

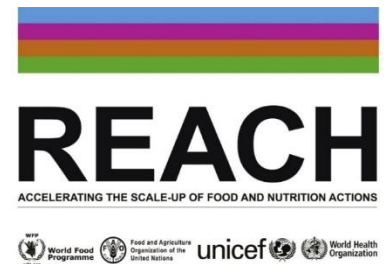


UNITED REPUBLIC OF TANZANIA

Tanzania Stakeholder and Nutrition Action Mapping

FY 2015/2016 – National results

Tanzania Food and Nutrition Centre



Disclaimer for the Stakeholder & Nutrition Action Mapping

The Tanzania Stakeholder & Action Mapping intends to help improve nutrition coordination and scale-up discussions by providing an indicative overview of **who the stakeholders in nutrition are, where they are working, and estimated coverage of beneficiaries** for selected Core Nutrition Actions.

Both the **geographical and beneficiary coverage are estimated** based only on the information provided and obtained at the district level. The coverage is therefore **not to be considered as exhaustive or exact**. Moreover, **it is voluntary to report**, and not necessarily all stakeholders have been identified or have chosen to contribute.

The mapping has only collected data on **selected Core Nutrition Actions**. Organizations, both included in this mapping and not, may be working on other actions that are important for improving nutrition outcomes, however data on these actions has not been captured in this mapping.

The Core Nutrition Actions were selected through consultations with the Tanzania Food and Nutrition Centre (TFNC) using the National Multi-sectoral Nutrition Action Plan and the National Nutrition Scorecard.

Outline

1. Overview

2. Results

- *Who does What*
- *Geographic and Population Coverage*
- *Addressing Nutrition Challenges*

3. Summary

4. Annex

Overview

Introduction to the Stakeholder & Nutrition Action Mapping

Objectives

- To determine the prioritized **Core Nutrition Actions** (CNAs) in Tanzania
- To gain a better overview of **who is doing what and where** in nutrition in Tanzania
- To be better able to **identify gaps in coverage** of target population and geographic areas of the CNAs



Ultimately, to **help inform & improve planning** of core nutrition actions

And discussion around **scaling up nutrition actions** for the elimination malnutrition

Background

- Request from SUN Country Coordinator to guide multi-sectoral nutrition governance efforts
- Redefining of previous mapping efforts to better understand the coverage of target populations and geographic areas of CNAs (using updated and improved *Scaling Up Nutrition Planning & Monitoring Tool*)

The mapping process uses the Scaling Up Nutrition Planning & Monitoring Tool (SUN PMT) to answer key questions

To be answered with subsequent iterations of mapping

Qualitative view

Recap nutrition situation and nutrition actions
Who does what where?

- 1 What is the country nutrition situation
- 2 Who are the key stakeholders? What are their roles?
- 3 Which stakeholders are doing what where? And through which delivery mechanisms?

Quantitative view

Coverage
What % of the target population is covered?

- 4 What % of the target population is covered nationally?
- 5 What % of target population is covered per action?
- 6 What % of the target population is covered per region/district?
- 7 For each district, who is reaching what % of the target population?

Guidance for scaling up nutrition

Guidance for a stakeholder dialogue
How & where to scale up nutrition?

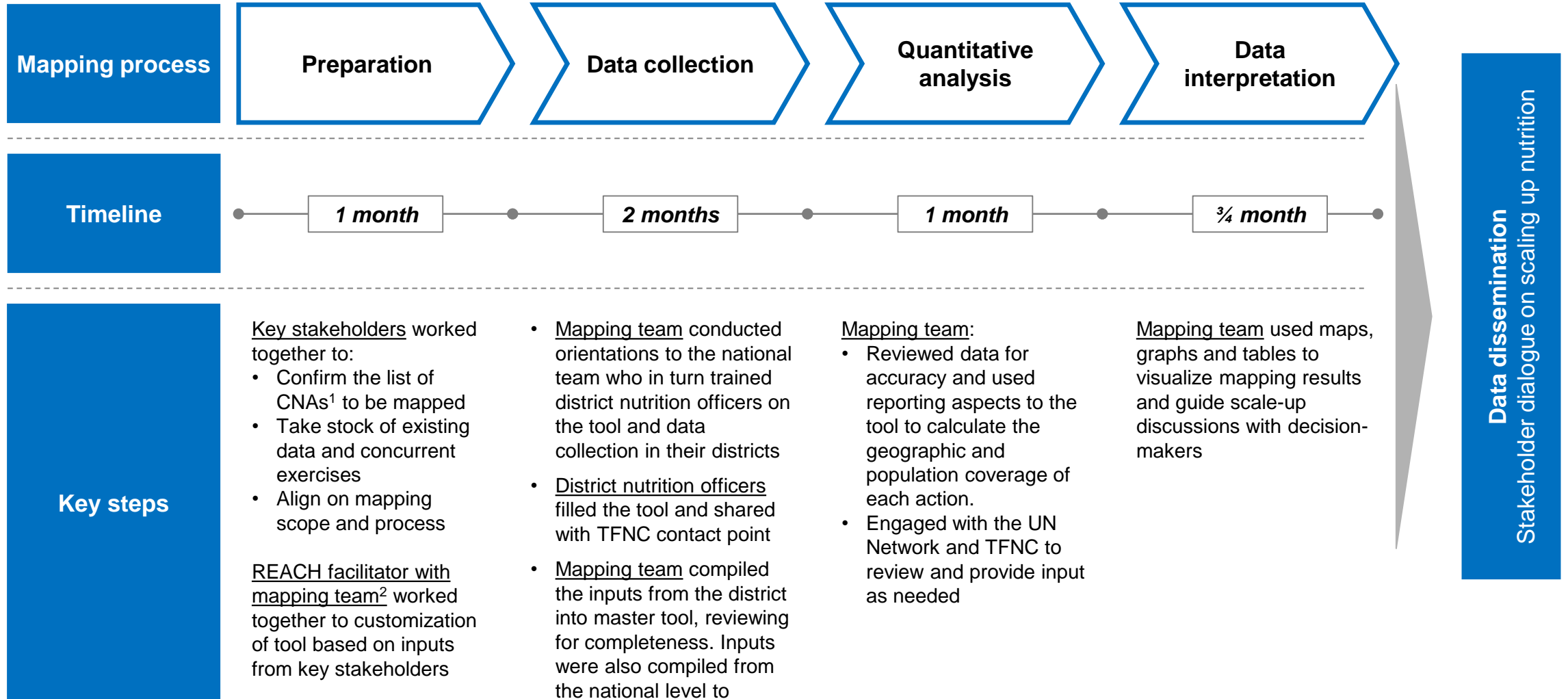
- 8 What are the stunting levels (e.g. prevalence)? What is the action intensity per region?
- 9 Which regions are not adequately addressed?
- 10 Are children receiving the nutrition actions they may need?
- 11 Where are there action gaps in addressing key nutrition problems?
- 12 How much of the district budget is being allocated to nutrition activities?

Continuous monitoring

Implementation monitoring
Are targets achieved over time?

- 13 Is the target population coverage improving over time?
- 14 Are targets achieved as defined in the national plan?

