Advancing Nutrition Goals in Tanzania

Annual Report | 2018

The Centre for Counselling, Nutrition and Health Care (COUNSENUTH)

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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANC</td>
<td>Antenatal Care</td>
</tr>
<tr>
<td>ASRP</td>
<td>Accelerating Stunting Reduction Project</td>
</tr>
<tr>
<td>BFHI</td>
<td>Baby Friendly Hospital Initiative</td>
</tr>
<tr>
<td>BMI</td>
<td>Body Mass Index</td>
</tr>
<tr>
<td>CBHP</td>
<td>Community Based Health Program</td>
</tr>
<tr>
<td>CC</td>
<td>City Council</td>
</tr>
<tr>
<td>CCD</td>
<td>Care for Child Development</td>
</tr>
<tr>
<td>CCHP</td>
<td>Comprehensive Council Development Plans</td>
</tr>
<tr>
<td>CHMT</td>
<td>Council Health Management Team</td>
</tr>
<tr>
<td>CHWs</td>
<td>Community Health Workers</td>
</tr>
<tr>
<td>CRS</td>
<td>Catholic Relief Services</td>
</tr>
<tr>
<td>CSOs</td>
<td>Civil Society Organization</td>
</tr>
<tr>
<td>DCs</td>
<td>District Councils</td>
</tr>
<tr>
<td>DDH</td>
<td>District Designated Hospital</td>
</tr>
<tr>
<td>DED</td>
<td>District Executive Directors</td>
</tr>
<tr>
<td>ECD</td>
<td>Early Childhood Development</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>GMP</td>
<td>Growth Monitoring Promotion</td>
</tr>
<tr>
<td>H/A</td>
<td>Height for Age</td>
</tr>
<tr>
<td>HFWs</td>
<td>Health Facility Worker</td>
</tr>
<tr>
<td>HWs</td>
<td>Health Workers</td>
</tr>
<tr>
<td>IEC</td>
<td>Information Education Communication</td>
</tr>
<tr>
<td>IFA</td>
<td>Iron-Folic Acid</td>
</tr>
<tr>
<td>IGA</td>
<td>Income Generating Activity</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organization</td>
</tr>
<tr>
<td>LGA</td>
<td>Local Government Authority</td>
</tr>
<tr>
<td>MoHCDGEC</td>
<td>Ministry of Health, Community Development, Gender, Elderly and Children</td>
</tr>
<tr>
<td>NGOs</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>NMNAP</td>
<td>National Multi Sectorial Nutrition Action Plan</td>
</tr>
<tr>
<td>PANITA</td>
<td>Partnership for Nutrition in Tanzania</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>PORALG</td>
<td>President’s Office Regional and Local Government</td>
</tr>
<tr>
<td>PW</td>
<td>Pregnant Women</td>
</tr>
<tr>
<td>RAS</td>
<td>Regional Administrative Secretary</td>
</tr>
<tr>
<td>RCC</td>
<td>Regional Consultative Committee</td>
</tr>
<tr>
<td>RCDO</td>
<td>Regional Community Development Officer</td>
</tr>
<tr>
<td>RCH</td>
<td>Reproductive and Child Health</td>
</tr>
<tr>
<td>SBCC</td>
<td>Social and Behaviour Change Communication</td>
</tr>
<tr>
<td>TAHA</td>
<td>Tanzania Horticulture Association</td>
</tr>
<tr>
<td>TAMWA</td>
<td>Tanzania Media Women's Association</td>
</tr>
<tr>
<td>TDHS</td>
<td>Tanzania Demographic and Health Survey</td>
</tr>
<tr>
<td>TFDA</td>
<td>Tanzania Food and Drugs Authority</td>
</tr>
<tr>
<td>TFNC</td>
<td>Tanzania Food and Nutrition Centre</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WBTi</td>
<td>World Breastfeeding Trends Initiatives</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
MESSAGE FROM THE BOARD CHAIRPERSON

Care is Our Duty

This year, The Centre for Counselling Nutrition and Health Care celebrated its 20 years, Advancing Nutrition Goals in Tanzania. Over the years the Centre has made significant commitment to enhancing the lives of women, children, adolescents, youth and other vulnerable groups in over 45 districts and reaching over 8 million of these target groups all over the country with emphasis to Manyara, Dodoma, Morogoro, Iringa, Mbeya, Ruvuma and Zanzibar.

COUNSENUTH has stayed focused to its Vision of achieving optimal health, wellbeing and quality life for children, women and other vulnerable groups. Our Mission has been to achieve our vision through advocacy for the right to health, food and nutrition; gender equity, basic human and women's rights including ending violence against women, girls and children; through cost effective, innovative evidence-based interventions that are locally appropriate; with advocacy for better governance, accountability and active engagement of citizens.

In the 20 years, COUNSENUTH has succeeded in establishing good relations with the Government, Development Partners, Donors, individuals and academic/research and other organizations. This strategy has supported and enriched COUNSENUTH’s work in the country and helped COUNSENUTH to be the leading local NGO today, whose core business is nutrition improvement for women and children.

The Centre is greatly indebted to all those people that have been with us hand in hand in serving our communities. Specifically, The Centre wishes to recognize the Government of Tanzania particularly the President’s Office Regional Administration and Local Government (PO-RALG); the Prime Minister’s Office, the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), Ministry of Agriculture and Livestock Development, the Ministry of Education and Vocational Training; the Tanzania Food and Nutrition Centre (TFNC), Tanzania Food and Drugs Authority (former TFDA); Tanzania Bureau of Standards and the Ocean Road Cancer Institute (ORCI) for their continuous good working relations and support.

