased political support (National and sSub-national Levels)	89,466,000.00	93,313,038	97,325,499	101,510,495	105,875,446	487,490,478.07
50	Identify and capacitate nutrition champions	179,100,000.00	191,604,600	199,843,598	208,436,873	217,399,658	996,384,728.33
51	Evaluate the implementation of nutrition directives in the ruling pParty mManifesto	28,970,000.00	30,215,710	31,514,986	32,870,130	34,283,545	157,854,370.93
52	Develop and disseminate advocacy materials for political leaders	64,100,000.00	66,856,300	69,731,121	72,729,559	75,856,930	349,273,910.14
53	Conduct sectoral periodic assessment and accountability meetings	37,350,000.00	38,956,050	40,631,160	42,378,300	44,200,567	203,516,077.12
54	Conduct compact evaluation meetings at national, regional and council levels	129,810,000.00	135,391,830	141,213,679	147,285,867	153,619,159	707,320,534.71

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
55	Review nutrition cCompact and accountability tools (scorecards) including social protection indicators and accountability at decentralized level	580,890,000.00	605,868,270	631,920,606	659,093,192	687,434,199	3,165,206,266.15
56	Develop a mechanism for social accountability for nutrition at community level	740,045,000.00	–	805,057,213	–	875,780,684	2,420,882,897.53
57	Undertake annual reviews and learning platforms for nutrition	314,400,000.00	327,919,200	342,019,726	356,726,574	372,065,816	1,713,131,315.88
58	Develop a national resource mobilization strategy for nutrition	34,845,000.00	–	–	–	–	34,845,000.00
59	Conduct a pre-planning session for nutrition at all levels	800,970,000.00	835,411,710	871,334,414	908,801,793	947,880,270	4,364,398,187.27
60	Conduct nutrition budget scrutinization of sector ministries	125,700,000.00	131,105,100	136,742,619	142,622,552	148,755,322	684,925,592.89
61	Advocate for the formulation of nutrition objective and budget line for nutrition supplies	79,650,000.00	83,074,950	86,647,173	90,373,001	94,259,040	434,004,164.47
62	Conduct Public Expenditure Review (PER) for nutrition	91,930,000.00	95,882,990	100,005,959	104,306,215	108,791,382	500,916,545.38
63	Advocate for increased nutrition funding from Development Partner(s)	86,000,000.00	89,698,000	93,555,014	97,577,880	101,773,728	468,604,622.03
64	Conduct advocacy to LGAs on their own source funding for nutrition	599,010,000.00	624,767,430	651,632,429	679,652,624	708,877,687	3,263,940,170.24
65	Conduct a study on innovations within nutrition that calls for DPs' and the pPrivate sSectors engagement	83,220,000.00	86,798,460	90,530,794	94,423,618	98,483,833	453,456,705.18
66	To undertake budgeting sessions to entergrateintegrate nutrition issues in the palan and budget systems (ring fencing' and coding)	277,260,000.00	–	–	–	–	277,260,000.00

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
67	Build capacity of Nutrition Officers and the relevant sStaffs on the effective implementation of the nutrition activities	532,920,000.00	555,835,560	579,736,489	604,665,158	630,665,760	2,903,822,967.10
68	Prepare human resources requirements for nutrition (nutritionist, dietitians and other related groups) at all levels and share it with the responsible institutions	81,900,000.00	–	–	–	–	81,900,000.00
69	To develop and operationalize Tanzania Nutrition Leadership Program	30,680,000.00	31,999,240	33,375,207	34,810,341	36,307,186	167,171,974.46
70	To review and implement scheme of service for nutritionists, dietitcians and other nutrition-related professionals	12,500,000.00	–	13,598,113	–	14,792,693	40,890,805.59
71	To formulate and operationalize professional bodies for nutritionists and dietitians	27,950,000.00	29,151,850	30,405,380	31,712,811	33,076,462	152,296,502.16
72	To train key nutrition actors on routine data management and report generation	224,720,000.00	–	244,461,427	–	265,937,119	735,118,546.49
73	To orient Nutrition Focal Persons and relevant officers from key line mMinistries on the use of MNIS	15,930,000.00	–	17,329,435	–	18,851,808	52,111,242.64
74	To improve MNIS for accommodation of MEAL Framework in NMNAP II	137,750,000.00	–	149,851,200	–	–	287,601,199.75
75	To advocate for inclusion of missing nutrition- sensitive indicators in their respective IS	292,000,000.00	–	–	–	–	292,000,000.00
76	To develop and disseminate periodic nutrition fact sheets	60,700,000.00	63,310,100	66,032,434	68,871,829	71,833,318	330,747,680.90
77	To review the available sectoral systems to facilitate NIS periodic update	84,070,000.00	–	91,455,465	–	–	175,525,465.43