Key phases of the mapping process



1. CNAs = Core Nutrition Actions
 2. Mapping team includes REACH consultant and staff from TFNC and PANITA

Core Nutrition Actions and their definitions used for the mapping

Core Nutrition Action			Core Nutrition Action			
	Numerator	Denominator		Numerator	Denominator	
IYCF	Provide counselling on exclusive breastfeeding	Number of (1) pregnant and (2) lactating women who received counselling on exclusive breastfeeding twice during the past year	Acute Malnutrition	Treatment of severe acute malnutrition (SAM) ¹	Number of children 0-59 months with SAM who were admitted for treatment in IMAM programme during the past year	Number of expected cases of SAM amongst children 0-59 months in the past year
	Provide counselling on complementary feeding	Number of mothers of children 6-23 months who received counselling on complementary twice during the past year		WASH	Provide health education/messages on hygiene and hand washing	Number of mothers of children 0-23 months who have received messages on hand washing and hygiene during the past year
Micronutrient Supplementation	Provide Iron/Folic Acid supplementation	Number of pregnant women who received iron/folic acid supplements at least twice during the past year	NCDs	Promote nutrition and healthy life styles	Number of primary schools implementing nutrition promotion activities during the past year	Total number of primary schools
	Provide vitamin A supplementation (VAS)	Number of children 6-59 months received at least one capsule of Vitamin A during the last round	Food & Nutrition Security	Provide nutrition messaging to vulnerable groups	Number of beneficiaries in TASAF who received nutrition messages during the past year	Number of TASAF beneficiaries
Disease Prevention & Management	Provide deworming to children	Number of children 12-59 who received deworming tablets in the last round		Provide material and technology for small scale horticulture/ crop diversification	Number of vulnerable households reached with materials/technology during the past year	Number of vulnerable households
	Provide IPT for malaria	Number of pregnant women who received IPT for malaria during the past year	Child Care	Provide anthropometric assessment	Number of children 0-59 months who received any anthropometric assessment during the past year	Number of children 0-59 months
	Provide ITNs to pregnant women	Number of pregnant women who received ITN during the past year	Social Protection	Provide cash transfers for vulnerable groups	Number of vulnerable households reached with cash transfers during the past year	Number of vulnerable households
	Provide deworming to pregnant women	Number of pregnant women who received deworming tablets during the past year	Governance	Government funding for nutrition activities	District budget allocated for nutrition, in Tanzania shillings for the last fiscal year	Total district budget, in Tanzania shillings for the last fiscal year

¹ The indicator for acute malnutrition was collected through the 2016 Tanzania Bottleneck Analysis and is presented along with the mapping results to provide a comprehensive overview of the coverage of the selected Core Nutrition Actions

What can the Stakeholder & Nutrition Action Mapping help you with?

For Regions & Districts



- See which partners are working on food & nutrition actions in your district/region
- Gain information on which actions are being conducted and where
- Know how many beneficiaries are being reached by different actions and which actions may need to be scaled up

For Ministries



- Get a better overview of who the partners are and what they do
- Identify potential gaps in the coverage of districts/regions and coverage of beneficiaries of actions
- Help planning & scale up of nutrition actions

For UN and NGOs



- Enhance coordination though better information on which organizations are working in the same districts and/or on the same actions
- Identify which districts need further support
- See which actions may need to be scaled up and where

For Donors



- Identify which districts need further support
- See which actions need more funds to scale up
- Help identify which organizations can cover different actions and districts

Who does what

Who are the key stakeholders? What are their roles? (1 of 2)

20 funders, 44 implementer and 37 catalysts have been reported as supporting CNAs in Mainland Tanzania and Zanzibar

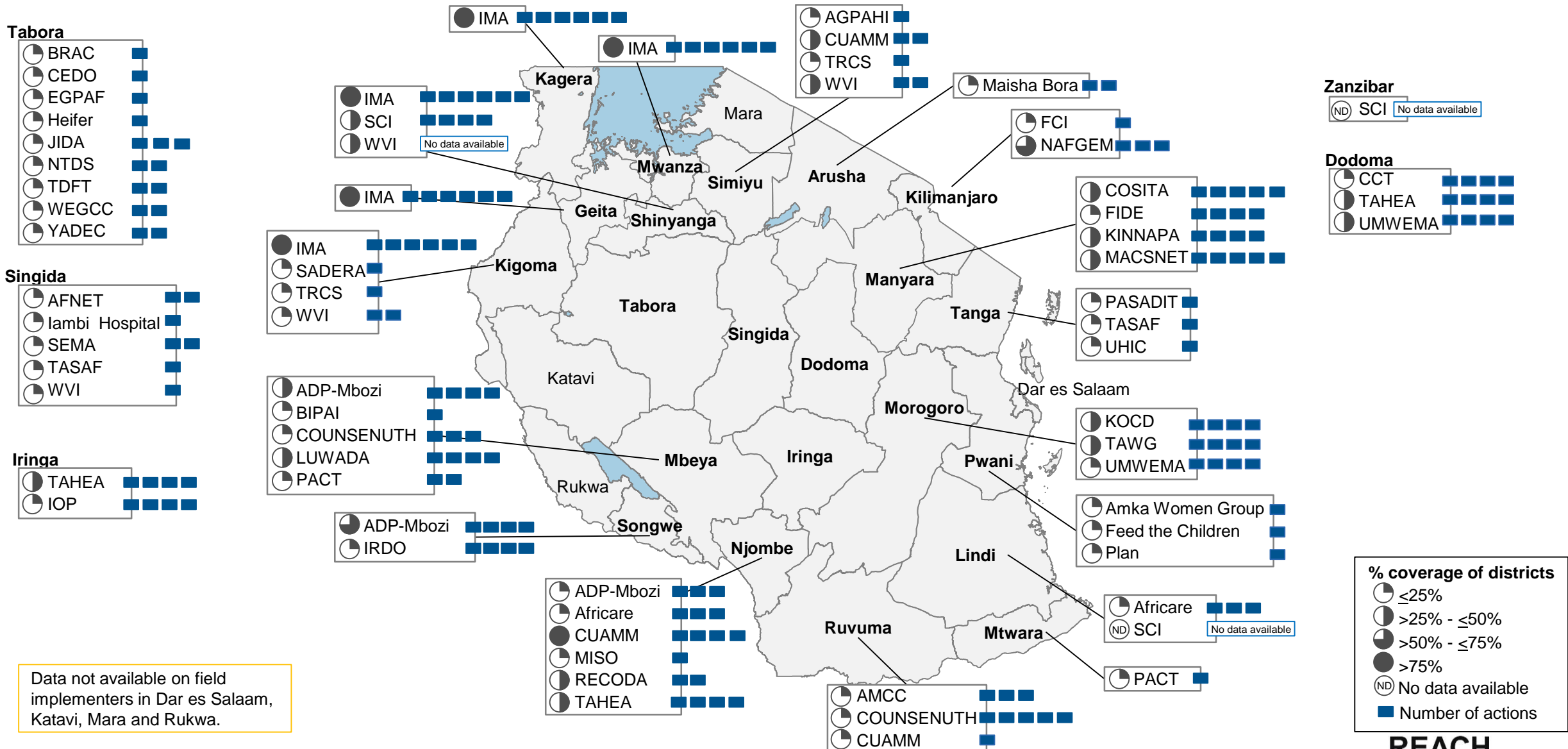
	Core Nutrition Action	Responsible Ministry	Catalyst	Field implementer	Funder
IYCF	Provide counselling on exclusive breastfeeding	MoHCDGEC	Africare, Africare/MBNP, AGPAHI, Cornell, COUNSENUETH, CRS, DMI, EGPAF, Maarifa, Mkinga ADP, MoHCDGEC, Pact, PANITA, SCI, TFNC, TUNAJALI, UNICEF, WVI	ADP-Mbozi, CCT, CEDO, COSITA, COUNSENUETH, CUAMM, District Council, EGPAF, FIDE, IMA, IOP, IRDO, JIDA, KINNAPA, KOCD, LUWADA, MACSNET, Maisha Bora, Pact, SCI, SEMA, TAHEA, TAWG, TDFT, TFNC, UMWEMA, WEGCC, WVI, YADEC	Belgium Foundation, CDC, CIFF, DFAT, DFID, Dubai Cares, Irish Aid, UNICEF, USAID, WFP, WHO
	Provide counselling on complementary feeding	MoHCDGEC, MoHz	Afan Foundation, Africare/MBNP, Cornell, COUNSENUETH, CRS, DMI, EGPAF, FANTA, Maarifa, Pact, PANITA, SCI, TAHEA, TFNC, TUNAJALI, UNICEF, WVI	ADP-Mbozi, AFNET, Africare, CCT, COSITA, COUNSENUETH, CUAMM, District Council, FIDE, IMA, IOP, IRDO, JIDA, KINNAPA, KOCD, LUWADA, MACSNET, NTDS, Pact, SCI, SEMA, TAHEA, TAWG, UHIC, UMWEMA, WEGCC, WVI, YADEC	DFID, Dubai Cares, GAC, Irish Aid, KOICA, UNICEF, USAID, WFP, WHO
Micronutrient Supplementation	Provide Iron/Folic Acid	MoHCDGEC, MoHz	Africare, MoHCDGEC, SCI, TFNC, UNICEF, WEI	District Council, MACSNET, NAFGEM, WVI	DFAT, UNICEF, USAID, WHO
	Provide VAS	MoHCDGEC, MoHz	TFNC, UNICEF	District Council	HKI, UNICEF
Disease Prevention & Management	Provide deworming to children	MoE, MoHCDGEC, MoHz	HKI, SCI, TFNC, UNICEF, WVI	District Council	HKI, UNICEF, WHO
	Provide IPT	MoHCDGEC, MoHz	Pact	District Council	UNICEF, USAID
	Provide ITNs	MoE, MoHCDGEC	MoHCDGEC, PSI	District Council, SADERA, TRCS	USAID
	Provide deworming to pregnant women	MoHCDGEC	SCI, TFNC, UNICEF, WEI	District Council	UNICEF, USAID, WHO