Further, The Centre wishes to recognize the Irish Government through the Irish Aid for their financial support since 2012 to date; the United States Agency for International Development (USAID) for its funding to implement the Flagship Nutrition Program in Tanzania, known as Mwanzo Bora Nutrition Program and other international agencies that have provided us financial support over the years. Other key collaborators including, CRS, Engender-Health, WorldVeg; FHI 360, AMREF, M-Nutrition, Africare, TCDC, Tanzania Diabetes Association, NCD Alliance, Sokoine University of Agriculture; University of Jordan, Nelson Mandela University and University of Dar es Salaam; PANITA; Mkapa Foundation; IBFAN Africa; WABA and many others.

We also would like to acknowledge the different United Nations’ Organisations, especially UNICEF, and FAO, for their financial and technical support.

The numerous successes would not have been achieved throughout the years without the mentioned organisations and others as well as continued commitment, volunteer spirit and hard work from our valued Board of Directors, members of the Organisation, staff, volunteers, interns and over 30 affiliate CBOs. COUNSENUTH highly recognizes their unmatched commitment and efforts towards achievement of COUNSENUTH’s Vision and Mission and national goals.

Finally, The Centre acknowledges all the community members in the areas that the Centre has provided services over the years. Their commitment and hard work are what led to these significant successes.

Prof. Bendantunguka P.M. Tiisekwa
Chairperson
COUNSENUTH BOARD OF DIRECTORS
1. EXECUTIVE SUMMARY

COUNSENUTH works towards improvement of the quality of life of vulnerable groups through provision of affordable interventions that are evidence-based and locally appropriate; advocacy for better governance and accountability, active engagement of citizens at all levels and multi-sectoral collaboration. COUNSENUTH’s work complements the National Nutrition Multisectoral Action Plan, 2016-2021 and the National Development Plan of Action for Tanzania. Programs and projects implemented in 2018 were a continuation of last years except one on Gender and Nutrition which is being implemented in Dodoma since May 2018.

In 2018, the Organisation implemented four key Programs and 3 minor projects with fair success. Here is a summary of key successes projects.

CURRENT PROGRAMS/PROJECTS: KEY HIGHLIGHTS OF THE YEAR

1.1. ACCELERATING STUNTING REDUCTION PROJECT

Start date: December, 2015 - End date- November, 2019

Accelerating Stunting Reduction Project (ASRP): Implemented in 6 districts of Mbeya in collaboration with CRS, aimed at reducing the prevalence of stunting among young children under-five years of age from 44% in 2017 to 35% in 2020 (i.e. 3.4% average annual reduction rate). The project targets a total of 105 wards out of 140; 670 villages out of 752, reaching a population target of 75% by year 3 and 4. Implementation is done in 6 Councils: Mbeya DC, Mbeya TC, Rungwe DC, Kyela Dc, Busekelo DC and Mbarali DC.

Key Interventions: Promotion of optimal Infant and Young Child Feeding (IYCF), WASH, Early Child Development (ECD) and Health Practices mainly in the community and increasing agriculture practices for dietary diversity at household.

Key delivery vehicles: Information giving through social behavior change communication, training and counseling, community-based growth monitoring and promotion VHNDs peer support groups and home visits by CHWs.

Beneficiaries: pregnant women, care givers of children under two years and children of pre-school age.

Others: Community workers, extension workers, health facility workers, supervisors, influential leaders, community members and local leaders.

Table 1: ASRP Program Targets Vs Achievements in 2018

<table>
<thead>
<tr>
<th>Target</th>
<th>2018 Year Targets</th>
<th>Total achieved</th>
<th>% of the Overall reached in 2017/8 Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Districts</td>
<td>6</td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td>Villages</td>
<td>173</td>
<td>173</td>
<td>100%</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>37,489</td>
<td>22,664</td>
<td>60%</td>
</tr>
<tr>
<td>Mothers of children aged 0-23 months</td>
<td>78,348</td>
<td>89,239</td>
<td>114%</td>
</tr>
<tr>
<td>Children aged 0-23 months</td>
<td>78,348</td>
<td>89,239</td>
<td>114%</td>
</tr>
<tr>
<td>Supervisors</td>
<td>19</td>
<td>19</td>
<td>100%</td>
</tr>
<tr>
<td>CHWs</td>
<td>346</td>
<td>346</td>
<td>100%</td>
</tr>
<tr>
<td>Local leaders</td>
<td>1,730</td>
<td>1,283</td>
<td>74%</td>
</tr>
<tr>
<td>Other Farmers</td>
<td>8,000</td>
<td>8,351</td>
<td>104%</td>
</tr>
</tbody>
</table>
Village Health and Nutrition Days (VHNDs)

- VHNDs were conducted twice a year in 245 villages for 24,176 U5 years old; and 35% of boys and 30% of girls were found stunted; half of these were under two years.
  - Of the 13,551 adults assessed using BMI, 33% were overweight; 8% obese and 10% underweight
  - Among 1,332 pregnant women who participated in the VHND; 19% were not using iron and folic acid; and 55% used it but started late (2nd trimester).

- In phase two of the VHNDs, all 245 villages were able to conduct VHNDs using own resources with minimum support from the program staff, a sign that the activity could be sustainable after program end.

KEY CHALLENGES AND MITIGATION

Key challenges

- Low male participation
- Slow absorption and low level of ownership of the program by the district/village leaders

Proposed Mitigation

- Introduction of the Positive Deviance/Health studies to help identify interventions that would work better; and close follow up of the parents and caregivers of the malnourished children found during the VHNDs.
- Operation research to discover the root causes for low male participation

1.2. LISHE RUVUMA PROGRAM

Start date: September, 2013- End date: December, 2018

Lishe Ruvuma program was a five-year integrated community-based nutrition program implemented in three districts of Ruvuma region (Songea, Madaba and Tunduru) with support of Irish Aid funding.

Goal: To reduce childhood stunting in Ruvuma region by 10% from 46% (DHS 2010) to 41% in 5 years (From 2013/14 to 2018) through emphasis on the window of opportunity – the first 1000 Days.

Comprehensive implementation of Lishe Ruvuma 5 years program ended in December, 2018 except for supportive supervision that will continue in the 3 program Districts to monitor sustainability of the program. In the year 2018 the action focused on enhancing systems to ensure sustainability of the program.