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
78	To review and integrate overweight and obesity indicators in the available information system platforms across all age groups.	12,640,000.00	–	13,750,411	–	–	26,390,411.36
79	To undertake review in order to align major national assessments and surveys to ensure coverage of overweight and obesity indicators among all age groups (e.g., TDHS, STEPS, TNNS, Malaria Nutrition Surveys, HBS),	19,025,000.00	–	–	–	–	19,025,000.00
80	To map the available nutrition data from the private sector	w16,800,000.00	–	–	–	–	16,800,000.00
81	Develop data tools for capturing data from the private sector	13,000,000.00	–	–	–	–	13,000,000.00
82	To improve MNIS in order to accommodate relevant data generated from the pPrivate sSector	16,800,000.00	–	–	–	–	16,800,000.00
83	Orient key actors from the private sector on data collection, analysis and management	175,200,000.00	–	190,591,145	–	–	365,791,144.80
84	To improve MNIS in order to accommodate the MEAL Framework of NMNAP II	41,650,000.00	–	–	–	–	41,650,000.00
85	To prepare and disseminate the annual MEAL report	38,480,000.00	40,134,640	41,860,430	43,660,428	45,537,826	209,673,323.90
86	To review and update multisectoral nutrition scorecards to incorporate the MEAL Framework of NMNAP II	140,500,000.00	146,541,500	152,842,785	159,415,024	166,269,870	765,569,179.01
87	To undertake working sessions for inclusion of nutrition components such as biomarkers in national surveys (TDHS-MIS, NPS, MUCHALI)	49,560,000.00	51,691,080	53,913,796	56,232,090	58,650,070	270,047,035.67

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
88	To undertake mid-line and end-line review for NMNAP II (action research)	–	–	530,761,527	–	577,388,396	1,108,149,923.59
89	To develop and operationalize a mechanism of capturing research findings from relevant higher learning institutions	176,525,000.00	184,115,575	192,032,545	200,289,944	208,902,412	961,865,475.62
90	To conduct integrated National Nutrition SMART Surveys	–	–	1,162,693,011	–	1,264,834,430	2,427,527,440.74
91	To develop and operationalize National Nutrition Research Roadmap	30,850,000.00	32,176,550	33,560,142	35,003,228	36,508,367	168,098,285.92
92	To train relevant nutrition stakeholders on nutrition surveys' data- quality assessment	44,400,000.00	–	48,300,496	–	–	92,700,495.60
93	To develop and operationalize nutrition data- quality toolkit	20,120,000.00	20,985,160	21,887,522	22,828,685	23,810,319	109,631,685.99
94	To train Nutrition Focal Persons at the nNational and rRegional levels on data analysis, interpretation and use for evidence-based decision making	74,860,000.00	78,078,980	81,436,376	84,938,140	88,590,480	407,903,976.80
95	To conduct webinars on nutrition data- use and data- use platforms	71,200,000.00	74,261,600	77,454,849	80,785,407	84,259,180	387,961,035.91
96	Map stakeholders to be engaged jointly in developing community outreach micronutrients education programmes	48,005,000.00	–	–	–	–	48,005,000.00
97	Conduct advocacy meetings, including to for parliamentarians	132,975,000.00	–	–	–	–	132,975,000.00
98	Develop, print, and distribute policy briefs and short communications on micronutrients to earmarked groups	19,855,000.00	–	–	–	–	19,855,000.00

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
99	Conduct awareness campaign to decision makers (MP's) on importance of micronutrients and food fortifications	133,900,000.00	139,657,700	–	–	–	273,557,700.00
100	Conduct stakeholders' meeting to advocate for inclusion of the micronutrient agenda in the existing film industry as featured theme	20,755,000.00	21,647,465	22,578,306	–	–	64,980,771.00
101	Map key stakeholders that are engaged in micronutrient nutrition sector and establish linkages through existing platform	29,375,000.00	–	31,955,564			–
102	Develop clear ToOR on the engagement of the private sector	21,375,000.00	–	–			23,512,500
103	Preparing and disseminating a PPP roadmap that will identify the intersection point between the government and the private sector	–	–	–			–
104	Conduct advocacy meeting with major food producers, importers and traders on the nutrition need of the population	46,600,000.00	48,603,800	50,693,763			52,873,595
105	Conduct quarterly Micronutrient Thematic Working Group meetings	47,100,000.00	49,125,300	51,237,688			53,440,908
106	Conduct bi-annual National Council for Control of Iodine Deficiency Disorders (NCCIDD) meetings- Conduct biannual NFFA Meetings	37,900,000.00	39,529,700	41,229,477	43,002,345	44,851,445	206,512,967.15
107	Review micronutrient guidelines and standards as appropriate	47,675,000.00	–	–	–	–	47,675,000.00