Who are the key stakeholders? What are their roles? (2 of 2)

	Core Nutrition Action	Responsible Ministry	Catalyst	Field implementer	Funder
WASH	Provide health education/messages on hygiene & hand washing	MoHCDGEC	Africare, Africare/MBNP, Cornell, COUNSENUH, DMI, PANITA, SNV, TFNC, UNICEF, WVI	ADP-Mbozi, Africare, AMCC, CCT, COSITA, CUAMM, District Council, FIDE, IMA, IOP, IRDO, KINNAPA, KOCD, LUWADA, MACSNET, SCI, TAHEA, TAWG, UMWEMA	AMCC, DFID, Irish Aid, UNICEF, USAID, WHO, World Bank
NCDs	Promote nutrition and healthy life styles	MoE, MoHCDGEC	Africare, Childreach TZ, FCI, Feed the Children, MEDI, MoE, PCI, TAHEA, UMATI, WEI	COSITA, COUNSENUH, District Council, FCI, Feed the Children, MISO, NAFGEM, NTDS, Plan, RECODA	Belgium Foundation, Irish Aid, USAID, WEI, WFP
Food & Nutrition Security	Provide nutrition messaging to vulnerable groups	MAFC, MoF, MoHCDGEC	Africare/PT, Cornell, DMI, IRDI, Pact, PANITA, TASAF	Amka Women Group, BRAC, COUNSENUH, District Council, IMA, TASAF	DFID, Irish Aid, USAID, World Bank
	Provide material and technology for small scale horticulture	MAFC, MoHCDGEC	Africare/MBNP, Cornell, COUNSENUH, DMI, FAO, MoHCDGEC, NADEFO, PANITA, SARI, TAPP, TASAF, Vista	ADP-Mbozi, AMCC, CCT, COSITA, COUNSENUH, District Council, FIDE, Heifer, IMA, IOP, IRDO, KINNAPA, KOCD, LUWADA, MACSNET, TAHEA, TAWG, UMWEMA, WVI	AMCC, DFID, EU, GAC, ICRI SAT, Irish Aid, SWISSAID, USAID
Child Care	Provide anthropometric assessment	MoHCDGEC, MoHz	Africare, BIPAI, Cornell, COUNSENUH, CRS, DMI, FANTA, HKI, MoHCDGEC, Pact, PANITA, SCI, TAHEA, TFNC, UNICEF, WEI, WFP	ADP-Mbozi, AFNET, Africare, AGPAHI, AMCC, BIPAI, CUAMM, District Council, Iambi Hospital, IMA, JIDA, Maisha Bora, NAFGEM, PASADIT, RECODA, SCI, TAHEA, TDFT, TRCS	AMCC, Belgium Foundation, CDC, CIFF, DFID, HKI, Irish Aid, UNICEF, USAID, WFP, WHO
Social Protection	Provide cash transfers	MoF	TASAF	District Council	World Bank
Governance	Government funding for nutrition activities	MoF	PORALG, TFNC, UNICEF	District Council	N/A

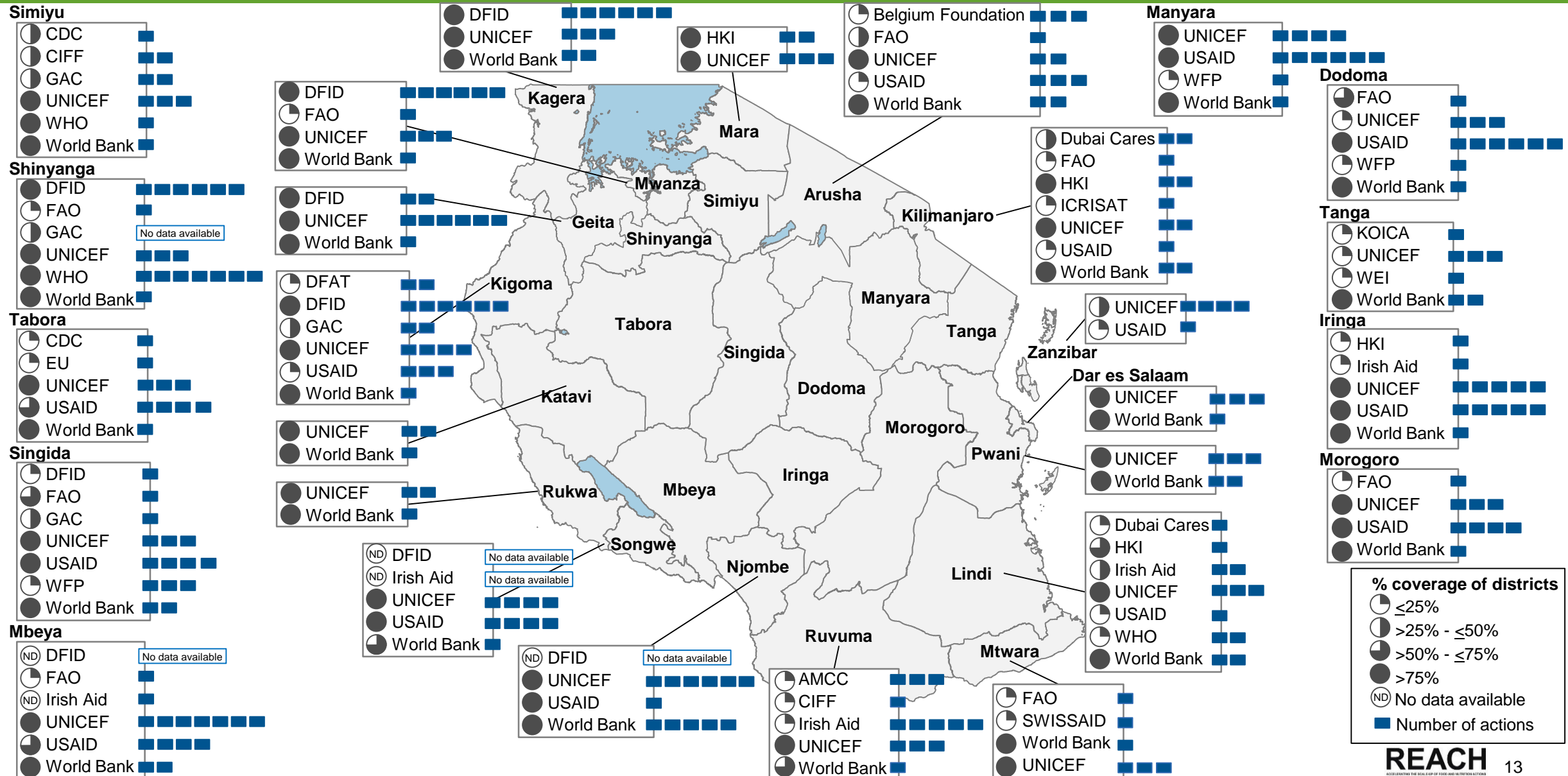
Which field implementers are working in each region?

Most regions receive support from non-government organizations in the implementation of CNAs



Which funders are supporting nutrition actions in each region?

