

**FANTA III**

FOOD AND NUTRITION  
TECHNICAL ASSISTANCE



**USAID**  
FROM THE AMERICAN PEOPLE

# SYSTEMIC SCALE-UP OF NUTRITION PROGRAMMING IN TANZANIA

A Report on FANTA Activities from 2010 to 2017



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## Abbreviations and Acronyms

ASSIST	Applying Science to Strengthen and Improve Systems Project
BIPAI	Baylor International Pediatric AIDS Initiative
BMI	Body mass index
CAADP	Comprehensive Africa Agriculture Development Programme
COUNSENUTH	Centre for Counselling on Nutrition and Health
DAI	Development Alternatives, Inc.
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
eMTCT	Elimination of mother-to-child transmission of HIV
GAIN	Global Alliance for Improved Nutrition
GOT	Government of Tanzania
ICAP	International Center for AIDS Care and Treatment Programs
IP	Implementing Partner
LGA	Local Government Authority
MDH	Management and Development for Health
MNAP	Multi-Sectoral Nutrition Action Plan (2016–2021)
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MUAC	Mid-upper arm circumference
MVC	Most vulnerable child(ren)
NACS	Nutrition assessment, counseling, and support
OVC	Orphan(s) and vulnerable child(ren)
PEPFAR	U.S. President's Emergency Fund for AIDS Relief
PHFS	Partnership for HIV-Free Survival
PMO	Prime Minister's Office
PMTCT	Prevention of mother-to-child transmission of HIV
TFNC	Tanzania Food and Nutrition Centre
TZS	Tanzanian shilling



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## Overview

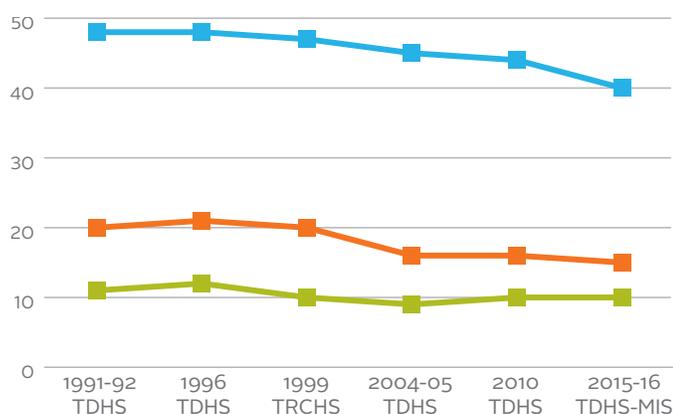
Despite improvements over the past decade, undernutrition in Tanzania remains unacceptably high. One in three children under 5 years (34 percent) is stunted, and 14 percent are underweight, according to the *Tanzania Demographic and Health and Malaria Indicator Survey 2015–16: Key Findings*. With population numbers growing, absolute numbers of undernourished people are increasing. Tanzania also suffers from the double burden of undernutrition and overnutrition, with the incidence of diet-related non-communicable diseases increasing rapidly. About one-half of children under 5 (58 percent) and women of reproductive age (45 percent) suffer from anemia.

For several years, political commitment to addressing nutrition in Tanzania has expanded along with understanding of nutrition’s impact on national development and economic productivity.

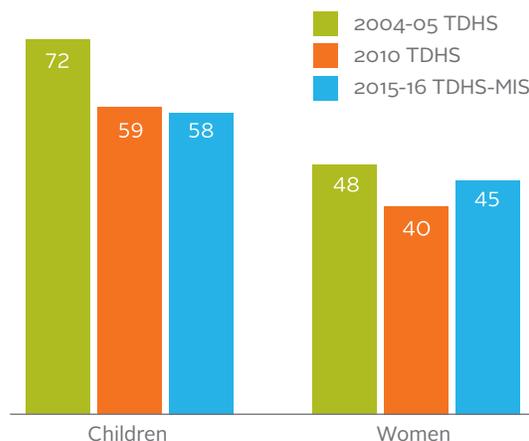
Realizing the value of investing in nutrition, the Government of Tanzania (GOT) revised the National Nutrition Strategy 2011/12–2015/16, formed a High-Level Steering Committee on Nutrition consisting of permanent secretaries from nine line ministries, updated the national Food and Nutrition Policy to direct multi-sectoral action on nutrition, and developed a national Multi-Sectoral Nutrition Action Plan (MNAP) and Common Results Framework to translate policy into action and results. Nutrition Steering Committees have been formed in Local Government Authorities (LGAs) to facilitate multi-sectoral coordination and the engagement of key stakeholders.

From 2010 to 2017, with funding from USAID/Tanzania, FANTA supported government-led efforts through the Tanzania Food and Nutrition Centre (TFNC), which is mandated to coordinate nutrition activities in Tanzania; the Nutrition

### Trends in nutritional status of children under 5 in Tanzania, 1991–2016



### Trends in anemia in children 6–59 months and women 15–49 years, 2004–2016



Source: Tanzania Demographic and Health and Malaria Indicator Survey 2015–16: Key Findings

Services Section of the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC); the Prime Minister's Office (PMO), PEPFAR Implementing Partners (IPs), and LGAs to:

- Build capacity to integrate nutrition assessment, counseling, and support (NACS) into health facility and community services with leveraged support from PEPFAR IPs.
- Catalyze systematic review and effective coordination of evidence-based actions to improve nutrition.
- Strengthen multi-sectoral nutrition governance.

### Systematizing the NACS Approach

FANTA supported the MOHCDGEC, TFNC, LGAs, and PEPFAR IPs to introduce the NACS approach and scale up NACS in the continuum of health care. This support resulted in the systematic scale-up of NACS; capacity building of health managers, health care providers, and community workers; national guidelines on nutrition care and support for people with HIV; and training and reference materials, job aids, and M&E tools for facility- and community-based service providers. With leveraged support from IPs, NACS services have been integrated into health facilities and community services in 22 of mainland Tanzania's 26 regions.