Key Interventions

Infant and young child nutrition (IYCF), health care services/supplies and ANC attendance for pregnant women, dietary diversity, WASH, household food security and the Baby Friendly Hospital Initiative.

Strengthening the LGA planning and coordination systems from the regional level to the village level

Evaluation, assessment of accountability and documentation of all learning from the program.

Key delivery vehicles: Training, community-based growth monitoring and village health and nutrition days Platform, SBCC, home based visits by CHW, mass media campaigns and coordination meetings.
Beneficiaries: Pregnant women, children under 2 years and their care givers, children under 5 and women of reproductive age; and Others: District steering committees, regional and district leaders, village health workers, health facility workers, community leaders, influential leaders, households and whole communities.

Key Activities in 2018:

i. Enlist Council commitment to sustainability of Lishe Ruvuma after funding end:
   - Conducted Grassroots level meetings with communities to further enlist their commitment to sustainability of the program and work with them to identify resources and ways to achieve this in all 243 villages;
   - Facilitated meetings for District Multisectoral Nutrition Committees (DMNCs) in the 3 districts to plan modalities for Nutrition Program support to the lower level after program end, emphasizing supportive supervision and increasing annual budgets for nutrition.
   - Provided key tools, materials and equipment such as weighing scales, stationery and charts for continuation of the VHNDs; computers for each District to maintain Nutrition Data base; and 1 motorcycle per District to facilitate transport for supervision of nutrition work by relevant officers.
   - Facilitated a regional meeting with top level Regional and District leaders including TAMISEMI to enlist their commitment to finance and support community activities as recommended by communities themselves.

The Centre held consultative meetings with a total of 1,374 community leaders; 90 Council Multisectoral Committee Members and 29 top level regional leaders to ensure sustainability of Lishe Ruvuma Program after funding ends.

ii. Monitoring and Evaluation, Accountability and Learning-MEAL

VHNDs: The Centre is in the process of documenting a case study with the support of Harvard University researcher, and the case study will be published and widely disseminated. The findings will also inform the new project in Dodoma.

Gender and nutrition: A case study will also document in 12 pilot villages in Ruvuma, the effect on nutrition, of a Transformative Reflective Leadership Approach (TRLA) that was used to integrate gender equity into nutrition interventions, with the hypothesis that it would improve maternal, infant and young child and adolescent nutrition. The findings of this case study will also inform the Dodoma project and will be widely disseminated.

Conducted End of Term Evaluation: The Centre undertook evaluation of the Lishe Ruvuma Program using independent consultants from Harvard University (Dr. David Sando) and retired Medical Doctor & researcher from TFNC, Dr. Kimboka. The report is in the process of being finalized. The results indicating the impact of Lishe Ruvuma will be published and be widely disseminated in 2019.

iii. Irish Aid visits to the Field

A team of Irish Aid representatives (Mr. Adrian Fitzgerald and Kim Mwamelo, including a regional officer from Nairobi), conducted two review field visits during the year to observe the functioning of the Lishe Ruvuma Program on the ground; learn from implementers and provide suggestions for improvement. The feedback from the Team was positive. The key recommendation from Irish Aid was: "Document the best practices and publicize them, and hoped that the good work would be sustained by the LGAs."
### Table 2: Lishe Ruvuma Program Targets Vs Achievements in 2018

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Annual Target</th>
<th>Achievements</th>
<th>% Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children under five reached with the program interventions</td>
<td>94,486</td>
<td>82,592</td>
<td>87%</td>
</tr>
<tr>
<td>Number of children under Two reached with the program interventions</td>
<td>25,000</td>
<td>27,454</td>
<td>100%+</td>
</tr>
<tr>
<td>Number of Pregnant Women reached with nutrition interventions at the community</td>
<td>20,997</td>
<td>18,050</td>
<td>86%</td>
</tr>
<tr>
<td>Number of women of reproductive age (non pregnant, non lactating) counseled on nutrition services at community level</td>
<td>131,231</td>
<td>79,135</td>
<td>60%</td>
</tr>
<tr>
<td>Number of households with functional hand washing facilities</td>
<td>20,997</td>
<td>12,454</td>
<td>59%</td>
</tr>
<tr>
<td>Number of households with improved pit latrines</td>
<td>20,997</td>
<td>14,655</td>
<td>70%</td>
</tr>
<tr>
<td>Number of beneficiary households with home vegetable gardens for access to nutritious foods and income</td>
<td>20,997</td>
<td>17,077</td>
<td>81%</td>
</tr>
<tr>
<td>Number of beneficiary households with small livestock for access to nutritious foods and income</td>
<td>20,997</td>
<td>16,963</td>
<td>81%</td>
</tr>
</tbody>
</table>

Note: The data covers January-October 2018. Data collection responsibility for November and December was handed over to the Councils to test Council’s ability to sustain data collection. Two Districts have already submitted their data so far, awaiting data from 3rd district. This will be compiled and feedback provided to the communities and Councils.

**KEY SUCCESS**

- Councils’ commitment to allocate resources in 2019/20 budget for sustenance of the key activities and supportive supervision by District Nutrition Officers.
- Reported increase in uptake of health care services e.g. immunization; iron and folic acid, Vitamin A, use of mosquito nets, etc. as reported by the Ministry of Health, as a result of the Lishe Ruvuma Program.
- Over 90% of villages are able to conduct VHNDs using their own community resources and have committed to sustain implementation of VHNDs using own resources with minimal support from the Council Leaders.