Sn.	Activities	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL (Tshs)
108	Advocacy of the investment case for nutrition	23,250,000.00	24,249,750	25,292,489	26,380,066	27,514,409	126,686,714.68
109	Advocacy and enforcement of available legislation on micronutrient fortification	14,075,000.00	14,680,225	15,311,475	15,969,868	16,656,572	76,693,140.17
110	Advocate for the dDevelopment of legislations/ regulations to govern food safety and processing, and marketing of fortified and biofortified food products	21,950,000.00	22,893,850	23,878,286	24,905,052	25,975,969	119,603,156.44
111	Establish TWG on legislation/ policy environment for nutrition	24,350,000.00	25,397,050	26,489,123	27,628,155	28,816,166	132,680,494.73
112	Improve policies and frameworks supportive for micronutrient nutrition in place.	–	–	–	–	–	–
113	Capacity building of the private sector on the delivering of micronutrient interventions	–	–	–	–	–	–
114	Conduct periodic national micronutrient survey to generate data on country status of the following key micronutrients- Vit A, Vit B 12, Iron /Ferritin, Folate, Zinc, Vit D, Calcium, Iodine	–	–	–	–	–	–
115	Engage rResearch and aAcademic institutions to develop research priorities on the prevention and control of micronutrients deficiency	23,250,000.00	24,249,750	25,292,489	-26,380,066	27,514,409	126,686,714.68
116	Enhance financial support for micronutrient operational research activities	500,000,000.00	521,500,000	543,924,500	567,313,254	591,707,723	2,724,445,476.90
	TOTAL ENABLING ENVIRONMENT	**21,205,140,211.00**	**18,648,367,913**	**20,820,377,231**	**18,011,740,758**	**22,133,710,545**	**00,819,336,658.44**

APPENDIX 3

COMMON RESULTS, RESOURCES, AND ACCOUNTABILITY FRAMEWORK FOR NMNAP II

Strategic Outcome	Strategic Output		Baseline		Expected Targets					Data Sources	Institution		Reporting Period
		Indicators	Value	Year	Year 1	Year 2	Year 3	Year 4	Year 5		Lead	Collaborating	
Strategic Outcome 1: Increased coverage of adequate equitable and quality nutrition services at community and facility level		Percentage of health facilities providing integrated management of malnutrition	50%	2019	60%	65%	70%	75%	80%	BNA	TFNC	MoH	
		Proportion of children under five in need of SAM treatment who are admitted in the programme	13%	2018	15%	18%	37%	56%	75%	BNA			annually

Strategic Outcome	Strategic Output		Baseline		Expected Targets					Data Sources	Institution		Reporting Period
		Indicators	Value	Year	Year 1	Year 2	Year 3	Year 4	Year 5		Lead	Collaborating	
		Proportion of children under five in need of MAM treatment who are admitted in the programme annually from less than 8 per cent	8%	2018	12%	18%	37%	56%	75%	WFP Standard Project Report			
	1.1 Strengthened nutrition commodities supply chain for service delivery												
		Number of nutrition commodities included in MSD catalogues - (Length boards/ height board, MUAC tapes, RUTF (F75, F100, Plumpy nuts), RCH card No1/booklet)	0	2020			2		4	MSD Catalogue/ MTR and Endline Evaluation	NS- MoH	MSD, TFNC, PO-RALG, PMO, DPs	YR3 & YR6
		Types of locally produced nutrition commodities (specialized nutritious food including MAM treatment flour, complementary flour, RUTF, height board) in the market	0	2021	1	2	3	4	5	TBS Reports/ MTR and End Line Evaluation	MIT	TBS, PO-RALG, MoIT, SIDO, SBN, DP, VETA, Academia	YR3 & YR5

Strategic Outcome	Strategic Output		Baseline		Expected Targets					Data Sources	Institution		Reporting Period
		Indicators	Value	Year	Year 1	Year 2	Year 3	Year 4	Year 5		Lead	Collaborating	
		Percentage of health facilities with no stock out of RUTF lasting more than one month in the reporting period	65%	2018	70%	75%	80%	90%	100%	TFNC BNA Report	TFNC	PO-RALG, MoH NS, DPs	Bi annual
		Percentage of health facilities with functional nutrition equipment in the reporting period (height boards, weighing scales, MUAC tapes)	40% (height board)	2018 Catalyst Team	50%	60%	80%	90%	100%	TFNC Report	TFNC	PO-RALG, NS MOH, DPs, VETA, SIDO,	Annually
		Percentage of health facilities with no stockout of Iron Folic Acid (IFA) lasting more than one month in the last three months	64%	BNA-2017	67%	70%	74%	76%	80%	BNA, HMIS	TFNC	"MSD UNICEF, GAIN TMDA MOH "	Annually
		Percentage of health facilities with no stockouts of Vitamin A capsules lasting more than one week in the last round	93%	BNA-2017	94%%	95%	97%	99%	100%	BNA/ ANNUAL VAS REPORT	TFNC	"MSD UNICEF, GAIN TMDA MOH-Pharmacy"	Annually

Strategic Outcome	Strategic Output		Baseline		Expected Targets					Data Sources	Institution		Reporting Period
		Indicators	Value	Year	Year 1	Year 2	Year 3	Year 4	Year 5		Lead	Collaborating	
	1.2 Increased access to facility and community-based nutrition services for women, men, children and adolescents												
		Percentage of villages with at least 1 active CHW in the reporting period (CHWs who provide quarterly reports)	NA	2020					100%	MNIS/BNA	TFNC/PO-RALG	TFNC, NS-MoH, DPs, MoH HP	Annually
		Percentage of village with at least 1 health facility providing nutrition services for women, men, adolescents and children	NA	2020					100%	PO-RALG	PO-RALG	TFNC, NS_MoH, DPs, MoH HP	Annually
		Percentage of villages implementing village health and nutrition days	NA	2020	30%	50%	100%		100%	PO-RALG	PO-RALG	TFNC, MoH NS	Annually
		Percentage of health facilities with functional nutrition desk	NA	2020	20%	40%	70%	85%	100%	MoH NS report	MoH NS,	TFNC, PO-RALG, DPs	Annually