## NACS scale-up to 22 regions

### NACS training of:

**1,979** facility-based health care providers

**1,220** community service providers

**235** community NACS trainers

**162** regional and district nutrition officers

**25** tutors from pre-service nutrition-related training institutions

**1,031** regional and district health managers and community leaders sensitized on the importance of nutrition and their roles in integrating NACS into health and community services

**20** PEPFAR IPs using the network of trainers to cascade NACS training

### Equipment and supplies distributed:

**77,000** sets of mid-upper arm circumference tapes

**37,500** copies of the health facility NACS training package

**22,400** copies of NACS monitoring and evaluation tools

**10,500** copies of NACS Job Aids

**7,000** body mass index wheels

**500** copies of the NACS Implementation Guide

**500** copies of the community NACS training package

## Strengthening and Aligning Government Efforts to Improve the Enabling Environment for Nutrition

FANTA supported government and other stakeholders in prioritizing evidence-based actions to improve nutrition and strengthening multi-sectoral nutrition governance and coordination across sectors. With the PMO and TFNC, FANTA supported advocacy for nutrition by facilitating a multi-stakeholder PROFILES process in 2014 to estimate the negative consequences of failing to reduce nutrition problems and the benefits of improved nutrition between 2014 and 2025. FANTA supported revision of the Food and Nutrition Policy and its companion Implementation Strategy and development of the costed 5-year MNAP. In

accordance with the USAID Multi-Sectoral Nutrition Strategy 2014–2025 objective of “Improved Social and Behavior Change Strategies and Approaches for Both Nutrition-Sensitive and Nutrition-Specific Activities,” FANTA collaborated with Tanzanian filmmakers to produce a nutrition feature film to model dietary diversity and optimal infant feeding and WASH practices and to increase utilization of health services to reduce stunting.

This report summarizes FANTA’s achievements and results in Tanzania over the past 8 years. It showcases multi-stakeholder collaboration, highlights challenges and how they were addressed, and provides recommendations for future programming.

## Timeline of FANTA Activities in Tanzania

FANTA training, supportive supervision, and LGA sensitization in pilot Food by Prescription sites

FANTA and Development Alternatives, Inc. provided national guidance on household food security assessments and nutrition interventions for MVC and HBC

Rollout of NACS training and supportive supervision with IPs

Revision of the Food and Nutrition Policy and Implementation Strategy

Launch of *Ngoma ya Roho* feature film on nutrition and stunting

**2010**

**2012**

**2015**

**2017**

**2011**

First edition of NACS training package for facility-based providers

**2014**

Tanzania PROFILES, support for National Food and Nutrition Policy, NACS training and supportive supervision in 30 Partnership for HIV-Free Survival sites

**2016**

Second edition of NACS training and reference materials, Roadmap for the MNAP 2016/17–2020/21, costed Multisectoral Nutrition Governance and Nutrition-Sensitive Interventions action plans, final community NACS training package

## Integration of NACS across the Continuum of Care

Poor nutrition increases susceptibility to disease, leading to immunological dysfunction and metabolic responses that further affect nutritional status. People whose malnutrition is not treated early have longer hospital stays, slower recovery from infection and complications, and higher morbidity and mortality. Nutrition care and support can improve food intake, nutritional status, immune response, response to medical treatment, and quality of life. The NACS approach aims to improve the nutritional status of individuals and populations by integrating nutrition into policies, routine health service delivery, and community and other programs, such as care for orphans and vulnerable children (OVC). The USAID Multi-Sectoral Nutrition Strategy 2014–2025 highlights the effectiveness of NACS in increasing access to nutrition services and strengthening health systems. From 2010 to 2017, FANTA/Tanzania worked with TFNC and LGAs in a government-led effort to operationalize and institutionalize NACS in health facility and community service delivery, with leveraged support from implementing partners.

### From Food by Prescription to NACS

In 2006, the U.S. President's Emergency Program for AIDS Relief (PEPFAR) issued guidance on food and nutrition support for people with HIV and orphans and vulnerable children (OVC). As a result, Food by Prescription (FBP) programs incorporating nutrition assessment, counseling, and prescription of specialized food products to treat acute malnutrition in Kenya, Malawi, South Africa, Tanzania, and Zambia were implemented with PEPFAR support. In 2008, FANTA supported a pilot FBP program in eight care and treatment clinics in five regions in Tanzania. Most staff lacked knowledge about clinical nutrition management for people with HIV, individual

counseling was rare, and no social and behavior change materials or job aid materials were available at any of the sites. All the sites measured weight, but not height.

FANTA and TFNC developed guidelines and training materials to integrate FBP into prevention of mother-to-child transmission of HIV (PMTCT) and maternal and child health (MCH) services, care and treatment clinics, and OVC programs. With TFNC, IPs sensitized local leaders on the objectives of FBP and on admission and discharge criteria. TFNC trained regional trainers who rolled out FBP training to service providers, funded by IPs and facilitated in partnership with regional and district medical officers. A technical working group was established by TFNC, the National AIDS Control Programme, and the Ministry of Health and Social Welfare (which later became the MOHCDGEC) to coordinate nutrition and HIV activities.

USAID coordinated with the Clinton Health Access Initiative, the Global Fund, and UNICEF to supply ready-to-use therapeutic food to the Food by Prescription sites. The USAID-funded Supply Chain Management System procured fortified-blended food for treatment of moderate acute malnutrition from Insta Foods in Kenya, and later USAID worked with TechnoServe to support local production of fortified-blended food. A local producer, Power Foods, began to produce ready-to-use therapeutic food with support from Nutriset.

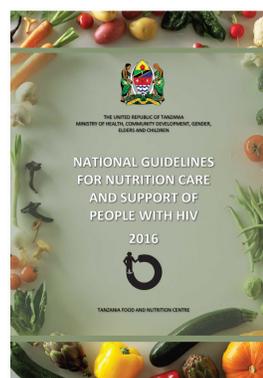
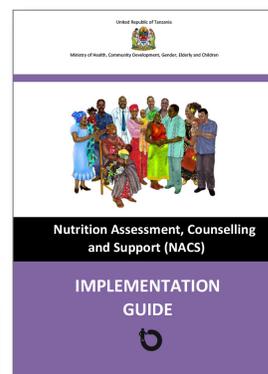
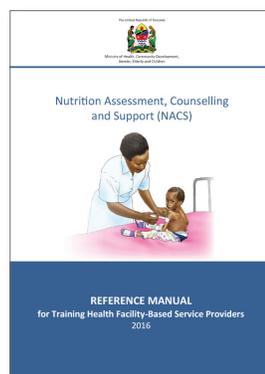
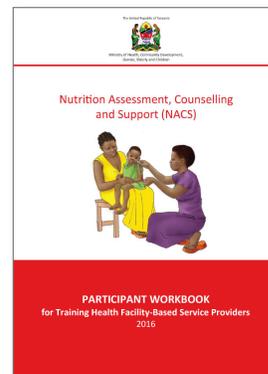
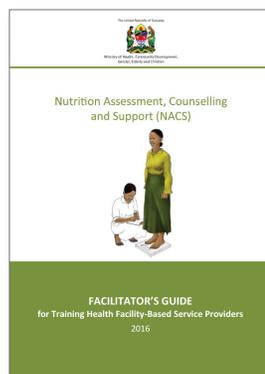
In 2010, FANTA convened a conference in Uganda to enable countries to share tools and experience in nutrition programming and to disseminate promising approaches in NACS, a term that replaced FBP to stress the importance of scaling up standardized nutrition assessment and counseling. The NACS approach targeted all clients receiving health facility and community

health-related services, not only people with HIV and OVC. With support from FANTA, participants from TFNC and the Tanzania Commission for AIDS (TACAIDS) attended this conference, which was also attended by 98 government and PEPFAR program representatives from 18 countries.