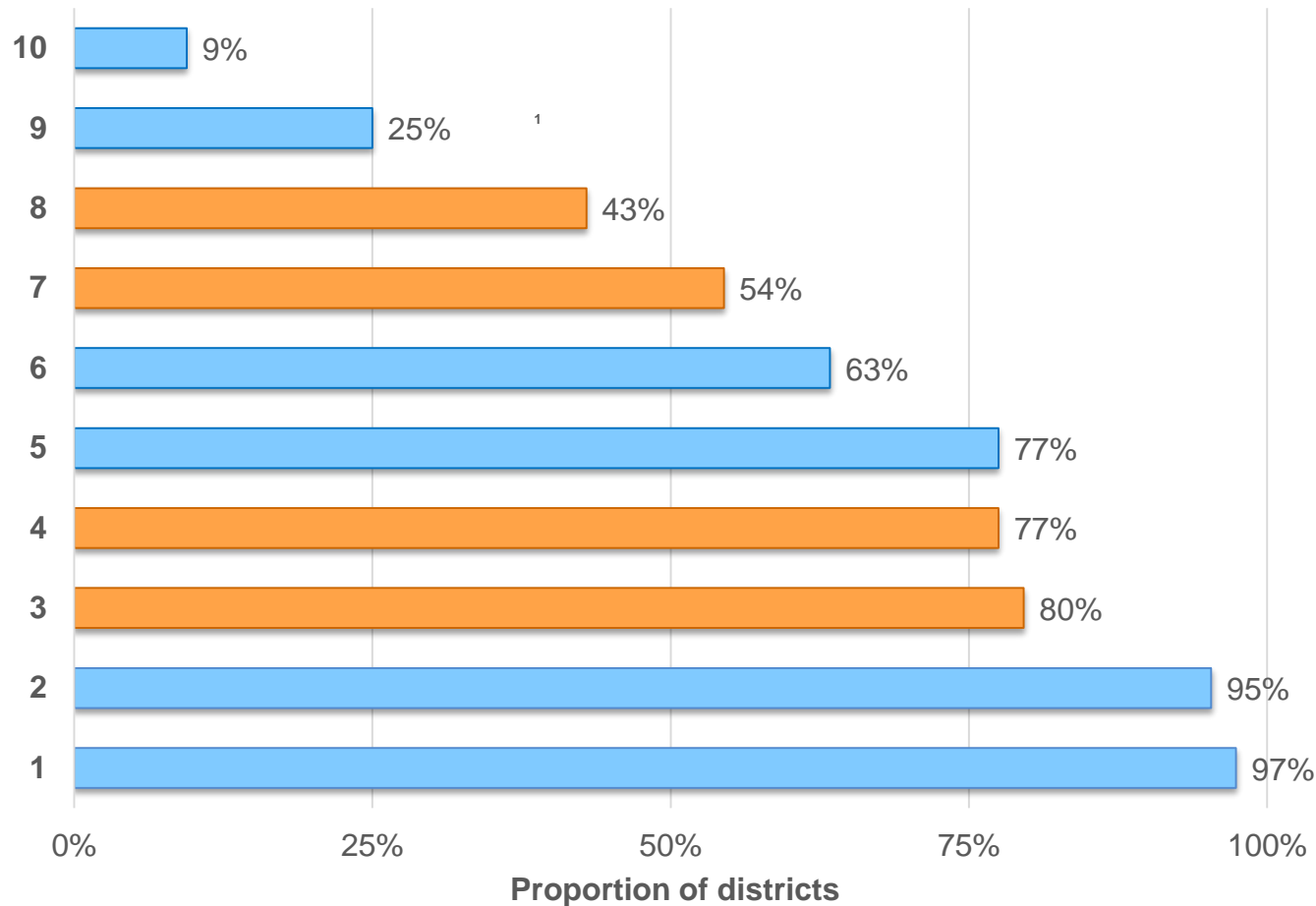
All regions have at least 2 funders supporting the implementation of CNAs



Geographic and Population Coverage

What is district coverage of nutrition sensitive and specific interventions?

Coverage of districts implementing Core Nutrition Actions



Key Messages

Nutrition Sensitive Actions:

- *The Governance and Social protection interventions have higher geographical coverage relative to other nutrition sensitive actions*

Nutrition Specific Actions:

- *Micronutrient Supplementation and disease prevention & management (specifically deworming for children) have higher geographical coverage relative to all other actions, both sensitive and specific*

¹The indicator for treatment of acute malnutrition was collected through the 2016 Tanzania Bottleneck Analysis. The geographic coverage is presented as % of health facilities providing IMAM activities.

Overview of coverage of core nutrition actions at the national level

	Core Nutrition Action	# of districts covered	Target Group	% of target pop. covered	Delivery Mechanisms
IYCF	Provide counselling on exclusive breastfeeding	117/191	Pregnant women		Health facilities, Community Health Workers/ volunteers, Mobile outreach clinics, Health Workers, District Councils, NGOs
	Provide counselling on complementary feeding	103/191	Mothers of children 6-23 months		
Micronutrient Supplementation	Provide Iron/Folic Acid	118/191	Pregnant women		Health facilities, Health Workers
	Provide VAS	185/191	Children 6-59 months		Health facilities
Disease Prevention & Management	Provide deworming to children	181/191	Children 12-59 months		Health facilities, Health Workers
	Provide IPT	17/191	Pregnant women		Health facilities, Health Workers
	Provide ITNs	6/191	Pregnant women		Health facilities
	Provide deworming to pregnant women	23/191	Pregnant women		Health facilities, Health Workers
Acute Malnutrition	Treatment of SAM ¹	25%	Children 0-59 months with SAM		IMAM programme
WASH	Provide health education/messages on hygiene & hand washing	82/191	Mothers of children 0-23 months		Community Health Workers/ volunteers
NCDs	Promote nutrition and healthy life styles	18/191	Primary Schools		Primary schools, Agricultural extension workers / village promoters, District Councils
Food & Nutrition Security	Provide nutrition messaging to vulnerable groups	71/191	TASAF beneficiaries		Health Workers, Community Health Workers/ volunteers, Community leaders, Health facilities
	Provide material and technology for small scale horticulture	87/191	TASAF beneficiaries		Farmer field schools, Agricultural extension workers, Community Health Workers/ volunteers, Community centres
Child Care	Provide anthropometric assessment	148/191	Children 0-59 months		Health facilities, Community Health Workers/ volunteers, Health Workers
Social Protection	Provide cash transfers	152/191	Vulnerable households		District Councils
Governance	Government funding for nutrition activities	148/191			

% of target group reached: ≤25% >25% - ≤50% >50% - ≤75% >75%

¹The indicator for treatment of acute malnutrition was collected through the 2016 Tanzania Bottleneck Analysis. The geographic coverage is presented as % of health facilities providing IMAM activities.

How many districts are being covered by each Intervention?

On average, 9 CNAs are being implementing per region

Action Category	Region																														
	Arusha	Dar es salaam	Dodoma	Geita	Iringa	Kagera	Katavi	Kigoma	Kilimanjaro	Lindi	Manyara	Mara	Mbeya	Morogoro	Mtwara	Mwanza	Njombe	Pwani	Rukwa	Ruvuma	Shinyanga	Simiyu	Singida	Songwe	Tabora	Tanga	Kaskazini Pemba	Kaskazini Unguja	Kusini Pemba	Kusini Unguja	Mjini Magharibi
total # of district	7	3	8	6	5	8	5	8	7	6	7	9	7	9	9	8	6	8	4	8	7	6	7	5	8	11	2	2	2	2	2
IYCF	4	-	8	6	5	8	3	8	3	5	7	2	6	9	2	8	5	1	1	3	7	4	4	4	6	3	-	-	-	-	-
Micronutrient Supplementation	7	3	8	6	5	8	4	8	7	6	7	8	7	8	8	8	6	8	4	8	6	6	6	4	8	11	2	2	2	2	2
Disease Prevention & Management	7	3	8	6	5	8	4	8	7	6	6	8	7	8	8	8	6	7	4	8	5	6	6	4	8	11	2	2	2	2	2
Acute Malnutrition ¹	17%	1%	5%	9%	27%	25%	13%	41%	2%	74%	14%	1%	32%	6%	45%	36%	18%	2%	1%	21%	78%	6%	32%	16%	54%	31%	100%	100%	94%	32%	12%
WASH	1	-	8	6	3	8	-	8	-	-	7	-	4	9	1	8	4	1	-	2	6	-	1	4	-	1	-	-	-	-	-
NCDs	1	-	-	-	-	-	-	1	2	-	2	2	-	-	2	-	3	3	-	-	-	-	-	-	1	1	-	-	-	-	-
Food & Nutrition Security	2	-	8	6	5	8	-	8	2	3	7	-	5	9	2	8	6	1	-	2	6	1	7	4	2	2	-	-	-	-	-
Child Health	2	3	8	6	5	8	-	8	2	6	2	6	7	8	8	8	6	3	1	6	7	6	5	4	8	5	2	2	2	2	2
Social Protection	7	3	7	6	4	8	4	8	7	6	6	-	6	7	7	7	6	7	4	5	6	5	6	3	7	10	-	-	-	-	-
Nutrition Governance	6	2	6	6	4	7	4	6	7	6	6	9	7	7	8	6	5	6	3	4	6	6	5	2	8	6	-	-	-	-	-