**KEY CHALLENGES AND MITIGATION**

- Inadequate anthropometric equipment such as length board to sustain implementation of community growth monitoring and promotion through VHNDs in Ruvuma
  The LGAs have committed to allocate budget to procure the equipment and discussions are ongoing with Irish Aid for possible support with purchasing of the tools
- There is high demand from Communities in Ruvuma for continuity of the Gender Equity Program but there are no committed funds. Irish Aid has committed seed grants to continue supervision of this project for some time into the future.
1.3 GENDER-NUTRITION PROGRAM - DODOMA PROJECT

**Start date - May 2018; End date - June 2022**

This is a 4-year (2018/19-2022/23) community-based gender-driven learning-based nutrition project implemented in collaboration with **Chemba District Council in Dodoma**, funded by the **Irish Aid** in an effort to accelerate reduction of childhood stunting in the first 1000 days.

The overall goal of the program is to reduce childhood stunting among children 0-59 months by at least 5% in the 4 years from 37.7% in Chemba DC and contributing to evidence-based through learning and documentation of the role of gender equity in improving maternal, infant, young child and adolescent nutrition.

The project has packaged its activities into two major interventions namely: Village Health and Nutrition Days (VHNDs) and Transformative Reflective Leadership Approach (TRLA).

The VHNDs are used as a platform to promote: Infant and young child nutrition (IYCF), ANC attendance for pregnant women, dietary diversity, WASH, household food security and ECD.

The TRLA engages people to critically think of the gender and nutrition challenges affecting them and come up with doable solution to address the challenges. The gender equity component will address gender disparities including, childhood pregnancies, marriages; violence against young girls and boys; education for girls and boys.

The project works closely with the new cadre of Community Health Workers (CHWs) taking advantage of the Benjamin Mkapa Foundation (BMF) project in Chemba which is deploying the new CHW cadre.

The target beneficiaries include pregnant women, lactating women, children under 5 years and their care givers, women of reproductive age, adolescents and men.

**Table 3: Target beneficiaries of the Dodoma program for the 4 years**

<table>
<thead>
<tr>
<th>Target Beneficiary (New beneficiaries)</th>
<th>Expected target Population at the end of year 4</th>
<th>Targets</th>
<th>Cumulative at the end of Year 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year 1</td>
<td>Year 2</td>
<td>Year 3</td>
</tr>
<tr>
<td>Divisions</td>
<td>4</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Wards</td>
<td>26</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>Villages</td>
<td>114</td>
<td>20</td>
<td>60</td>
</tr>
<tr>
<td>Schools</td>
<td>-</td>
<td>18</td>
<td>8</td>
</tr>
<tr>
<td>Health facilities</td>
<td>38</td>
<td>8</td>
<td>30</td>
</tr>
<tr>
<td>Target Population</td>
<td>280,066</td>
<td>54,436</td>
<td>133,865</td>
</tr>
<tr>
<td>Women of reproductive age (non pregnant, non lactating)</td>
<td>70,017</td>
<td>13,609</td>
<td>33,466</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>11,203</td>
<td>2,177</td>
<td>5,355</td>
</tr>
<tr>
<td>Lactating women</td>
<td>19,605</td>
<td>3,811</td>
<td>9,370</td>
</tr>
<tr>
<td>Children under five years</td>
<td>53,213</td>
<td>10,343</td>
<td>25,434</td>
</tr>
<tr>
<td>Male</td>
<td>26,504</td>
<td>5,192</td>
<td>12,768</td>
</tr>
<tr>
<td>Female</td>
<td>26,709</td>
<td>5,151</td>
<td>12,666</td>
</tr>
<tr>
<td>Children under two years</td>
<td>19,605</td>
<td>3,811</td>
<td>9,370</td>
</tr>
<tr>
<td>Male</td>
<td>9,765</td>
<td>1,898</td>
<td>4,667</td>
</tr>
<tr>
<td>Female</td>
<td>9,840</td>
<td>1,913</td>
<td>4,703</td>
</tr>
<tr>
<td><strong>CAPACITY BUILDING</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Workers (CHW)</td>
<td>228</td>
<td>40</td>
<td>120</td>
</tr>
<tr>
<td>Health Facility Workers (HFW)</td>
<td>105</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td>Community Leaders</td>
<td>1000</td>
<td>500</td>
<td>500</td>
</tr>
<tr>
<td>Teachers</td>
<td>52</td>
<td>0</td>
<td>36</td>
</tr>
<tr>
<td>Students</td>
<td>2,600</td>
<td>0</td>
<td>2,600</td>
</tr>
</tbody>
</table>
Table 4: Gender-Nutrition Program Targets Vs Achievements in 2018

<table>
<thead>
<tr>
<th>Indicator</th>
<th>*Adjusted Annual Target</th>
<th>Figures from VHND Data</th>
<th>Figures from Community Data</th>
<th>Achievements</th>
<th>% Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children under five reached</td>
<td>6,033</td>
<td>5,164</td>
<td>0</td>
<td>5,164</td>
<td>86%</td>
</tr>
<tr>
<td>Number of children under two reached</td>
<td>2,223</td>
<td>1,651</td>
<td>1,126</td>
<td>2,777</td>
<td>125%</td>
</tr>
<tr>
<td>Number of Pregnant Women reached</td>
<td>1,270</td>
<td>265</td>
<td>764</td>
<td>1,029</td>
<td>81%</td>
</tr>
<tr>
<td>Number of lactating Women reached</td>
<td>2,223</td>
<td>1,589</td>
<td>1,116</td>
<td>2,705</td>
<td>122%</td>
</tr>
<tr>
<td>Number of women of reproductive age (non pregnant, non lactating) reached</td>
<td>7,939</td>
<td>2,005</td>
<td>923</td>
<td>2,928</td>
<td>37%</td>
</tr>
<tr>
<td>Number of CHW trained</td>
<td>40</td>
<td>0</td>
<td>40</td>
<td>40</td>
<td>100%</td>
</tr>
<tr>
<td>Number of District Technical Facilitators (DNTFs) trained</td>
<td>21</td>
<td>0</td>
<td>21</td>
<td>21</td>
<td>100%</td>
</tr>
<tr>
<td>Number of Health Facility workers trained</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td>10</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Annual Target has been adjusted to reflect 7 months’ target worth of outreach activities during Y1 of the project

KEY SUCCESS

- Observed high potential for sustainability of the Village Health and Nutrition Days just introduced in Chemba, as evidenced by the high-level commitment shown by community leaders who have readily mobilized resources & community members for VHNDs; and Council leaders’ commitment to budget for the activity within 2019/2020 financial year.