Strategic Outcome	Strategic Output		Baseline		Expected Targets					Data Sources	Institution		Reporting Period
		Indicators	Value	Year	Year 1	Year 2	Year 3	Year 4	Year 5		Lead	Collaborating	
		Percentage of children 6–59 months who have received vitamin A supplementation during the previous 6 months	63.8%	2018	65.7%	67.7%	70.0%	74.0%	90%	ANNUAL VAS REPORT	TFNC/MOH/ PO-RALG	UNICEF, GAIN, NI	Annually
		Percentage of children aged 6–59 months who received 2 annual doses of Vitamin A supplementation	97%	2017					100%	VAS REPORT	TFNC/MOH/ PO-RALG	UNICEF, GAIN, NI	Annually
		Percentage of children 6–23 months given micronutrient powders in the past seven days	2%	2015/16	3%	4.50%	6%	8%	10%	TDHS	TFNC/MOH/ PO-RALG	UNICEF, GAIN, NI	Annually
		Percentage of primary and secondary schools providing at least one fortified meal to students	No baseline	2021	2%	5%	8%	12%	15%	PO-RALG/ MoEST	MoEST, TFNC, PO-RALG	PO-RALG, UNICEF, WFP, FAO, GAIN	Annually

Strategic Outcome	Strategic Output		Baseline		Expected Targets					Data Sources	Institution		Reporting Period
		Indicators	Value	Year	Year 1	Year 2	Year 3	Year 4	Year 5		Lead	Collaborating	
		Percentage of primary and secondary schools producing micronutrients dense foods (fruits/ vegetables/ biofortified crops) in school gardens	No baseline	2021	2%	4%	6%	8%	12%	PO-RALG/ MoEST	MoEST, TFNC, PO-RALG	PO-RALG, UNICEF, WFP, FAO, GAIN	Annually
		Percentage of primary and secondary schools with active nutrition clubs	No baseline		2%	5%	8%	12%	15%	PO-RALG/ MoEST	MoEST, TFNC, PO-RALG	PO-RALG, UNICEF, WFP, FAO, GAIN	Annually
		Percentage of primary schools implementing school milk feeding programmes	0.27%	2020					34%	TDB/MLF	MoEST, TFNC, PO-RALG	PO-RALG, UNICEF, WFP, FAO, GAIN	Annually
		Proportion of health facilities provides universal nutrition screening (BMI assessment) and counselling on nutrition to children, adolescents and adults	no baseline	2020	10%	20%	30%	40%	50%		MoHCDGEC		Annually

Strategic Outcome	Strategic Output		Baseline		Expected Targets					Data Sources	Institution		Reporting Period
		Indicators	Value	Year	Year 1	Year 2	Year 3	Year 4	Year 5		Lead	Collaborating	
		Proportion of health facilities providing services on prevention and nutritional management of DRNCDs and chronic diseases	no baseline	2020					50%	BNA report	MoHCDGEC	PO-RALG	Bi-annual
		Proportion of formal sector implementing at least one nutrition services to their employees	no baseline	2020	10%	20%	30%	40%	50%	SURVEY Report	TFNC	ATE, DPs	Annually
		Proportion of schools implement at least one nutrition interventions	no baseline	2020			25%		50%	survey report	MoEST, TFNC, PO-RALG	DPs	Annually
Strategic Outcome 2: Women, men, children and adolescents practise appropriate nutrition behaviours		Proportion of infants 0–5 months of age who are exclusively breastfed by regions	59%	2018			65%		70%	TNNS, TDHS	NBS, TFNC	MoH-NS, MoH-HP, PO-RALG, DPs	Annually
		Proportion of adult population consumed 5 or more servings of fruits/vegetable per day	2.8%	2012					68%	STEPS survey			After Five Years

Strategic Outcome	Strategic Output		Baseline		Expected Targets					Data Sources	Institution		Reporting Period
		Indicators	Value	Year	Year 1	Year 2	Year 3	Year 4	Year 5		Lead	Collaborating	
		Percentage of pregnant women (15–49) taking iron folic acid (IFA) for 90 days plus during pregnancy	28.5%	2018	32%	35%	39%	43%	50%	TNNS/TDHS	TFNC/MOH/ PO-RALG	UNICEF, GAIN, NI	Annually
	2.1 Women, men, children and adolescents have increased nutrition knowledge												
		Percentage of pregnant women and their partners who have received counselling on nutrition from a health worker (HW) during the last fiscal year	NA	2021	40%	60%	80%	90%	100%	IMES report	PO-RALG/ MoH	TFNC, MoH, DPs	Annually
		Percentage of mothers/ caregivers who received nutrition counselling from CHWs at least once in a quarter	65%	2019	70%	80%	100%		100%	IMES report	PO-RALG	TFNC, MoH, DPs	Annually
	2.2 Women, men and adolescents empowered to make necessary nutrition decisions												