% of districts reached: ■ ≤25% ■ >25% - ≤50% ■ >50% - ≤75% ■ >75%

¹The indicator for treatment of acute malnutrition was collected through the 2016 Tanzania Bottleneck Analysis. The geographic coverage is presented as % of health facilities providing IMAM activities.

What % of the target group is covered per region? (1 of 2)

Typically, health-based CNAs have higher coverage than actions in other sectors

Core Nutrition Action	Target group	Region																																
		Arusha	Dar es salaam	Dodoma	Geita	Iringa	Kagera	Katavi	Kigoma	Kilimanjaro	Lindi	Manyara	Mara	Mbeya	Morogoro	Mtwara	Mwanza	Njombe	Pwani	Rukwa	Ruvuma	Shinyanga	Simiyu	Singida	Songwe	Tabora	Tanga	Kaskazini Pemba	Kaskazini Unguja	Kusini Pemba	Kusini Unguja	Mjini Magharibi		
IYCF	Provide counselling on exclusive breastfeeding	Pregnant women	<1%	-	84%	n.d.	32%	<1%	-	n.d.	-	74%	83%	4%	53%	84%	-	11%	21%	-	25%	13%	19%	<1%	19%	69%	2%	-	-	-	-	-	-	
	Provide counselling on exclusive breastfeeding	Lactating women	6%	-	84%	n.d.	94%	13%	64%	5%	<1%	77%	83%	17%	97%	84%	21%	1%	28%	6%	-	24%	34%	7%	41%	106%	14%	<1%	-	-	-	-	-	
	Provide counselling on complementary feeding	Mothers of children 6-23 months	18%	-	86%	<1%	65%	5%	-	<1%	<1%	12%	83%	-	69%	85%	10%	n.d.	27%	5%	-	19%	27%	5%	32%	49%	<1%	9%	-	-	-	-	-	
Micronutrient Supplementation	Provide Iron/Folic Acid	Pregnant women	73%	-	-	-	66%	-	78%	24%	56%	19%	44%	40%	67%	54%	65%	56%	12%	41%	61%	11%	69%	16%	76%	63%	44%	39%	n.d.	n.d.	n.d.	n.d.	29%	
	Provide VAS	Children 6-59 months	90%	84%	95%	108%	94%	94%	93%	80%	99%	98%	89%	89%	92%	84%	100%	81%	90%	79%	96%	96%	61%	93%	95%	71%	90%	92%	100%	80%	101%	97%	78%	
Disease Prevention & Management	Provide deworming	Children 12-59 months	89%	85%	78%	109%	93%	93%	95%	80%	98%	97%	88%	89%	91%	86%	98%	91%	89%	83%	96%	95%	65%	93%	95%	70%	88%	91%	105%	84%	97%	99%	80%	
	Provide IPT	Pregnant women	-	-	-	-	23%	-	72%	-	27%	11%	-	9%	33%	-	7%	10%	2%	-	-	11%	-	-	-	20%	-	-	-	-	-	n.d.	-	
	Provide ITNs	Pregnant women	-	-	-	-	-	-	-	1%	-	21%	-	-	-	-	17%	10%	-	-	-	-	-	-	-	-	8%	-	-	-	-	-	-	-
	Provide deworming	Pregnant women	8%	-	11%	-	35%	-	44%	21%	-	23%	-	8%	48%	-	8%	20%	-	8%	16%	-	10%	-	-	59%	-	3%	-	-	-	-	-	-

% of target group reached: ■ ≤25% ■ >25% - ≤50% ■ >50% - ≤75% ■ >75% ■ No beneficiary data available

What % of the target group is covered per region? (2 of 2)

	Core Nutrition Action	Target group	Arusha	Dar es salaam	Dodoma	Geita	Iringa	Kagera	Katavi	Kigoma	Kilimanjaro	Lindi	Manyara	Mara	Mbeya	Morogoro	Mtwara	Mwanza	Njombe	Pwani	Rukwa	Ruvuma	Shinyanga	Simiyu	Singida	Songwe	Tabora	Tanga	Kaskazini Pemba	Kaskazini Unguja	Kusini Pemba	Kusini Unguja	Mjini Magharibi
Acute Mal-nutrition	Treatment of SAM ¹	Children 0-59 month with SAM	7%	3%	5%	2%	40%	30%	3%	1%	4%	3%	1%	24%	39%	3%	24%	5%	25%	17%	1%	1%	54%	2%	5%	57%	34%	54%	16%	1%	5%	1%	1%
WASH	Provide health education/messages on hygiene & hand washing	Mothers of children 0-23 months	n.d.	-	84%	n.d.	32%	n.d.	-	n.d.	-	-	83%	-	34%	85%	9%	n.d.	9%	7%	-	27%	n.d.	-	10%	49%	-	n.d.	-	-	-	-	-
NCDs	Promote nutrition and healthy life styles	Primary Schools	3%	-	-	-	-	-	-	2%	4%	-	15%	5%	-	-	5%	-	15%	18%	-	-	-	-	-	-	4%	2%	-	-	-	-	-
Food & Nutrition Security	Provide nutrition messaging to vulnerable groups	Vulnerable groups	-	-	n.d.	n.d.	<1%	2%	-	n.d.	1%	6%	-	-	2%	-	-	n.d.	n.d.	n.d.	-	-	n.d.	-	1%	-	<1%	1%	-	-	-	-	-
	Provide material and technology for small scale horticulture	TASAF beneficiaries	2%	-	86%	n.d.	37%	5%	-	<1%	<1%	-	83%	-	32%	85%	1%	2%	-	-	-	3%	n.d.	n.d.	<1%	50%	6%	-	-	-	-	-	-
Child Care	Provide anthropometric assessment	Children 0-59 months	13%	76%	79%	n.d.	89%	24%	-	46%	10%	97%	28%	61%	96%	77%	83%	27%	90%	7%	30%	122%	59%	81%	22%	94%	85%	27%	93%	83%	80%	74%	57%
Social Protection	Provide cash transfers	Vulnerable households	39%	7%	45%	38%	39%	41%	21%	51%	29%	49%	38%	-	39%	31%	46%	40%	45%	41%	35%	38%	42%	58%	50%	28%	35%	45%	-	-	-	-	-

% of target group reached: ■ ≤25% ■ >25% - ≤50% ■ >50% - ≤75% ■ >75% ■ No beneficiary data available

¹The indicator for acute malnutrition was collected through the 2016 Tanzania Bottleneck Analysis

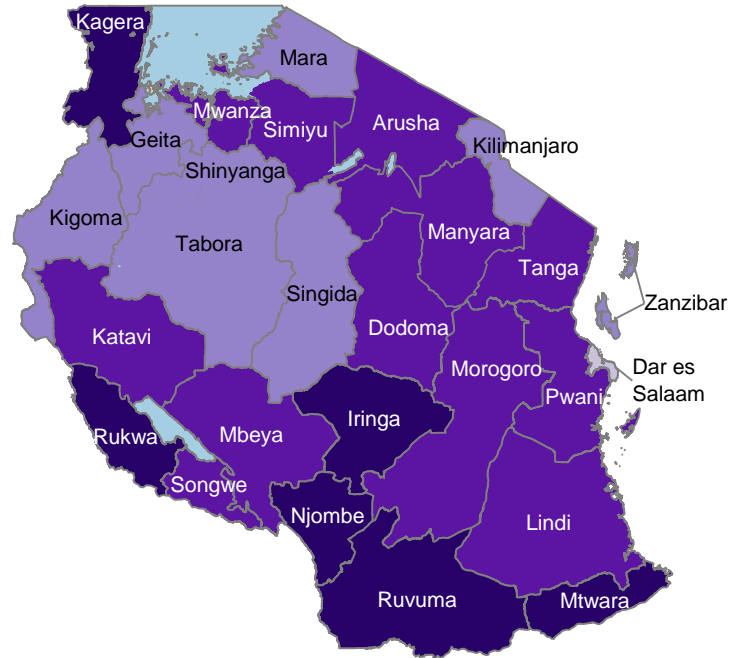
Addressing Nutrition Challenges

Are the areas with high stunting rates allocating enough budget for nutrition actions?