KEY CHALLENGES AND MITIGATION

- Extensive geographical area; district prone to emergencies such as floods and draughts as well as lack of water for best part of the year, coupled with low funding for the project.

  **Mitigation:** As way to overcome the challenge, the Centre will expand its linkages to existing programs in the district in order to leverage more resources towards the project. After discussion with the Irish Aid financial resources have been provided to construct wells in few villages.

1.4. WASICHANA LEADERSHIP PROJECT

This project supports orphan and vulnerable girls with scholarships to achieve Secondary School education and enhance their leadership skills. So far, the program has supported four girls of whom two have now joined University and received higher education students loans and two are in Form V. This is a corporate social responsibility project, supported by friends of COUNSENUTH and staff through individual contributions. Efforts are ongoing to expand the support through increased publicity.
1.5. COUNSELING SERVICES

This is a corporate social responsibility project providing counseling services to cancer patients and families at Ocean Road Cancer Institute (ORCI) on the prevention and management of cancer. Approximately 3,171 patients and members of their families were supported with nutrition education and counseling services in this reporting period. A Centre based counseling services for youth has also been initiated to enhance youth life skills and healthy living, but the demand has been low on this. This area will be strengthened in the New Year.

1.6. SHORT TERM TECHNICAL ASSISTANCE

COUNSEUTH provided technical support to Tanzania Horticulture Association (TAHA) in developing messages for promotion of consumption of dried and fresh vegetables in the regions of Arusha, Kilimanjaro and Tanga. About 100 messages were developed to support their projects in the prescribed district Councils. The Centre was also contracted by SolidarMed (A Swiss Organization based in Malinyi) to conduct a training in nutrition and diet-related non-communicable diseases (DRNCD) for 30 health care providers and 67 CHWs while training 19 Health care workers as trainers at Lugala in Malinyi District, Morogoro.

1.7. INTERNS AND VOLUNTEERS PROJECT

COUNSEUTH receives and mentors new graduates from Universities, who join the Centre as interns or volunteers, by attaching them to existing programs in the Head Office and in the field to gain project planning and management skills as well as learning office procedures. The aim is to increase youth employability. Experience has shown that those who get opportunities to work with COUNSEUTH this way for a year or so have had higher chance of beating others in interviews and succeed to gain entry into international organisations, or Government employment.

Table 5: Financial summary

<table>
<thead>
<tr>
<th></th>
<th>31st December 2018</th>
<th>31st December 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants revenue</td>
<td>2,937,696,711</td>
<td>2,483,729,437</td>
</tr>
<tr>
<td>Other revenue</td>
<td>18,234,145</td>
<td>154,738,241</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td>2,955,930,856</td>
<td>2,638,467,678</td>
</tr>
<tr>
<td><strong>Expenditure:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program expenditure</td>
<td>2,955,930,856</td>
<td>2,638,467,678</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>2,955,930,856</td>
<td>2,638,467,678</td>
</tr>
<tr>
<td><strong>Surplus/deficit for the year</strong></td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
2. BACKGROUND INFORMATION

Since its establishment in 1998, The Centre for Counseling Nutrition and Health Care (COUNSENU TH) has touched millions of lives of women, children and other vulnerable groups with cost effective evidence based locally appropriate nutrition programs. Guided by its vision of being the leading Non-Governmental Organization committed to achieving optimal nutrition and quality life for children, women and other vulnerable groups in Tanzania, the Centre has worked tirelessly in providing the best quality of services as per national and international nutrition policies and guidelines including those from WHO while at the same time practicing a high level of transparency in all its undertakings.

COUNSENU TH works in collaboration with other stakeholders, to support the Government’s efforts to enhance multi-sectoral health/nutrition programming, governance and accountability through active involvement of CSOs. It supports the Government’s efforts towards achieving optimal maternal, infant, young child and adolescent nutrition through innovation and learning. With the increase in diet related non-communicable diseases, the Centre participates in the global and Government’s efforts in preventing and mitigating the emerging diet related non-communicable diseases through awareness creation to the general public and the communities it serves. COUNSENU TH employs various Social and Behavior Change Communication (SBCC) methods to enhance behaviour change. Gender equality, human rights and women empowerment as well as ending gender-based violence against women, girls and children are cross cutting concerns in all COUNSENU TH’s programs.

Finally, the Centre is keen to contributing to knowledge and evidence base through vibrant monitoring and evaluation, accountability, innovation and learning with emphasis to home-grown solutions.

Photo 1: End-of the year COUNSENU TH Staff Meeting
3. ACHIEVEMENTS FROM EACH OF ITS PROGRAMS

3.1 LISHE RUVUMA PROGRAM

Lishe Ruvuma is a five-year (2013/14-2018) integrated community-based nutrition program implemented with the Local Government Authorities (LGA) in Ruvuma region with funding support from the Irish Aid. The Ruvuma region, which is a high maize producing area, is considered to be a national food reserve but has high prevalence of stunting (46%, TDHS, 2010) and other nutritional deficiencies such as nutritional anemia and iodine deficiency disorders. The overall objective of the program is to reduce childhood stunting by 10% in the three districts from 34.5% in Tunduru and 37.3% in Songea and Madaba.

The program was in response to the national goals for nutrition and particularly the National Nutrition Strategy (2011/12-2015/16) and has been aligned with the NMNAP 2016-2021 targets, especially target 1: maternal, infant, young child and adolescent nutrition; target 2: Prevention and management of micronutrient deficiencies; target 5: Promoting multisectoral nutrition sensitive interventions; target 6: Strengthening multisectoral nutrition governance; and to some extent also target 7: Establishing multisectoral nutrition information system, in the 3 Councils, Tunduru, Songea and Madaba. The program ended in December 2018.