Strategic Outcome	Strategic Output		Baseline		Expected Targets					Data Sources	Institution		Reporting Period
		Indicators	Value	Year	Year 1	Year 2	Year 3	Year 4	Year 5		Lead	Collaborating	
		Percentage of councils with nutrition programmes that target male participants		2021		50%			100%		PO-RALG	TASAF, MoH HP, PO-RALG, DPs	Annually
		Percentage of social protection beneficiaries reached with nutrition services		2021	20%	50%	100%		100%		TASAF/PMO	TASAF, MoH HP, PO-RALG, DPs	Annually
		Percentage of women and youth received development loans by LGAs		2021	20%	50%	100%		100%		community development/ PO-RALG	PO-RALG, MoH, DPs	Annually
		Proportion of LGAs set the required 10 per cent of funds for women and adolescents annually		2021	20%	50%	100%		100%		community development/ PO-RALG	MoH, DPs	Annually
	2.3 Women, men, children and adolescents have increased consumption of safe, nutritious and adequate foods												
		Percentage of household using adequately iodated salt (15+ ppm)	61.2%	TNNS-2018	63%	65%	68%	71%	90%	TNNS/TDHS	TFNC/MOH/ PO-RALG	UNICEF, GAIN, NI, NFFA, TASPA	Annually

Strategic Outcome	Strategic Output		Baseline		Expected Targets					Data Sources	Institution		Reporting Period
		Indicators	Value	Year	Year 1	Year 2	Year 3	Year 4	Year 5		Lead	Collaborating	
		Percentage of households reporting use of adequately fortified maize flour	3.3%	FACT-2015	5%	7%	9%	12%	15%	FACT/TDHS	TFNC/MOH/ PO-RALG	UNICEF, GAIN, NI, NFFA	Annually
		Percentage of households reporting use of adequately fortified wheat flour	18.9%	FACT-2015	21%	23%	25%	28%	32%	FACT/TDHS	TFNC/MOH/ PO-RALG	UNICEF, GAIN, NI, NFFA	Annually
		Percentage of households reporting use of adequately fortified oil	16.3%	FACT-2015	17%	18%	19%	20%	22%	FACT/TDHS	TFNC/MOH/ PO-RALG	UNICEF, GAIN, NI, NFFA	
3. Sustainable and resilient food systems that are responsive to nutrition needs		Proportion of households with low dietary diversity	41%	2018					20%	CFSNAR-MUCHALI	PMO	MoA, MoLF	Annually
		Increased per capital consumption of meat in Tanzanian population	20 kg	2020/2021					25 kg	TZ Diary Board (TDB) & MoL&F		PO-RALG, DPs	Annually
		Increased per capital consumption of milk in Tanzanian population	54 litres	2020/2021					60 litres	TDB & MoL&F Reports	TDB & MoL&F	PO-RALG, DPs	Annually
		Proportion of children 6–23 months who receive minimum acceptable diet	31%	2018 TNNS	35%	50%	60%	65%	70%	TNNS, TDHS	NBS, TFNC	MoH-NS, MoH-HP, PO-RALG, DPs	Annually

Strategic Outcome	Strategic Output		Baseline		Expected Targets					Data Sources	Institution		Reporting Period
		Indicators	Value	Year	Year 1	Year 2	Year 3	Year 4	Year 5		Lead	Collaborating	
		Percentage of women 15–49 years with minimum dietary diversity	No baseline	NA	35%	50%	60%	65%	70%	TNNS, TDHS	NBS, TFNC	MoH-NS, MoH-HP, PO-RALG, DPs	Annually
	3.1 Strengthen food supply chain that support functional food systems												
		Increase production of horticultural crops (from 6,556,102 tons in 2020 to 14,600,000 tons by 2025)	6.5m tons	2020/2022					14.6m tons	MoA Reports	MoA	PO-RALG, DPs	Annually
		Increase fish production (from 80,000 tons to 250,000 tons by June 2025)	80,000 tons	2020/2021					250,000 tons	MoL&F Reports	MoL&F	PO-RALG, DPs	Annually
		Percentage of LGAs with climate resilience	47%	2020							MOA	TCSAA, MOH, GAIN, SUN, NI, FAO, WFP	Annually
		Percentage of LGAs adopted climate smart agriculture practices and technologies	47.0%	2020							MOA	TCSAA, MOH, GAIN, SUN, NI, FAO, WFP	Annually
		Percentage decrease in postharvest losses	35%	2020					17.50%				

Strategic Outcome	Strategic Output		Baseline		Expected Targets					Data Sources	Institution		Reporting Period
		Indicators	Value	Year	Year 1	Year 2	Year 3	Year 4	Year 5		Lead	Collaborating	
	3.2 Strengthen food environment that promote consumption of safe and nutritious foods												
		Percentage of councils that have conducted sensitization activities on the importance of food labels to inform food choices							100%	TFNC and Compact Reports	PO-RALG	MoH, MoTI, DPs	Annually
		Percentage of awareness of aflatoxin contamination	15%	2020				60%			TFNC, MOA	SIDO, NFFA, FAO, WFP, UNICEF, PO-RALG	Annually
		Percentage of safe maize and groundnuts that comply with aflatoxin	maize 86%, groundnuts 92%	2020					100%		TFNC, MOA	SIDO, NFFA, FAO, WFP, UNICEF, PO-RALG, NATIONAL FORTIFICATION ALLIANCE	Annually
Strategic Outcome 4. Strengthened multisectoral and private sector engagement for nutrition		Percentage of SMEs food processors engage in food fortification by 2026	TBD	2021					20%	Stakeholders Mapping Report	MITI	NFFA, TFNC	
		Percentage of SMEs engaged in the implementation of nutrition interventions	TBD	2021						Stakeholders Mapping Report	MITI	TFNC	Periodic, Y3 and Y6