### Pioneering NACS Guidance

Tanzania was one of the first countries to operationalize the NACS approach. As a global project, FANTA was able to adapt its technical assistance to evolving global guidance, recommended practices, and country evidence. In 2010, FANTA worked with TFNC, the Centre for Counselling on Nutrition and Health (COUNSENUH), Muhimbili University of Health and Allied Sciences, Muhimbili National Hospital, and partners to develop the first edition of the NACS training package for facility-based health care providers. The package, which was used in multiple regions to train trainers and health care providers, included a facilitators' guide, participant workbook, training PowerPoint, reference manual, job aids, wall charts, a PowerPoint for sensitization of LGAs and community leaders, and NACS client management and reporting forms. In 2016, the MOHCDGEC endorsed and issued the second edition of the training package, which FANTA and TFNC had updated based on government and IP experience and training and global guidance. TFNC, IPs, and LGAs then disseminated the updated package countrywide.

FANTA also worked with TFNC to update the *National Guidelines for Nutrition Care and Support of People with HIV* and with PEPFAR IPs to develop a *NACS Implementation Guide* on NACS planning, budgeting, training, and monitoring. The government-approved NACS materials were used countrywide by LGAs and IPs and served as a model for other FANTA-supported countries and NACS products. Other NACS tools and materials developed by FANTA and used in Tanzania to scale up and standardize nutrition assessment included a simple anthropometry tool and an innovative body mass index (BMI) wheel.



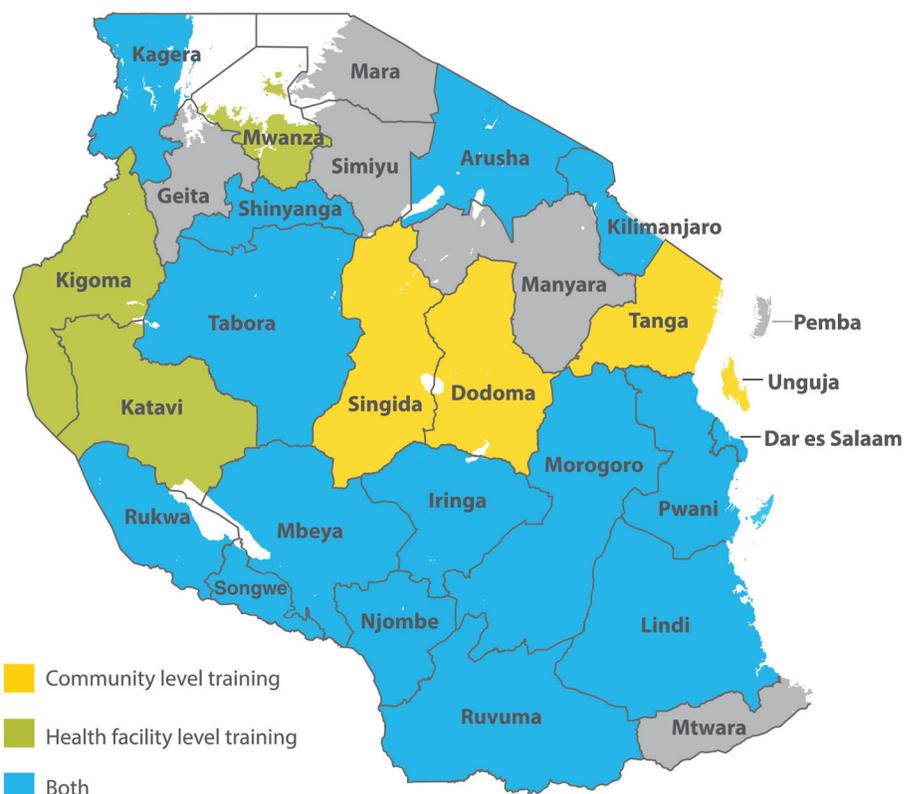
To strengthen the continuum of care between health facilities and catchment communities, FANTA then worked with TFNC and PEPFAR IPs to develop a NACS training manual in Kiswahili for community care providers. TFNC used the community NACS package to train trainers and providers working with the USAID flagship MVC (most vulnerable children) program in Tanzania, Pamoja Tuwalee (2010–2016) (“Together We Care”), implemented by Africare, FHI 360, Pact, World Education, Inc. (WEI), and a nation-wide network of sub-partners. As part of this effort, FANTA provided training materials and mid-upper arm circumference (MUAC) tapes and facilitated training of community NACS trainers. The Pamoja Tuwalee partners and their sub-partners used these trainers to cascade NACS training to their volunteers and empowerment workers in 22 regions (Africare/TAHEA in Dodoma, Iringa, Njombe, and Singida; FHI 360

in Dar es Salaam, Morogoro, Pwani, and Unguja; Pact in Kagera, Katavi, Lindi, Mara, Mbeya, Mtwara, Mwanza, Ruvuma, and Tabora; and WEI in Arusha, Kilimanjaro, Manyara, and Tanga), to meet their PEPFAR targets for providing food and nutrition services to OVC.

### Engaging IPs and LGAs in NACS

PEPFAR/Tanzania followed the country’s decentralized health system by assigning IPs to different areas of the country. FANTA strengthened the capacity of 15 PEPFAR IPs to integrate NACS into HIV care and treatment, PMTCT, and MVC programming and to improve the quality and consistency of NACS services in their designated regions. Through meetings of the Nutrition and HIV Technical Working Group and with PMTCT partners, home-based care providers, and OVC partners, FANTA also advocated for the inclusion of nutrition in IP work plans and budgets.