Key achievements in year 5 include:

In this reporting period, Lishe Ruvuma reached **82,592 children under 5 years of age, 27,454 children under two years, 18,050 pregnant women and 22,454 lactating women.** A total of **17,077 households** have established home vegetable gardens and/or kept small livestock to increase access to animal protein sources, improve dietary diversity and increase household income (from surplus sales). WASH practices have also improved as indicated on Table 7.

Table 6: Lishe Ruvuma Achievements Vs Targets for Year 2018*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Annual Target</th>
<th>Achievements</th>
<th>% Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children under five reached with the program interventions</td>
<td>94,486</td>
<td>82,592</td>
<td>87%</td>
</tr>
<tr>
<td>Number of children &lt;2 years reached by Lishe Ruvuma</td>
<td>27,454</td>
<td>27,000</td>
<td>98%</td>
</tr>
<tr>
<td>Number of Pregnant Women reached with nutrition interventions at the community</td>
<td>20,997</td>
<td>18,050</td>
<td>86%</td>
</tr>
<tr>
<td>Number of lactating women reached by nutrition services at community level</td>
<td>26,800</td>
<td>26,454</td>
<td>98%</td>
</tr>
<tr>
<td>Number of women of reproductive age non-pregnant or lactating counseled on nutrition services at community level</td>
<td>131,231</td>
<td>79,135</td>
<td>60%</td>
</tr>
<tr>
<td>Number of households with functional hand washing facilities</td>
<td>20,997</td>
<td>12,454</td>
<td>59%</td>
</tr>
<tr>
<td>Number of households with improved pit latrines</td>
<td>20,997</td>
<td>14,655</td>
<td>70%</td>
</tr>
<tr>
<td>Number of beneficiary households with home vegetable gardens for access to nutritious foods and income</td>
<td>20,997</td>
<td>17,077</td>
<td>81%</td>
</tr>
<tr>
<td>Number of beneficiary households with small livestock for access to nutritious foods and income</td>
<td>20,997</td>
<td>16,963</td>
<td>81%</td>
</tr>
</tbody>
</table>

Note: *The achievements above represents data from January-October 2018, thereafter data collection was handed over to the Councils
Achievements by Key Result Area:

**RESULT 1**: Capacity of LGAs for planning and implementation of nutrition policies, and programs and meaningful linkages between nutrition/health services and agriculture, other key sectors and livelihoods to improve nutrition enhanced

This being the final year of implementation for the Lishe Ruvuma Program, COUNSENUTH continued to strengthen planning and coordination and management of nutrition programs in the region.

For sustainability, the program closely supervised the District Nutrition Technical Facilitators (DNTFs) and the District nutritionists to coordinate nutrition activities in their Councils, including holding regular quarterly DMSCN meetings and conducting supportive supervision. Furthermore, several consultations have been held with the Regional and Districts Authorities to prepare the LGAs for a smooth takeover of the program. The program facilitated and participated in the planning and budgeting sessions at regional and Council level to enable them develop a matrix of priority nutrition activities and ensure that the Lishe Ruvuma activities are integrated into the Councils plans.

**Exit meetings with program stakeholders**

**At Community level**

As part of the exit plan, the program in collaboration with the DNuO and DNTFs conducted exit meetings with community leaders, extension workers, health facility service providers, influential leaders and community health workers at ward level to identify a minimum package of interventions to be sustained by the communities. The meetings enabled communities to decide and agree on activities that can be sustained with the minimum support, resources and skills. The exit meetings were held in 39 wards and 157 villages in Tunduru;16 wards and 56 villages in Songea;8 wards and 21 villages in Madaba. A total of 1374 community representatives participated in the exit meetings. The meeting participants agreed upon a list of interventions that their respective villages were willing to sustain after the program phase out. The key selected interventions included:

- Growth Monitoring and Promotion through Village health and nutrition days: to be conducted quarterly within which advocacy on key pro nutrition practices such as livestock keeping; improved WASH facilities and practices; vegetable gardens and education on child feeding practices and consumption of fruits and animal source foods will be embedded in the package of interventions of the VHNDs.
- Poultry keeping to promote availability and consumption of animal source foods among the 1000 days beneficiaries in areas where this intervention was introduced by the program
- Formation and maintenance of Peer Support Groups designed for learning and adoption of pro nutrition behaviors through virtual facilitated meetings.
- Sustaining the Gender-Nutrition groups established by the program in the 12 pilot villages to address the gender gaps that negatively impact nutrition outcomes.

**At Council level**

Lishe Ruvuma Program supported the DNuO in Tunduru, Madaba and Songea to organize quarterly Council Multisectoral Steering Committee for Nutrition (CMSCN) meetings.

These meetings discussed progress of nutrition work in the district and consolidated minimum package of interventions proposed by the communities during the ward level meetings. The CMSCN also discussed recommendations from the ward level meetings in supporting the implementation of the selected activities. The Regional Nutrition Officer oriented the Council members on the new Terms of Reference for the Multisectoral Steering Committees for nutrition from PO-RALG. The CMSCN were all in support of the Lishe Ruvuma program sustainability and hereunder is their resolution:
• The Councils will continue to support implementation of the identified activities at the community level. In order to facilitate this, the Council development plans and budget for the fiscal year 2019/20 will allocate the necessary budget for nutrition.

• The Councils will mobilize resources from stakeholders and the Council Basket Fund to support implementation of nutrition activities and inputs, e.g. procurement of weighing scales, printing of GMP charts.

• The Councils will ensure that plans and budget for conducting and supporting coordination of quarterly VHNDs are in place.

At Regional level

COUNSENYUTH facilitated a joint Lishe Ruvuma exit meeting of all the Regional and District leaders to formalize the handing over of the program to the LGAs. The meeting involved Regional and District Level Authorities, nutrition partners working in Ruvuma (CUAMM), representatives from PO-RALG and TFNC.