Strategic Outcome	Strategic Output		Baseline		Expected Targets					Data Sources	Institution		Reporting Period
		Indicators	Value	Year	Year 1	Year 2	Year 3	Year 4	Year 5		Lead	Collaborating	
	4.1 Improved capacity among private sector actors to produce safe and nutritious food across the value chain												
		Percentage of food industries adhering to food fortification standards	NA	2021					20%		MITI		
		Percentage of salt sites/ producers properly iodating salts (40–80ppm subject to the current revised standard)	15.4%	2019	20%	25%	30%	40%	50%	TFNC SALT MAPPING REPORT			Annually
		Percentage of consumers' awareness of the fortification logo	13.3%	2015			30%		50%	FACT-2015			After five years
	4.2 Increased categories of private sector engaged in delivering nutrition interventions												
		Percentage of SMEs engaged in the implementation of nutrition services	TBD	2021						Stakeholders Mapping Report	MITI	TFNC	Periodic, Y3 and Y6

Strategic Outcome	Strategic Output		Baseline		Expected Targets					Data Sources	Institution		Reporting Period
		Indicators	Value	Year	Year 1	Year 2	Year 3	Year 4	Year 5		Lead	Collaborating	
		Percentage of large-scale industries engaged in the implementation of nutrition services	TBD	2022						Stakeholders Mapping Report	MITI		
	4.3 Collaboration and coordination amongst public and private sectors strengthens												
		Proportion of (council/regional) held at least one multistakeholder platforms on overweight and obesity	NA	2020					20%	Activity reports	TFNC	PO-RALG	Annually
5. Enabling environment (adequate policies and frameworks) that is supportive of adequate human and financial resources for nutrition		Proportion of planned budget spent on nutrition sensitive interventions	33.7%						60%	PMO/PO-RALG			
		Proportion of councils spending a minimum budget allocation per child underfive to nutrition	52%	2019		70%			100%	Compact Evaluation			

Strategic Outcome	Strategic Output		Baseline		Expected Targets					Data Sources	Institution		Reporting Period
		Indicators	Value	Year	Year 1	Year 2	Year 3	Year 4	Year 5		Lead	Collaborating	
	5.1 Strengthened multisectoral coordination at all levels												
		Proportion of councils that hold quarterly multisectoral coordination meetings		2020	100%	100%	100%	100%	100%	PO-RALG report	PO-RALG	PMO	Annually
		Proportion of councils implementing the minimum budget allocation to nutrition		2020	100%	100%	100%	100%	100%	PO-RALG report	PO-RALG	PMO	Annually
		Proportion of budget for nutrition sensitive interventions in sectoral budgets		2020						Budget scrutini-ization Report PMO	PMO/TFNC	DPs	Periodic YR 3 and YR 5
		Number of sectoral ministry submit inputs within two weeks after closure of the quarter		2020	4	4	4	4	4	PMO	PMO/TFNC	PO-RALG	Quarterly
		Percentage of annual performance on adherence on nutrition issues among sectoral ministries		2020	100	100	100	100	100	MTR and end line evaluation of NMNAP II reports	PMO/TFNC	PO-RALG	Annually

Strategic Outcome	Strategic Output		Baseline		Expected Targets					Data Sources	Institution		Reporting Period
		Indicators	Value	Year	Year 1	Year 2	Year 3	Year 4	Year 5		Lead	Collaborating	
	5.2 Enabling policies, legal and regulatory framework												
		Percentage of implementation performance of sector ministries on nutrition interventions	NA	2021			100		100		PMO/PO-RALG	TFNC	
		Private sector compliance with legislations on marketing of infants and young children foods and designated products	NA	2021						MTR and end line evaluation of NMNAP II reports	PMO/PO-RALG	TFNC	Periodic YR 3 and YR 5
	5.3 Political leadership and commitment for nutrition strengthened												
		Percentage of Members of Parliament sensitized on nutrition issues	NA	2021									Annually
		Percentage of government budget allocated for nutrition	0.6%	0.8%	0.9%	1.0%	1.2%	1.3%	1.5%				Annually

Strategic Outcome	Strategic Output		Baseline		Expected Targets					Data Sources	Institution		Reporting Period
		Indicators	Value	Year	Year 1	Year 2	Year 3	Year 4	Year 5		Lead	Collaborating	
		Proportion of regions and councils producing semi-annual and annual multi-sectoral nutrition scorecards											Annually
	5.4 Improved financing for nutrition												
		Increased budgeted expenditure on nutrition items at council level	52%	2021		70%			100	Compact evaluation	PO-RALG	TFNC, DPs	Annually
		Increase budgeted expenditure on nutrition items at sector ministries	60	2021					100		PMO	Ministries, TFNC, DPs	Annually
	5.5 Strengthen human resources for nutrition at all levels												
		Percentage of LGAs with qualified nutritionist personnel	54%	2021		70%			100%	PO-RALG	PO-RALG		
		Percentage of district hospitals with dietitians	NA						20%		MOH		