**Figure 1. Regions of Tanzania reached with FANTA NACS training**



As one of USAID/Tanzania's specialized technical assistance partners, FANTA supported the GOT and IPs to define and standardize national food security and nutrition guidance for home-based care and MVC care. Specifically, FANTA reviewed and standardized the food and nutrition content in the *National Costed Plan of Action II for MVC 2013–2017*, *Pamoja Tuwalee Community Volunteer Handbook*, and *2014 National Guidelines for Economic Strengthening of Most Vulnerable Children Households*.

NACS Acceleration Funds from USAID's Office of HIV/AIDS enabled significant NACS scale-up in Tanzania. FANTA supported TFNC to respond to IP requests for NACS materials and tools, training, and supportive supervision. For example, in 2014 Africare requested training of 295 community volunteers in NACS, resulting in provision of nutrition services to 41,106 MVC and of nutrition education to 30,463 caregivers. In 2015, Pact requested training of 125 trainers from 10 regions, who then trained

### Government and implementing partners that received FANTA technical assistance for NACS integration

PARTNERS	FANTA TECHNICAL ASSISTANCE
MOHCDGEC Nutrition Services Section, TFNC	NACS planning, coordination, reporting, supervision and mentoring
AIDS Relief, Allamano Centre, Center for Counselling on Nutrition and Health (COUNSENUTH), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), International Center for AIDS Care and Treatment Program (ICAP), LGAs in four regions, Pastoral Activities and Services for People with AIDS Dar es Salaam Archdiocese (PASADA), Unilever-Lugoda Hospital, Walter Reed Program-Tanzania (WRP-T), Management and Development for Health (MDH)	Food by Prescription (FBP) training
Ariel Glaser Pediatric AIDS Healthcare Initiative (AGPAHI), AIDSRelief, Baylor International Pediatric AIDS Initiative (BIPAI), Compassion International, EGPAF, ICAP, MDH, PharmAccess, Tanzania Health Promotion Services (THPS), Tunajali (Deloitte)	Facility NACs training
AGPAHI, BIPAI, Compassion International, COUNSENUTH, Development Alternatives, Inc. (DAI), EGPAF, FHI 360, Tanzania Home Economics Association (TAHEA), Pamoja Tuwalee partners (Africare, FHI 360, Pact, WEI), WRP-T	Community NACS training
AGPAHI, BIPAI, DAI, EGPAF, ICAP, MDH, THPS, Tunajali/Deloitte, WRP-T, LGAs in 16 regions	Sensitization of LGAs and community leaders on the importance of nutrition and their role in NACS

223 community service providers in NACS under TFNC supervision. FANTA also supported NACS training for BIPAI (in Mbeya and Mwanza), EGPAF (in Kilimanjaro, Lindi, Mtwara, and Tabora), FHI 360 (in Dar es Salaam, Morogoro, Pwani and Zanzibar), MDH (in Dar es Salaam), Pact (in Kagera, Katavi, Lindi, Mbeya, Mtwara, Musoma, Mwanza, Rukwa, Ruvuma, and Tabora), Tanzania Health Promotion Services (in Kigoma and Pwani), Tunajali (in Iringa), Walter Reed Tanzania (in Katavi, Mbeya, Rukwa, and Ruvuma), and WEI integrated NACS into routine school health assessments in Arusha, Kilimanjaro, Manyara, and Tanga. This technical assistance enabled the IPs to expand NACS services in the regions they support, strengthen MVC care,

and meet PEPFAR nutrition indicator reporting requirements. FANTA provided each IP with NACS training materials and job aids, MUAC tapes, and BMI wheels.

FANTA also provided technical support to TFNC national trainers to train health care providers and regional and district nutrition officers in NACS in the USAID priority regions of Dar es Salaam, Iringa, Mbeya, Njombe, Ruvuma, and Shinyanga regions. FANTA also worked with TFNC to conduct supportive supervision of providers trained in NACS and sensitize LGAs on NACS in Njombe, Shinyanga, Dar es Salaam, Pwani, Kilimanjaro, Mbeya, Iringa, Tabora, and Lindi regions.



Site practicum during NACS training, Shinyanga Municipality, 2015

## Training a New Generation of Nurses and Clinicians in NACS

In countries where FANTA provided technical assistance to scale up NACS through in-service training, governments expressed the need to strengthen the nutrition component of pre-service training for nurses and clinicians. In 2016, FANTA and TFNC trained 25 tutors from nutrition-related pre-service training institutions and nursing schools in NACS. Tutors are responsible for training health service providers in pre-service health training institutions prior to their employment in the health system. The tutors are already using this NACS training to teach their students how to manage malnutrition when they become health service employees.



Community health worker home visit, Dodoma.  
Source: Africare/TAHEA

“We see an increase in NACS service uptake among HIV-positive pregnant and post-natal women who attend RCH [Reproductive and Child Health] services.”

*EGPAF, Nzega, 2016*

“With technical assistance from FANTA and TFNC from 2014 to 2016, we were able to train 652 frontline empowerment workers, trainers, and District Nutrition Officers. This enabled Pact to reach 94,971 children under 5 with nutrition assessment in FY15 and FY16.”

*Pact, 2016*

“Empowerment workers did quarterly nutrition assessment using MUAC tapes, and this created demand among caregivers ... who asked them to do assessments more than every quarter because they wanted regular updates on their children’s nutritional status.”

*Africare, 2016*



Left: 2-month-old infant referred to hospital in Njombe Region, 2014. Right: 3 weeks after treatment for SAM.  
Source: Africare