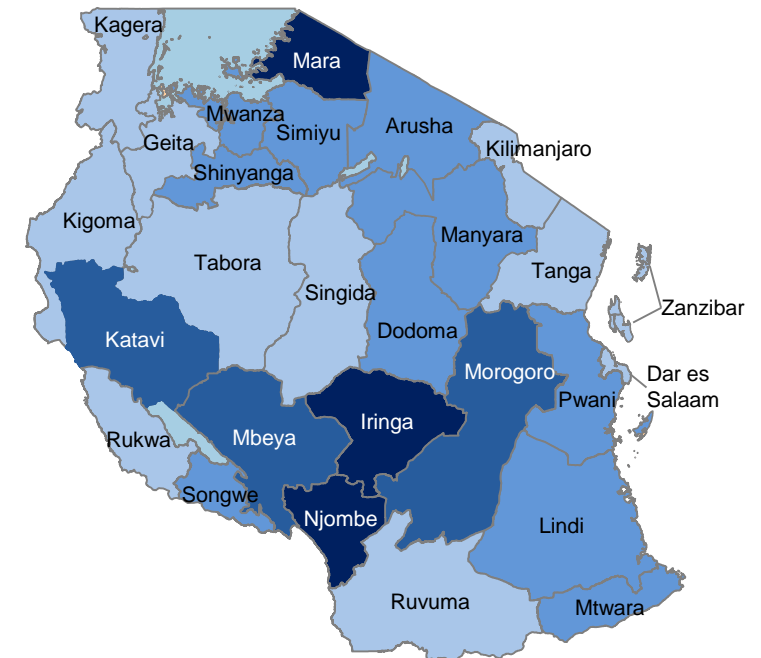
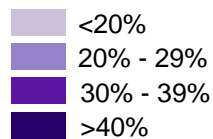
Overall, nutrition allocation across districts is less than 1% of the total district budget

The prevalence of stunting is highest in regions in the Southern, South Highlands and Lake zones

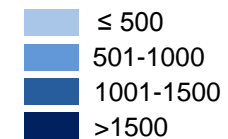
Less than 1500 Tsh per child is allocated in most regions, even regions with the highest stunting rates, except Njombe and Iringa



% of stunting among children under 5 years¹



Estimated amount allocated per child (in Tsh)

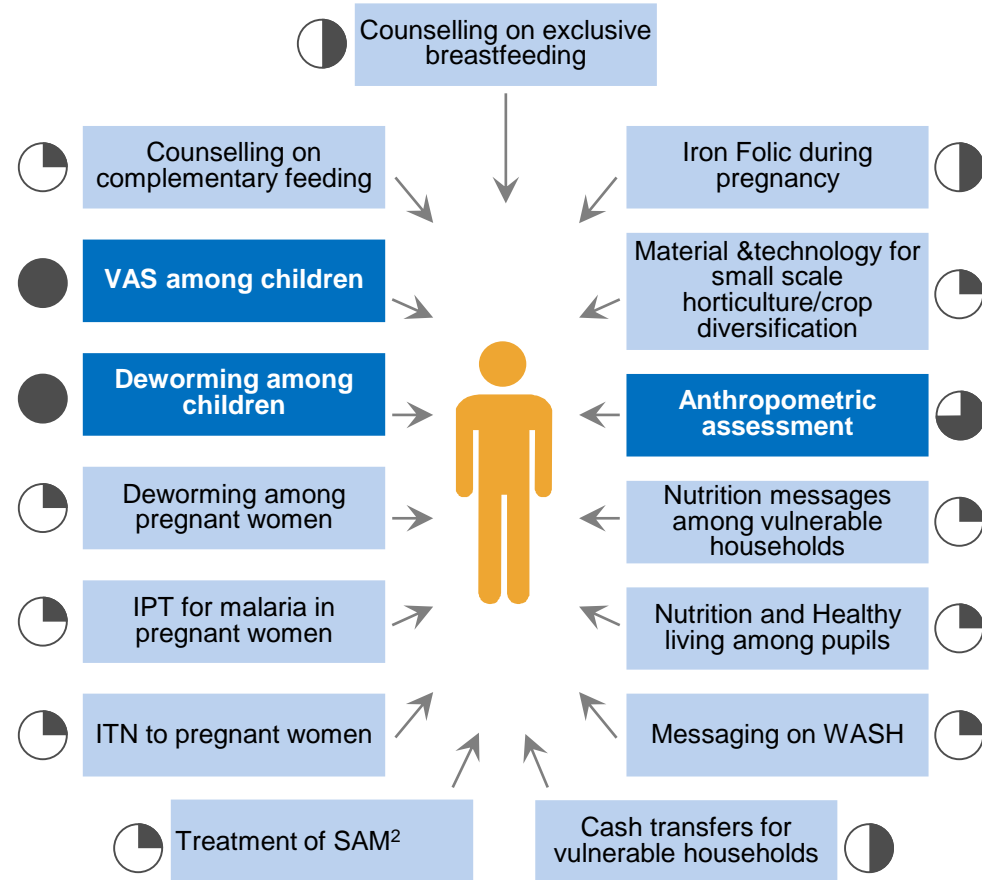


¹Tanzania DHS/MIS 2015-2016

Are children receiving a full package of nutrition interventions?

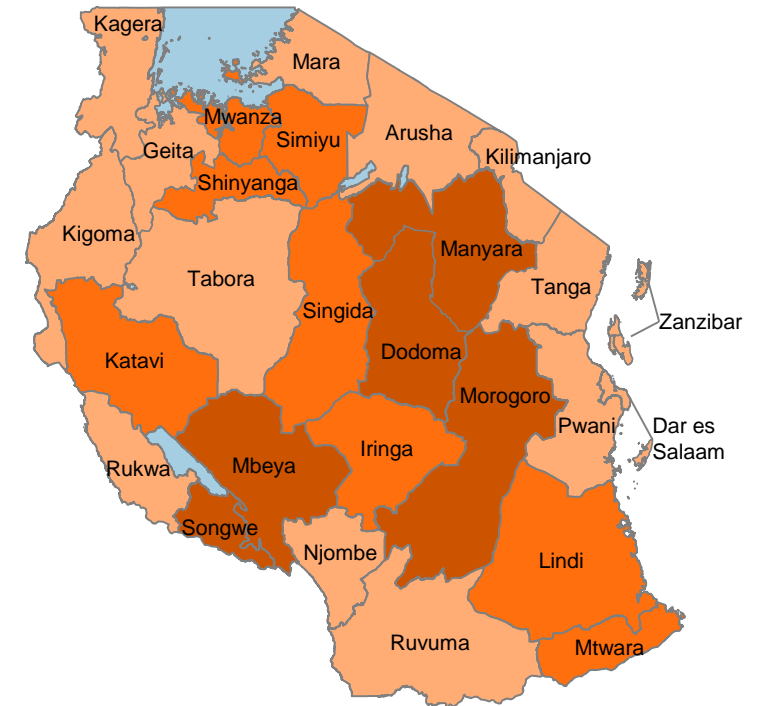
On average, 9 CNAs are being implemented per region, however only 4 actions per region is reaching 50% or more of beneficiaries

At the national level, at least 3 actions¹ are reaching at least half of all children under 5 years of age