Strategic Outcome	Strategic Output		Baseline		Expected Targets					Data Sources	Institution		Reporting Period
		Indicators	Value	Year	Year 1	Year 2	Year 3	Year 4	Year 5		Lead	Collaborating	
	5.6 Multisectoral nutrition data generation and utilization improved												
		Proportion of regions and councils producing semi-annual and annual multisectoral scorecards	NA	2020						MNIS	TFNC	PO-RALG	Annually
		Percentage of designated indicators with data	NA	2020						MNIS	TFNC		
		Percentage of large and medium scale investors in nutrition related investment sharing data and information with Government	NA	2020						MNIS	TFNC		Annually
		Percentage of comprehensive Monitoring, Evaluation and Learning framework for NMNAP II operationalized	NA	2020						MNIS	TFNC		
		Proportion of planned surveys completed and reported in a required reporting time	NA	2020						MNIS	TFNC		

Appendix 4

LIST OF PERSONS INVOLVED IN THE DEVELOPMENT OF NMNAP II

NMNAP II Coordination Committee members

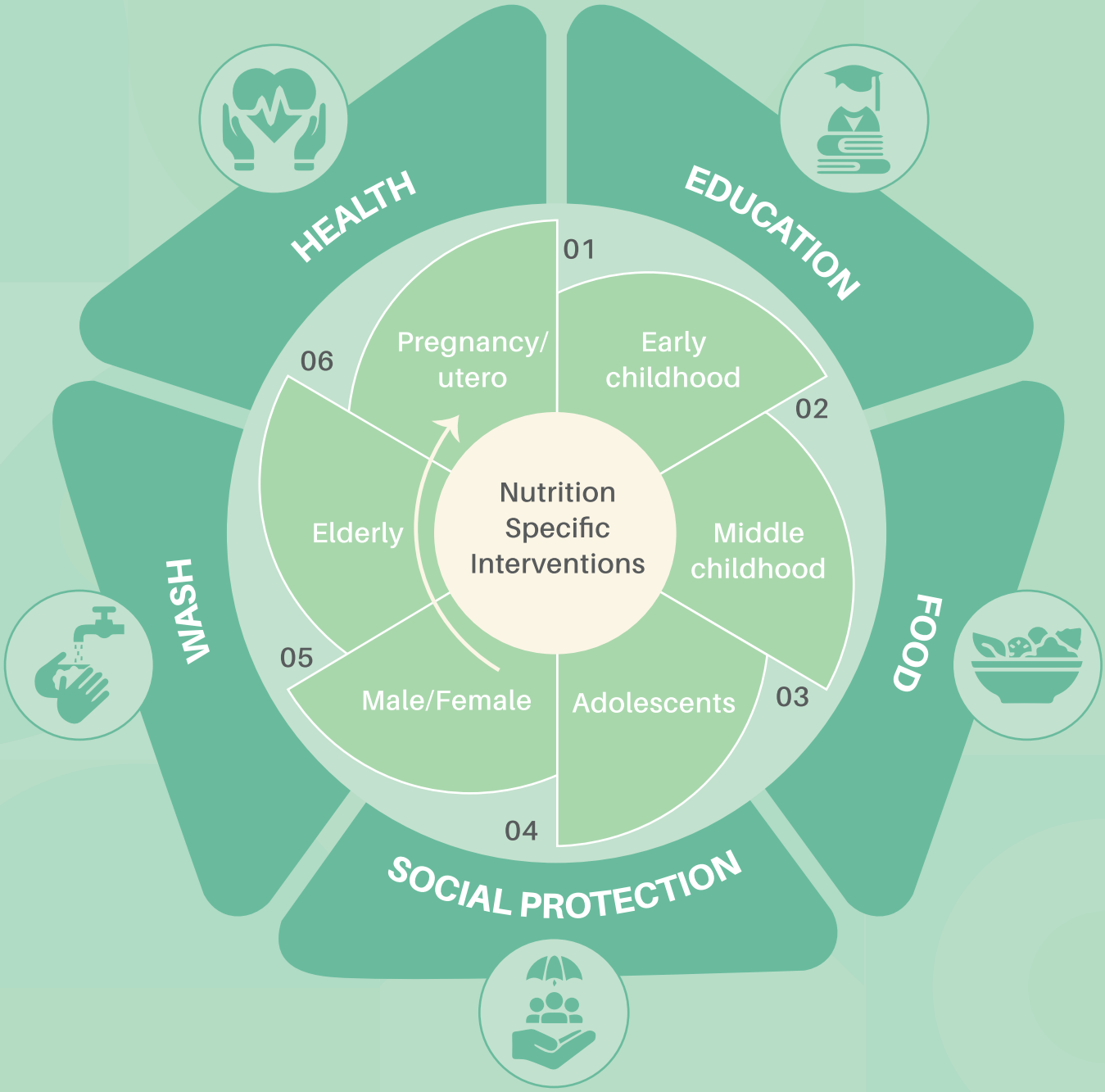
SN	Full Names	Role	Organization
1.	Paul Sangawe	Chairperson	Director of Policy and Government Business Coordination- PMO
2.	Dr. Germana Leyna	Co-chair	TFNC
3.	Sara Mshiu	Secretariat	PMO
4.	William Babu	Secretariat	PMO
5.	Geoffrey Chiduo	Secretariat	TFNC
6.	Mwita Waibe	Member	PORALG
7.	Grace Moshi	Member	MoHCDGEC
8.	Dr. Honest Kessy	Member	MoA
9.	Kudakwashe Chimanya	Member	UNICEF
10.	Debora Niyeha	Member	USAID Advancing Nutrition
11.	Dr. Daniel Nyagawa	Member	NI
12.	Theresia Jumbe	Member	SUA
13.	Tumaini Mikindo	Member	PANITA
14.	Juliana Muiruri	Member	WFP
15.	Temina Mkumbwa	Member	USAID
16.	Obey Assery	Member	GAIN
17.	Prof. John Msuya	Member	NMNAP II Lead Consultants