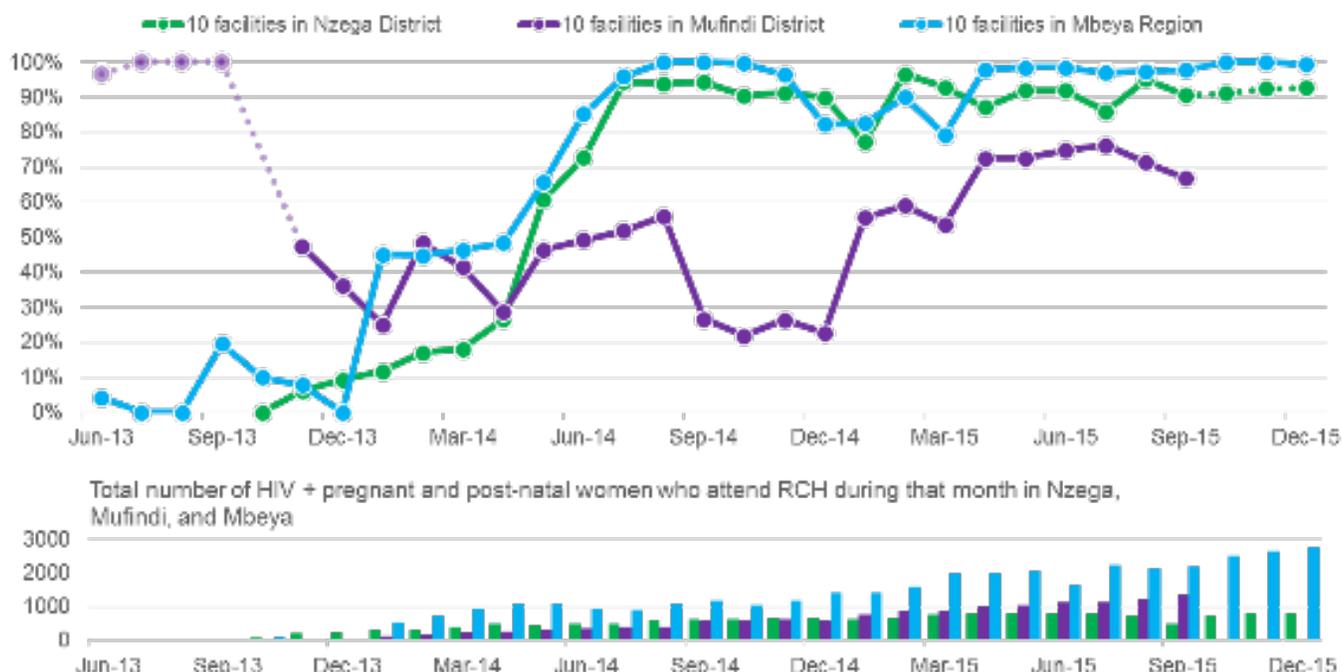
## Contributing to Elimination of Mother-to-Child Transmission of HIV

One of FANTA's objectives was to strengthen nutrition services under the pre- and post-natal continuum of PMTCT care under the Partnership for HIV-Free Survival (PHFS), which was initiated by the Inter-Agency Task Team for the Prevention of HIV in Pregnant Women, Mothers, and Their Infants. WHO, PEPFAR, and ministries of health from six countries started PHFS activities in 2012, to scale up elimination of mother-to-child transmission of HIV (eMTCT) and nutrition programming, with Tanzania receiving the largest amount of funding. FANTA supported the participation of the MOHSW at the global PHFS launch in South Africa in 2013. The objectives of PHFS are to 1) achieve universal breastfeeding and improved nutrition of mother-child pairs, 2) ensure that all HIV-exposed breastfed infants receive antiretroviral drugs, 3) achieve more than 90 percent coverage of eMTCT services and reduce mother-to-child transmission from 15 percent to 1 percent, and 4) achieve more than 90 percent

coverage of NACS. NACS offered an opportunity to create a comprehensive continuum of nutrition care and a structure for retaining mother-infant pairs in care for the first 2 years of life.

In Tanzania, PHFS was a major driver of NACS scale-up. In 2013, the initiative was launched in 30 health facilities in Nzega District Council (Tabora Region), Mufindi District Council (Iringa Region), and Mbeya City Council (Mbeya Region). By 2015, it had expanded to 90 sites. EGPAF, Tunajali/Deloitte, and BIPAI supported implementation, and URC/Applying Science to Strengthen and Improve Systems (ASSIST) Project supported quality improvement. FANTA conducted baseline assessments, provided NACS materials and tools, and supported TFNC in organizing quality improvement learning sessions, monthly steering committee meetings, and supportive supervision visits. As a member of the PHFS Steering Committee, FANTA presented Tanzania's experience in meetings in South Africa and Uganda, as well as in a webinar on the 2016 updated WHO guidelines on infant

## Percentage of HIV-positive pregnant and post-natal women attending RCH counseled on nutrition in Ngeza, Mufindi, and Mbeya districts, June 2013–December 2015



Source: PHFS Tanzania. 2016. "PHFS Lessons Learned from Tanzania." Presented at the AIDS 2016 Satellite Session: Implementation of Option B+: Focus on the PMTCT Continuum including Maternal/Infant Nutrition.

feeding in the context of HIV, organized by UNICEF and WHO. In 2016, FANTA, URC/ASSIST, and the MOHCDGEC hosted a PHFS Global Leadership Working Group session in Dar es Salaam. Using the improvement collaborative model, the Tanzania PHFS partners tracked improvements on run charts such as the one above to show increases in nutrition counseling provided to HIV-positive pregnant and post-natal women during RCH visits.

As a result of PHFS activities, Regional and Council Health Management Teams integrated NACS into supportive supervision, weekly management meetings, and some Comprehensive Council Health Plans. FANTA sponsored a presentation by TFNC in the 2nd Tanzania Health Summit in 2015, on “The Contribution of Nutrition Assessment, Counselling and Support (NACS) in Improving Maternal and Child Health: Evidence from Partnership for HIV-Free Survival (PHFS) Sites in Tanzania.”

### Increasing the Effectiveness of Antiretroviral Therapy for Mothers and Infants

In 2015, FANTA and URC/ASSIST supported the MOHCDGEC and PEPFAR IPs in integrating NACS into five care and treatment clinics in Mbeya District to improve antiretroviral therapy engagement, adherence, and retention. FANTA participated in a baseline assessment, trained health care providers in NACS and (with URC/ASSIST) self-management counseling, and participated in a learning session and supportive supervision of service providers. URC/ASSIST will provide the results of the final evaluation of the intervention in mid-2017.



FANTA/Tanzania Program Officer Caroline Mshanga assisting with the baseline assessment at a PHFS site in Mbeya.

### Major Accomplishments in NACS

- Scale-up of NACS to 22 out of 26 regions through government and leveraged IP resources across the continuum of care
- Production of state-of-the-art, evidence-based NACS guidelines, materials, and tools
- Operationalization of NACS technical guidance in health service delivery across the continuum of care
- Country Operational Plan targets for in-service training met or exceeded by IPs

**FANTA are the smartest ones on the block re. nutrition in Tanzania, and in general.**

*Joan Mayer, Adviser on Program Integration and Coordination, USAID/Tanzania, Iringa and Njombe*

**NACS is hot. TFNC has advocated in every district for 2 years for LGAs to budget for NACS. They are ready to do it.**

*Gelagister Gwarasa, Senior Food and Nutrition Research Specialist, TFNC*

## Strengthening the Enabling Environment for Nutrition in Tanzania

To improve oversight and coordination of nutrition governance, leadership, and capacity in Tanzania, FANTA worked with the PMO, which has the authority and ability to convene key line ministries and stakeholders across all sectors to take action on nutrition.