% of target group covered
 ◐ ≤25% ◑ >25% - ≤50% ◒ >50% - ≤75% ◓ >75%

On average, children in Songwe, Morogoro, Dodoma, Mbeya and Manyara regions are more likely to receive a higher number of CNAs



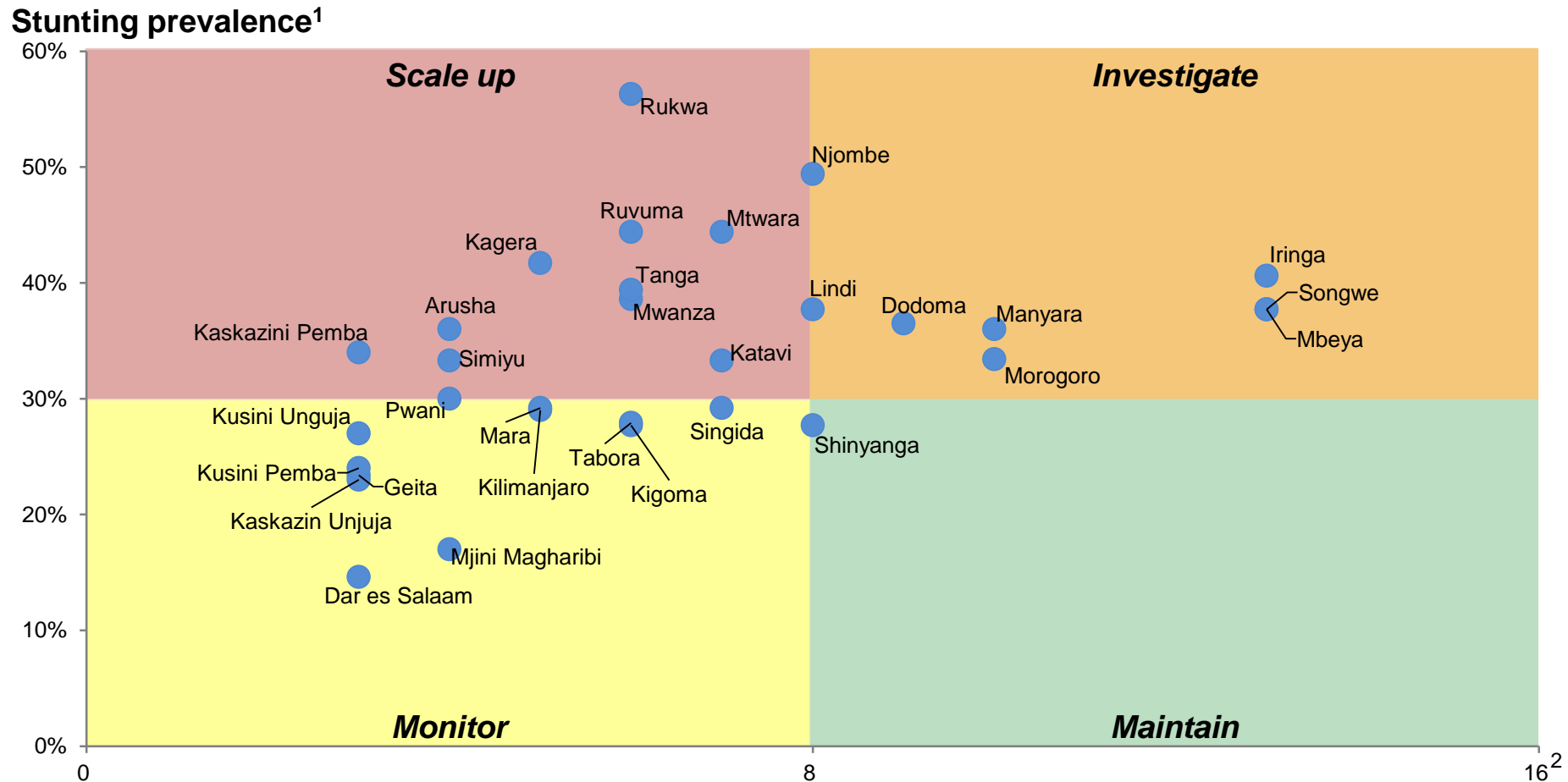
of actions with coverage of at least 50% of target population

- ◐ 1-3 actions
- ◑ 4-6 actions
- ◒ 7-9 actions

¹Actions include both direct and indirect core nutrition actions that may impact the nutrition status of children
²The indicator for treatment of acute malnutrition was collected through the 2016 Tanzania Bottleneck Analysis

Which regions are not addressed adequately?

On average, 6 CNAs per region reach 20% of beneficiaries, indicating scale up of CNAs is needed in most regions



Scale up	nutrition situation is critical with low coverage of target populations
Investigate	nutrition situation is critical with adequate coverage of target populations
Monitor	nutrition situation is not critical with low coverage of target populations
Maintain	nutrition situation is not critical with adequate coverage of target populations

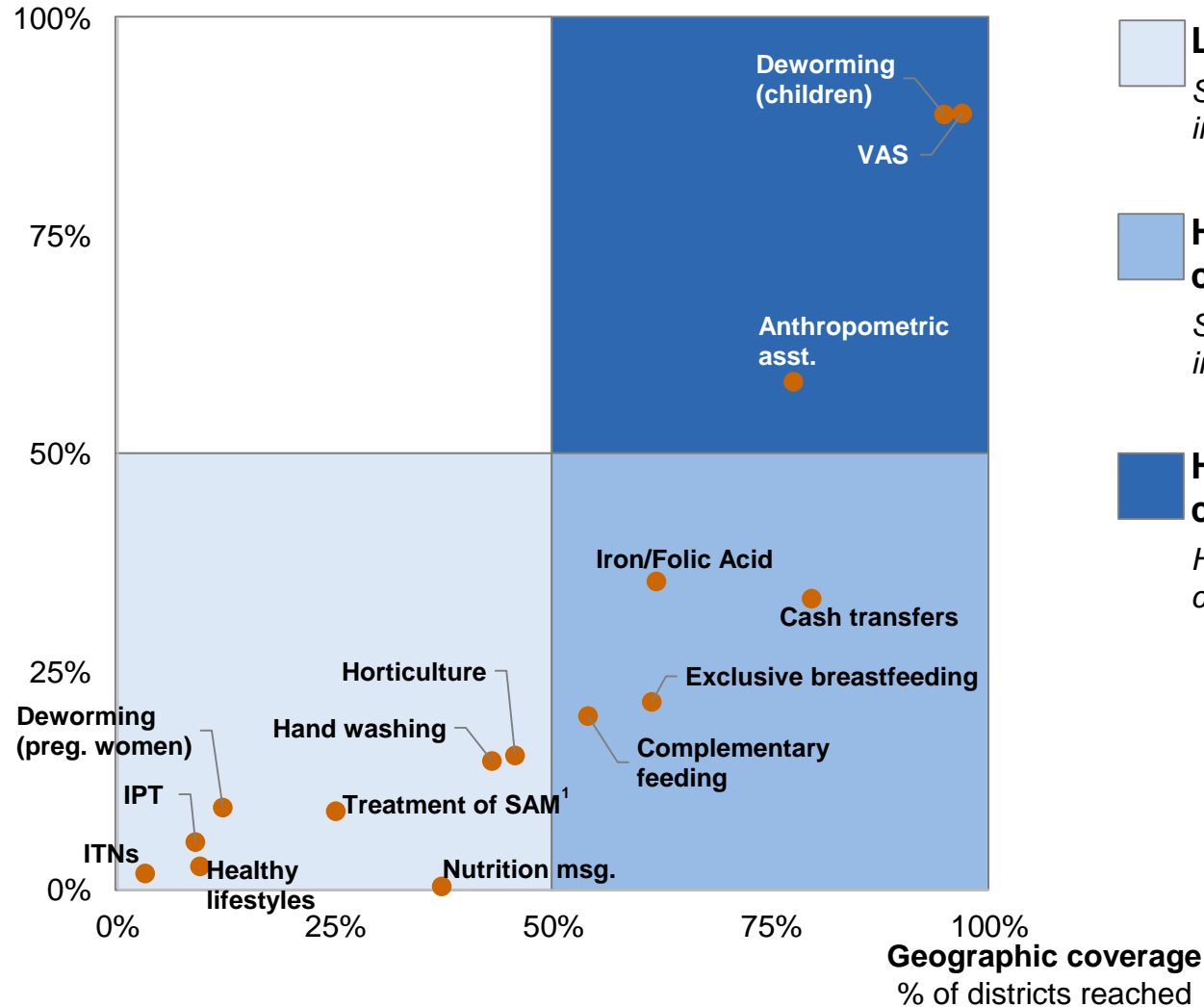
of CNAs with at least 20%³ of target population covered

¹Among children 0-59 months old, Tanzania DHS/MIS 2015-2016
²The total number of CNAs in the matrix includes all CNAs, except the action on nutrition governance
³This percentage is a country-defined level based on the results of the stakeholder mapping to highlight disparities in action coverage.