The meeting achieved the following:

• Progress of implementation in the five years was discussed and endorsed;

• The LGAs made strong commitment to sustain the program;

• Feasible strategies for ensuring allocation of budget and supervision for the nutrition activities including VHNDs were made to ensure sustainability.

As an outcome of the meeting it was expected that the RAS would endorse proposed Councils sustainable plans. However, the plans were discussed, agreed upon but could not be endorsed because the meeting had no mandate to do so. The resolutions will be tabled to the higher Regional Consultative Committee (RCC) later in the year.

COUNSENYUTH will make follow up to ensure that the commitments are endorsed by the Region and shared with PORALG.

RESULT 2: The performance of health facility and community level providers improved to deliver quality care and integrated nutrition services for pregnant and lactating women, and infants and young children.

i. Provide Supportive supervision and mentorship to care providers at health facility and community levels

The District Nutrition Officers (DNuO) and District Nutrition Technical Facilitators (DNTFs) from the three Councils conducted routine quarterly supportive supervision in communities, health facilities and schools to assess progress made.

The supervision Team came up with a number of observations, including:

• CHWs were well versed with key nutrition behaviors that they have promoted and that majority of the CHWs have adapted the behaviors; consequently, becoming agents of change in their respective communities.

• There was significant increase in small livestock keeping and home gardens, meant to increase child intake of diversified diets.

• The uptake of improved WASH facilities was still low although hand washing has significantly improved.

• Majority of health facility workers were conversant with and committed to continue with providing nutrition counseling and education to pregnant women, lactating mothers and parents in general.

• The situation with lack to anthropometric equipment and other important medical supplies such as IFA tablets, Hemocue machines, RCH1 cards and child growth cards in some facilities has not changed. This has been discussed in all Steering Committee meetings but with not much change.
The table below shows supportive supervision coverage.

Table 7: Supportive supervision coverage

<table>
<thead>
<tr>
<th></th>
<th>Madaba DC</th>
<th>Songea DC</th>
<th>Tunduru DC</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wards visited</td>
<td>8</td>
<td>16</td>
<td>39</td>
<td>63</td>
</tr>
<tr>
<td>Schools visited</td>
<td>8</td>
<td>20</td>
<td>20</td>
<td>48</td>
</tr>
<tr>
<td>Villages visited</td>
<td>42</td>
<td>56</td>
<td>157</td>
<td>234</td>
</tr>
<tr>
<td>Health Facilities</td>
<td>9</td>
<td>17</td>
<td>5</td>
<td>31</td>
</tr>
<tr>
<td>CHWs</td>
<td>42</td>
<td>112</td>
<td>314</td>
<td>468</td>
</tr>
<tr>
<td>Household visited</td>
<td>108</td>
<td>172</td>
<td>107</td>
<td>387</td>
</tr>
</tbody>
</table>

Conduct Monthly and Quarterly Meetings with CHWs and Community leaders

Monthly and quarterly meetings are a strategy designed by the program to provide feedback to the community every month and quarter. Quarterly meetings are feedback meetings conducted after VHNDs and community growth monitoring and promotion sessions. Here the status of children by village is discussed and necessary remedial actions are designed by the community leaders and community health volunteers. These are very instrumental in the leaders taking action against determinants of malnutrition in their communities. During this reporting period, the meeting also used this opportunity to receive views of community leaders on how they can sustain key activities of the program especially the VHNDs and GMP in their areas. During these meetings the staff and Technical Facilitators continue to provide technical support to CHWs on filling in tools for data collection. The monthly and quarterly meetings involved all 468 CHWs from the 234 target villages in the 3 district Councils of Tunduru, Madaba and Songea.

ii. Ruvuma Regional Secretariat Team Supervisory visits to Partners’ Program areas

The Region Administrative Secretary (RAS) is the chairperson of the Regional Multisectoral Steering Committee on Nutrition (RMSCN), a governing body on implementation of nutrition activities at regional level.

The RMSCN supports Regional Commissioner (RC) to ensure that Government policies, guidelines and directives are translated into action at regional and council levels. As a chair, RAS ensures that RMSCN provides oversight and accountability to regions and Local Government Authorities (LGAs).

During this reporting period, the RAS, led by the RMSCN Team members which the Regional Community Development Officer (RCDO), Regional Nutrition Officer accompanied by District Nutrition Officers (DNUOs) from Madaba, Songea and Tunduru carried out visits to Partner areas including to Lishe Ruvuma Program areas.

The Team held discussions with: LGA leaders at all level; health service providers; CHWs; ward and village leaders; extension officers and 1000 days beneficiaries to obtain their views about the management of the program.

The Team was happy with the good relations developed between Lishe Ruvuma, the technical staff and Council leaders in all the three districts. They also noted that the program was well received by the communities and beneficiaries; the DNUO’s capacity in coordinating nutrition activities have improved as the result of the program; and the gender component of the Lishe Ruvuma was uploaded as one of the great innovations that should be scaled up.

The RAS team acknowledged the funding support from the Irish Aid.

The team committed to seek solutions to some of the challenges especially: the lack of anthropometric equipment and school feeding programs, which contributes to school drop outs. They wished the Program would also expand to other areas of the region.
iii. **External BFHI Assessment**

The Baby-friendly Hospital Initiative (BFHI) was launched by WHO and UNICEF in 1991, following the Innocenti Declaration of 1990. The initiative is a global effort to implement practices that protect, promote and support breastfeeding.

BFHI is among interventions that the Lishe Ruvuma program implemented with the aim of ensuring that health facilities became centres of breastfeeding support. In 2015 the program initiated BFHI in 6 health facilities (3 in Tunduru DC, 2 in Songea DC and 1 in Madaba DC) (mostly Regional/District hospitals) and continued to provide technical support regularly.