### Supporting Tanzanian Government Participation in Global Nutrition Forums

In 2014, FANTA, United Nations Renewed Efforts Against Child Hunger (UN-REACH), UNICEF, and Irish Aid initiated the first Joint Nutrition Sector Review in Tanzania. These annual reviews have continued with the support of major donors. Also in 2014, FANTA prepared briefing documents for the Vice-President and various ministers for the International Conference on Nutrition-2 in Rome.

FANTA was in the forefront of planning several key events on the global nutrition landscape that took place in Tanzania. FANTA served on the Steering Committee and chaired sessions for the 3rd Federation of African Nutrition Societies (FANUS) conference in Arusha, Tanzania, in 2015, where TFNC also presented a poster on national NACS scale-up. The same year, FANTA served on the Global Alliance for Improved Nutrition (GAIN) Technical Advisory Group for

the First Global Summit on Food Fortification in Arusha. In addition, FANTA provided financial support to GAIN and supported the PMO and TFNC in organizing and hosting the meeting of 450 delegates from 57 countries.

In 2016, FANTA organized and hosted a Multi-Sectoral Nutrition Global Learning and Evidence Exchange meeting in Dar es Salaam. The meeting was one of a series supported by USAID to inform implementation of its *Multi-Sectoral Nutrition Strategy 2014–2025*, which emphasizes the need to address both the direct and underlying causes of malnutrition. The Multi-Sectoral Nutrition Global Learning and Evidence Exchange meeting in Tanzania was a platform for the PMO to discuss and share lessons learned on multi-sectoral nutrition programming with USAID and other U.S. Government staff, host country government partners, implementing partners, and other experts from east, central, and southern Africa.

Because of FANTA support for nutrition policy and planning, the GOT was able to report the positive results it had achieved on nutrition commitments in the following high-profile global meetings:

- Nutrition for Growth Conference, London, 2013



We've come a long way in integrating nutrition into health services in Tanzania. It was difficult at first for health workers to realize that nutrition is part of the treatment clients need when they visit a health facility. From our monitoring since Food by Prescription evolved into NACS, we've seen that most staff in the facilities appreciate that improving nutrition services improves quality of life. Ten years ago, even in our national referral hospital, nutritionists were frustrated. Today, we see nutritionists visiting patients with the doctors. I hope USAID will continue its collaboration and support, because there is still much to do to make the NACS approach known to every facility in Tanzania.

*Dr. Joyceline Kaganda, Acting Managing Director, TFNC*

- United Nations General Assembly Nutrition Side Event, New York, 2014
- International Conference on Nutrition-2, Rome, 2014
- Scaling Up Nutrition country calls and global gatherings (2013–2016)

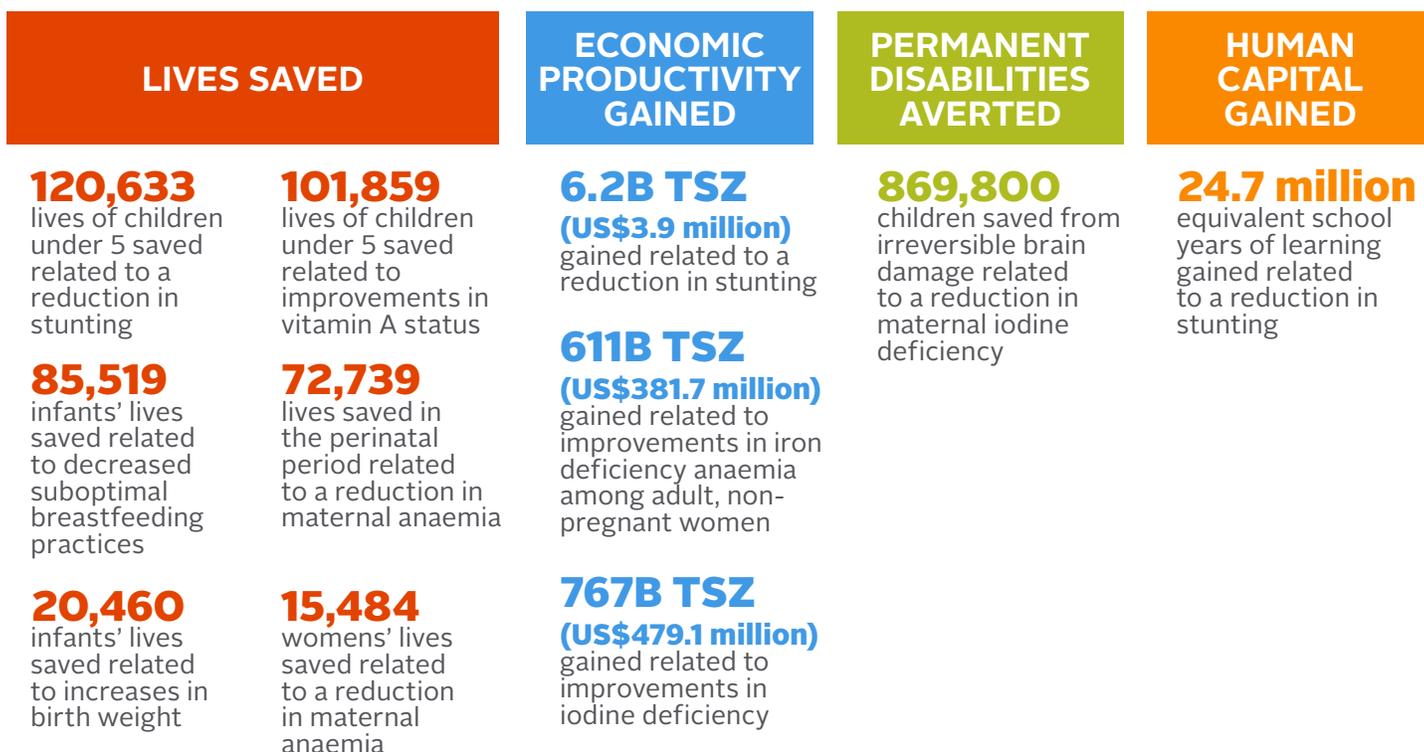
### Using PROFILES Estimates for Nutrition Advocacy

With the PMO and TFNC, in 2014, FANTA led a multi-stakeholder PROFILES exercise that estimated the negative consequences of failing to reduce nutrition problems and the benefits of improved nutrition (e.g., lives saved and economic productivity losses averted) between 2014 and 2025. The process included meetings of a core working group, a stakeholder meeting, a 4-day PROFILES workshop, and a meeting to discuss preliminary estimates and advocacy issues in preparation for an advocacy workshop.