What is both the geographic and beneficiary coverage of actions?

Nationally, more CNAs have both low population coverage, where most also have low geographic coverage

Population coverage
% of target population reached



- Low geographic and population coverage**
Scaling up discussion should involve how to reach more people in more places

- High geographic coverage and low population coverage**
Scaling up discussion should involve how to reach more people in the places where the action is already taking place

- High geographic coverage and high population coverage**
How can the remaining population be reached? What lessons can be learned from actions with high coverages?

*The indicator for acute malnutrition was collected through the 2016 Tanzania Bottleneck Analysis

Summary

Key messages and questions

1. Scaling up nutrition actions

- While the coverage of CNAs across districts varies, most CNAs are only reaching a small percentage of the target populations
- Even in districts where CNAs are taking place but reaching few beneficiaries, further analysis may be need to determine the barriers to reaching a greater number of beneficiaries

2. Learning and Integration

- In many districts, three CNAs (vitamin A, deworming for children and anthropometric assessment of children) have both high geographic coverage and population coverage compared to other actions – *are there best practices that can be learned from and used in reaching beneficiaries with other actions?*

3. Delivery Mechanisms

- Most actions use similar delivery mechanisms, mainly through the health sector, stakeholders may need to explore, test and expand on how and what delivery mechanisms are being used

4. Partnership and collaborations

- TASAF reaches many beneficiaries and can be a good platform for targeting vulnerable groups with a wide variety of actions

5. Coordination and reporting

- Councils should be strengthened to support availability of information on actions taking place in their district in order to support better coordination at the district level among all actors

6. Wide range of available stakeholders

- Mechanism to reach non-traditional stakeholders should be built upon to improved financing, implementation and coordination of nutrition actions

Annexe

List of stakeholders and stakeholder abbreviations (1 of 3)

Short Name	Full Name	Organization Type
ADP-Mbozi	Agricultural Development Project for Mbozi District	NGO
Afan Foundation	Afan Foundation	NGO
AFNET	Anti-Female Genital Mutilation Network	NGO
Africare	Africare	NGO
Africare/MBNP	Mwanzo Bora Nutrition Program	NGO
Africare/PT	Pamoja Tuvalee project	NGO
AGPAHI	Ariel Glaser Pediatric AIDS Healthcare Initiative	NGO
AMCC		NGO
Amka Women Group	Amka Women Group	NGO
Belgium Foundation	Belgium Foundation	Bilateral/Multilateral organization
BIPAI	Baylor International Pediatric AIDS Initiative	NGO
BRAC	BRAC International	NGO
CCT	Christian Council of Tanzania	NGO
CDC	Centers for Disease Control and Prevention	Research institute
CEDO	Christian Education and Development Organization	NGO
Childreach TZ	Childreach Tanzania	NGO
CIFF	Children's Investment Fund Foundation	Bilateral/Multilateral organization
Cornell	Cornell University	Research institute
COSITA	Community Support Initiatives – Tanzania	NGO
COUNSENUTH	Centre for Counselling, Nutrition and Health Care	NGO
CRS	Catholic Relief Services	NGO
CUAMM	Medici con l'Africa CUAMM	NGO
DFAT	Australian Department of Foreign Affairs and Trade	Bilateral/Multilateral organization
DFID	United Kingdom	Bilateral/Multilateral organization
DMI	Development Media International	NGO
Dubai Cares	Dubai Cares	Bilateral/Multilateral organization
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation	NGO
EU	European Union	Bilateral/Multilateral organization
FANTA	Food and Nutrition Technical Assistance III Project	NGO
FAO	Food and Agriculture Organization	UN agency
FCI	Farm Concern International	NGO
Feed the Children	Feed the Children	NGO
FIDE	Friends In Development	NGO

List of stakeholders and stakeholder abbreviations (2 of 3)

Short Name	Full Name	Organization Type
GAC	Global Affairs Canada	Bilateral/Multilateral organization
Heifer	Heifer International	NGO
HKI	Helen Keller International	NGO
Iambi Hospital	Iambi Lutheran Hospital	NGO
ICRISAT	International Crops Research Institute for the Semi-Arid Tropics	Research institute
IMA	IMA World Health	NGO
IOP	Ilula Orphan Program	NGO
IRDI		NGO
IRDO	Ileje Rural Development Organisation	NGO
Irish Aid	Irish Aid	Bilateral/Multilateral organization
JIDA	Jikomboe Integral Development Association	NGO
KINNAPA	KINNAPA Development Programme	NGO
KOCD	Kilombero organization for community development	NGO
KOICA	Korea International Cooperation Agency	Bilateral/Multilateral organization
LUWADA	Lusungu Ward Development Association	NGO
Maarifa	Maarifa ni Ufunguo	NGO
MACSNET	Manyara Regional Civil Society Network	NGO
MAFC	Ministry of Agriculture, Livestock and Fisheries	Government
Maisha Bora	Maisha Bora Programme	NGO
MEDI	Mtwara Economic Development Initiatives	NGO
MISO	Milo Sayuni Orphanage	NGO
Mkinga ADP	Mkinga ADP	NGO
MoE	Ministry of Education, Science and Technology	Government
MoF	Ministry of Finance and Planning	Government
MoHCDGEC	Ministry of Health community Development, Gender, Elderly and Children	Government
MoHz	Ministry of Health - Zanzibar	Government
NADEFO	Nanyumbu Development Foundation	NGO
NAFGEM	Network against Female Genital Mutilation	NGO
NTDS		NGO
Pact	Pact	NGO
PANITA	Partnership for Nutrition in Tanzania	NGO
PASADIT		NGO
PCI	Project Concern International	NGO

List of stakeholders and stakeholder abbreviations (3 of 3)

Short Name	Full Name	Organization Type
Plan	Plan International	NGO
PORALG	President's office regional administration and local government	Government
PSI	Population Services International	NGO
RECODA	Research, Community and Organizational Development Associates	NGO
SADERA		NGO
SARI	Selian Agricultural Research Institute	Research institute
SCI	Save the Children	NGO
SEMA		NGO
SNV	SNV Netherlands Development Organisation	NGO
SWISSAID	SWISSAID	NGO
TAHEA	Tanzania Home Economics Association	NGO
TAPP	Tanzania Agriculture Productivity Program	NGO
TASAF	Tanzania Social Action Fund	Government
TAWG	Tanga Aids Working Group	NGO
TDFT	Tabora Development Foundation Trust	NGO
TFNC	Tanzania Food and Nutrition Centre	Government
TRCS	Tanzania Red Cross Society	NGO
TUNAJALI	TUNAJALI Program	NGO
UHIC		NGO
UMATI	Chama Cha Uzazi na Malezi Bora Tanzania	NGO
UMWEMA	Umwema Group Morogoro Trust Fund	NGO
UNICEF	United Nations Children's Fund	UN agency
USAID	United States Agency for International Development	Bilateral/Multilateral organization
Vista	Team Vista	NGO
WEGCC	Women's Economic Groups Coordinating Council	NGO
WEI	World Education, Inc.	NGO
WFP	World Food Programme	UN agency
WHO	World Health Organization	UN agency
World Bank	World Bank	Bilateral/Multilateral organization
WVI	World Vision International	NGO
YADEC	Youth Advisory and Development Council	NGO