NMNAP II Technical Committee members

SN	Full Names	Role	Organization
1.	Dr. Germana H. Leyna	TC Chairperson	MD TFNC
2.	Geoffrey Chiduo	Secretariat	TFNC
3.	Julieth Itatiro	Secretariat	TFNC
4.	Victoria Kariathi	Secretariat	TFNC
5.	Dr. Nyamizi Bundala	Member	MLF
6.	Festo Kapela	Member	MIT
7.	Magreth Natai	Member	MoA
8.	Stephen Motambi	Member	PORALG
9.	Julitha Masanja	Member	Community Development MoHCDGEC
10.	Grace U. Shileringo	Member	MOEST
11.	Japhet J. Msoga	Member	MoHCDGEC
12.	Evod Kanyamyoga	Member	MoFP
13.	Joyce Ngegba	Member	UNICEF
14.	Neema Shosho	Member	WFP
15.	Dr. Leonard Katalambula	Member- Academia	UDOM
16.	Ruth Mkopi	Member- MIYCAN	TFNC
17.	Neema Joshua	Member- MIYCAN	TFNC
18.	Abela Twinomujuni	Member- Micronutrients	TFNC
19.	Elizabeth Lyimo	Member-IMAM	TFNC
20.	Julieth Shine	Member – Overweight &Obesity	TFNC
21.	Adelina Munuo	Member – Overweight &Obesity	TFNC
22.	Jane Msagati	Member- CSOs	PANITA
23.	Sofia A. Makame	Member	DNuO – BAGAMOYO DC
24.	Chacha Magige	Member	RNuO – SIMIYU RS
25.	Sarah McClung	Member	USAID AN
26.	Dr. Ray Masumo	Member	TFNC
27.	Dr. Esther M. Nkuba	Member	TFNC
28.	Tumain Charles	Member	ASPIRES
29.	Bernard Makene	Member	NI
30.	Magret Benjamin	Member	UNICEF
31.	Dr. Analice Kamala	Member	TFNC

List of members from NMNAP II Consultative Sessions

SN	Full Names	TWG	Institution
1.	Dr. Esther M. Nkuba	MIYCAN	TFNC
2.	Fatoumata Lankoande	MIYCAN	UNICEF
3.	Tuzie Edwin	MIYCAN	UNICEF
4.	Anna Godfrey	MIYCAN	CRS
5.	Belinda Liana	MIYCAN	COUNSENUTH
6.	Glory Mhalu	MIYCAN/ Micronutrients	COUNSENUTH
7.	Dr. Ray Masumo	Micronutrients	TFNC
8.	Celestin Mgoba	Micronutrients	TFNC
9.	Wessy Meghji	Micronutrients	TFNC
10.	Beatha Mkojera	Micronutrients	SUA
11.	Rose Msaki	IMAM	TFNC
12.	Ramadhani Mwiru	IMAM	UNICEF
13.	Maria Msangi	IMAM	TFNC
14.	Lydia Mshengezi	MIYCAN/IMAM	ACF
15.	Maria Ngilisho	Overweight & Obesity	TFNC
16.	Janeth Lukanda	NSI- Fisheries	MLF
17.	Richard Pangani	NSI- Livestock	MLF
18.	David Katusabe	Governance	Independent Consultant
19.	Mbaraka Stambuli	Governance	MLF
20.	Josephine Manase	Governance	TFNC
21.	Angela E. Shija	Micronutrients	NIMR
22.	Esther Kabula	MNIS	TFNC
23.	Aleswa Zebedayo	MNIS	TFNC
24.	Medina Wandella	MIYCAN	TFNC
25.	Angela Shija	Micronutrients	NIMR



WFP World Food Programme

unicef for every child

NUTRITION INTERNATIONAL Nourish Life

Irish Aid Rialtas na hÉireann Government of Ireland

USAID FROM THE AMERICAN PEOPLE

gain Global Alliance for Improved Nutrition

ACTION AGAINST HUNGER

In partnership with Canada

ASPIRES Tanzania
Agricultural Sector Policy and Institutional Reforms Strengthening

CRS CATHOLIC RELIEF SERVICES

HELEN KELLER INTL