The PROFILES estimates of the benefits of nutrition improvements included hundreds of thousands of lives saved and disabilities reduced; cognitive development improvements in children and permanent brain damage prevented in about 890,000 children; more years of school for children and better school performance, resulting in learning gains of 24.7 million school year equivalents; and increased productivity exceeding US\$3.9 billion (6.2 trillion Tanzanian shillings).

FANTA then facilitated a workshop to develop a National Nutrition Advocacy Plan to prioritize target audiences and align advocacy efforts with national nutrition priorities. The plan included producing creative briefs on nutrition advocacy for six target audiences and disseminating the briefs at advocacy events. The National Nutrition Advocacy Plan was validated in consultation with TFNC and stakeholders.

### Estimates of future lives saved, economic productivity gained, permanent disabilities averted, and human capital gained, 2014–2025, Tanzania PROFILES, 2014



## Bolstering Multi-Sectoral Nutrition Governance

FANTA's strategy was to strengthen key components of nutrition governance, including building individual and institutional capacity, mentoring leaders, engaging multi-stakeholder platforms, and coordinating across sectors and multiple levels, from the central to the district level, to promote the sustainability of improved nutrition actions. FANTA provided extensive support to the PMO and TFNC to increase engagement with donors, civil society organizations, the private sector, and nutrition IPs during the policy revision and planning process.

In 2012, the GOT committed to revising the 1992 Food and Nutrition Policy in the New Alliance for Food Security and Nutrition Compact. For the revision of the policy, FANTA provided technical and financial support for all working sessions of the appointed cross-sectoral senior government team as well as multiple Consultative Meetings, as stipulated in the GOT Policy Development Guidelines. FANTA also supported the development of the required companion Policy Implementation Strategy.

After the revision of the Food and Nutrition Policy, FANTA assisted the PMO and TFNC in developing the roadmap for the first MNAP (2016–2021). FANTA led the task force on Multi-Sectoral Nutrition Governance and Nutrition Sensitive Programming, the largest MNAP task force, which developed costed action plans, log frames, and common results frameworks. The MNAP is aligned with priorities in the GOT National Development Plan and the multi-sectoral nutrition conceptual framework, nutrition-specific and nutrition-sensitive interventions, and emphasis on improving nutrition governance and coordination in the USAID Multi-Sectoral Nutrition Strategy. Nutrition governance and coordination have been allocated 17 percent of the total MNAP budget.

FANTA also chaired the Development Partners Group for Nutrition and was invited by the PMO to participate in meetings of the High-Level Steering Committee on Nutrition.

## Supporting Multi-Sectoral Nutrition Planning

In 2013, to support multi-sectoral nutrition planning at the national and sub-national levels, the PMO issued a directive to form District Nutrition Steering Committees and accelerate the appointment of regional and district nutrition officers. The PMO also established a budget code and budget and planning guidelines for nutrition. It also appointed regional and district nutrition officers and established a budget code and budget and planning guidelines for nutrition. FANTA supported the PMO by working with TFNC and its partners to organize annual planning and budgeting sessions for nutrition in all regions of the country. At the request of the MOHCDGEC, FANTA developed two malnutrition briefs, “A Call to Action on Nutrition for Regional and District Executives” and “Tanzania Malnutrition Factsheet 2016.” Printed copies of the briefs were distributed during the regional planning and budgeting sessions. All 186 regional and district councils received the briefs and budgeted for NACS in their Comprehensive Council District Plans.

## Strengthening Linkages between Nutrition and Agriculture

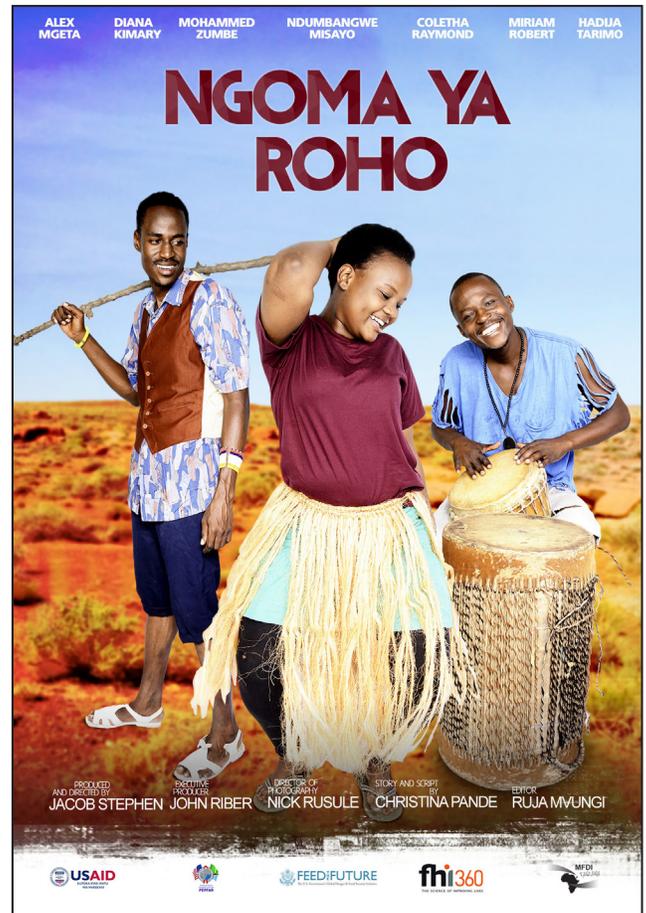
At the request of USAID/Tanzania, FANTA provided technical assistance to the GOT to host the 2013 African Union/New Partnership for Africa's Development East and Southern Africa Comprehensive Africa Agriculture Development Programme (CAADP) Nutrition Capacity Development Workshop in Dar es Salaam. Multi-sectoral delegations from 18 countries reviewed progress on their CAADP Compacts and National Food Security Investment Plans and prepared Country Nutrition Papers to strengthen the food security and nutrition elements of those plans. FANTA served on the steering committee with the African Union/New Partnership for Africa's Development, the Food and Agriculture Organization of the United Nations, USAID, the Bill & Melinda Gates Foundation, and the World Bank. The Tanzania Nutrition and Food Security Investment Plan was developed during this meeting.

## Personalizing Nutrition Issues through Film

FANTA addressed Tanzania's high rate of child stunting through support for nutrition education and infant feeding as well as dietary counseling in health facilities and community programs, but these efforts typically reach only pregnant women and mothers who attend health facilities. Public health services are not easily accessible in some areas and men, who are often the family decision makers, do not usually receive these messages.

In accordance with FANTA's objective to advocate for greater political and social commitment to nutrition in Tanzania, FANTA supported the development and launch of an “edutainment” feature film with messages on stunting, the first 1,000 days of life, optimal infant feeding, and dietary diversity. Produced by Tanzania-based FANTA sub-partner Media for Development International, the film, titled *Ngoma ya Roho* (“Dance of the Soul”) is expected to reach an estimated 2 million viewers in Tanzania and other Swahili-speaking countries. The film follows a young woman who learns the hard way that ill-advised infant feeding practices result in child illness and malnutrition. The story reflects everyday life in Tanzania while addressing the complex determinants of stunting and transmitting messages in a non-didactic, entertaining way.

Copies of the film were distributed to USAID/Tanzania IPs, including the Mwanzo Bora Nutrition Program (2011–2018), funded by Feed the Future and the U.S. Government Global Health Initiative to reduce stunting and anemia through social and behavior change communication. FANTA and Media for Development International also developed a discussion guide for viewers that IPs can use during health education and community mobilization. The film and discussion guide are creative examples of “work with the private sector to develop stronger communications and marketing approaches in support of improved nutrition for mothers and children,” as advised by the *USAID Multi-Sectoral Nutrition Strategy 2014–2025*.



*Ngoma ya Roho* film produced with USAID/Tanzania

All filmmakers want to make films that reach as many people as possible, but also to make films that are compelling as entertainment and become part of the culture. This film about nutrition will be iconic for many years to come. The script was written by an award-winning woman writer. The director is a national star who has the ear of the President on youth issues and can reach hundreds of thousands of people on Instagram. The film will have an impact outside Tanzania as well, as 200 million people speak Swahili in Africa.

*John Riber, Country Director, Media for Development International*

FANTA provided the technical support we needed in terms of policy review, generating PROFILES estimates for evidence-based materials for advocacy. Our collaboration has been honest, transparent, and respectful, everything we expect from a partner. FANTA's flexibility and ability to adapt to the policy environment was critical. We now have a robust Multi-Sectoral Nutrition Action Plan after many stakeholder consultations. FANTA supported the policy revision and the critical components of multi-sectoral nutrition governance and nutrition-sensitive interventions. The multi-sectoral nature of nutrition is emerging, but coordination is the most challenging part. FANTA support helped shape the agenda so that we now have a way to support nutrition in a multi-sectoral fashion. This wasn't an easy concept, as it meant changing siloed thinking. Other countries are now coming to ask how we did it.



*Obey Assery, Director, Coordination of Government Business Department, Prime Minister's Office*

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I'd like to share my appreciation for the major contributions the FANTA team has made to nutrition in Tanzania, from building the policy environment to supporting TFNC to become the force that they are. FANTA has made a tremendous impact in Tanzania and globally.

*Erin Smith, Country Director, HKI/Tanzania*



FANTA has contributed a lot in making a difference in nutrition implementation in Tanzania. Working together with Government and other partners has resulted in a revised National Nutrition Policy, National Multi-Sectoral Nutrition Action Plan 2016/17–2020/21 and a number of guidelines for nutrition in Tanzania. These are among the few key areas in which FANTA has assisted, and these are going to make a huge difference by 2020, if well applied. From the government side, it was a pleasure to work with committed FANTA staff for results!

*Dr. Vincent Assey, Assistant Director  
Nutrition Services Section - Ministry of Health, Community Development,  
Gender, Elderly and Children, Tanzania*

## Addressing Challenges

The health sector in Tanzania operates with only 40 percent of the staff needed to meet demand, which has affected NACS scale-up in health facilities and community services. Constraints to NACS scale-up included 1) limited TFNC capacity to coordinate the national roll-out of NACS, 2) a limited number of health facility staff trained in nutrition, 3) limited LGA planning and budgeting for nutrition services, 4) stockouts of specialized food products, and 5) a lack of nutrition indicators in the health management information system. FANTA addressed these challenges by training and mentoring TFNC, regional and district (council) health management teams, regional and district nutrition officers, and health care providers to implement, monitor, and report on nutrition services. In addition, FANTA

provided NACS materials and tools, advocacy materials for nutrition planning and budgeting, and standardized NACS data collection and reporting tools.

Like many countries, Tanzania faces competing development partner priorities for nutrition, weak government coordination of nutrition programming, lack of clarity about roles and responsibilities in this programming, and fragmented technical guidance. FANTA helped address challenges in multi-sectoral nutrition governance by strengthening the national and sub-national nutrition policy and planning process and supporting GOT multi-sectoral coordination through policy change and a common results framework.

## Lessons Learned and Recommendations

- For sustained quality of NACS, it was critical for FANTA to work with the GOT to strengthen leadership and governance, human resources, health financing, and service delivery. Engaging with government and IPs to develop a standard NACS training strategy and state-of-the art materials allowed systemic scale-up in health facilities and communities.
- Supporting the enabling environment for nutrition, including mobilizing domestic and development partner technical and financial resources, is critical for maintaining momentum for sustainable government commitments. To accelerate implementation of the MNAP, the PMO requires continued support to fulfill its coordination role, and sectors, LGAs and IPs need continued advocacy, planning, budgeting, and accountability tools to fulfill their responsibilities.



FANTA/Tanzania staff: Dr. Deborah Ash, Project Manager; Caroline Mshanga, Program Officer; Frank Pesa, Driver; and Tumaini Charles, Technical Advisor.

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Visit [www.fantaproject.org/countries/tanzania](http://www.fantaproject.org/countries/tanzania) to access many of these materials.

**Recommended Citation:** Food and Nutrition Technical Assistance III Project (FANTA). 2017. *Systemic Scale-up of Nutrition Programming in Tanzania: A Report on FANTA Activities from 2010 to 2017*. Washington, DC: FHI 360/FANTA.

This report is made possible by the generous support of the American people through the support of the Office of Health, Infectious Diseases, and Nutrition, Bureau for Global Health, U.S. Agency for International Development (USAID) and USAID/Tanzania, under terms of Cooperative Agreement No. AID-OAA-A-12-00005, through the Food and Nutrition Technical Assistance III Project (FANTA), managed by FHI 360.

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