During this reporting period, 7 hospitals (Tunduru, Mbesa, Kiuma, Peramiho, St Joseph, Ruvuma Regional Hospital and Madaba District Hospital (DDH) were evaluated on achievement of BFHI status by BFHI external facilitators from TFNC and a medical doctor from Ilala hospital.

Five out of the seven hospitals qualified for the BFHI and the Tunduru District Hospital that did not reach the mark was awarded a status of “commitment”. The hospitals that scored well later be awarded Certificates of Excellence and a certificate of commitment respectively, by the WHO.

Madaba had only a Health Centre (Madaba DDH) and this was excluded from the assessment because it did not have adequate number of pregnant/women given birth and staff.

The results of the assessment will be presented to the national Maternal, Infant, Young Child and Adolescents Nutrition (MIYCAN) consultative group for approval before certification.

Below is a summary of scores of the BFHI Ten Steps to Successful Breastfeeding. The scores of 80% and above are considered a pass; 60-79% are considered as commitment and below 60% are considered a fail and the hospital must continue to improve its skilled support to mothers.
Table 8: Summary of BFHI external assessment of the 7 health facilities

<table>
<thead>
<tr>
<th>NAME OF FACILITY</th>
<th>TEN STEPS</th>
<th>Marks</th>
<th>Additional Steps</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1   2   3   4   5   6   7   8   9   10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Songea Regional</td>
<td>√   √   √   ×   √   √   √   √   √   √</td>
<td>90</td>
<td>√</td>
<td>PASS</td>
</tr>
<tr>
<td>Hosp</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peramiho DDH</td>
<td>√   √   √   ×   √   √   √   √   √   √</td>
<td>90</td>
<td>√</td>
<td>PASS</td>
</tr>
<tr>
<td>Madaba DDH</td>
<td>-   -   -   -   -   -   -   -   -   -</td>
<td>-</td>
<td>-</td>
<td>EXCLUDE</td>
</tr>
<tr>
<td>Tunduru District</td>
<td>√   √   ×   ×   ×   √   √   √   √   √</td>
<td>70</td>
<td>√</td>
<td>COMMIT</td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mbesa Mission</td>
<td>√   √   ×   √   √   √   √   √   √   √</td>
<td>90</td>
<td>√</td>
<td>PASS</td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kiuma Mission</td>
<td>√   √   √   ×   √   √   √   √   √   √</td>
<td>90</td>
<td>√</td>
<td>PASS</td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NB: Madaba DDH the sample size was not adequate to evaluate the BFHI status

RESULT 3: The capacity of households to produce, access and consume nutrient–dense foods improved through increased linkages to agricultural and livestock sectors

i. Support 1000 days beneficiaries to initiate food-based Income Generating Activities (IGA) through the Pay-it-Forward-Model Approach

Lishe Ruvuma sensitized about 60 villages in Tunduru; 2 in Songea and 1 in Madaba to initiate poultry keeping project for household consumption and IGAs using A modified approach known as “A Pay – It-Forward-Model” *

A committee selected by the Peer Support Groups (PSG) who are all beneficiaries, in identified villages were given responsibility to spearhead the implementation of the project while the village government had the responsibility of overall oversight.

The PSGs were also responsible for construction and care of the poultry shades for the village chicken multiplication house.

A contract was drafted with the support of the program staff and signed between the Councils and village governments to ensure accountability.

Lishe Ruvuma supported the villages with a total of 1562 layers and cocks. Sustaining this model was one of the commitments made by the Councils.
The “Pay It Forward” model is an approach used by Lishe Ruvuma to promote raising and consumption of small animals. The program distributed breeding pairs of chicken to peer support groups (PSG) members to multiply and distribute to other PSG members. For small livestock, the “Pay It Forward” model works like follows: The process begins by selecting a lead farmer in the village whose house is going to be a multiplication unit. The PSG members with the support from agriculture and livestock extension officers construct a poultry shade and are supplied with 20-22 chicken (including 2 cocks and 20 layers). Each PSG member receives 5 breeds from the multiplication unit and when the chickens reach breeding age, they return back 2 hens to the multiplication unit so that more PSG members benefit from the project. This creates an effective “pay it forward” process, as it provides households with sustainable and affordable sources of animal protein and augment household income. Through this process, beneficiaries are equipped with knowledge and skills in poultry keeping and they become responsible and committed to maintaining and sustaining the process.

RESULT 4: Community ownership strengthened and capacity to invest in nutrition focused and sensitive interventions increased for improved behaviors, practices and demand for health and nutrition services for pregnant and lactating women, infants and young children

i. Facilitate villages to conduct quarterly Village Health and Nutrition days (VHNDs)

In the Lishe Ruvuma Program, community-based growth monitoring and promotion (cGMP) is conducted as a key component among the comprehensive interventions provided as part of the Quarterly VHNDs platform. Nutrition status assessment of children under 5 years is done using Weight for Age (W/A) quarterly and Height for Age (H/A) to measure stunting every six months. The measurements are plotted in standard WHO charts and children are classified based on their nutrition status and appropriate actions are taken for those found with growth faltering. The values are plotted on large Standard WHO Charts and placed on the walls of the Village government offices so that they see the nutritional status of their children. This prompts village leaders to take action to remedy the situation, either by urging the parents to take the mild or severely malnourished child to the clinic and/or improving the child’s diet if the child is not severely malnourished. Pregnant women receive counselling based on their recorded Hb and weight status. Since this support to villages was provided with sustainability in mind, the villages are now able to conduct VHNDs with minimal support from the program.

Photo 3: Provision of nutrition education to beneficiaries during VHND on improving the quality of complementary foods, at Kituro Village, Songea DC
In this reporting year, Lishe Ruvuma conducted VHNDs in program areas covering a total of 80,867 children under 5 years of age (38,863 Boys; 42,004 Girls), 3,993 pregnant women, 27,690 lactating women; 33,999 neither pregnant nor lactating women thus making a total of 65,682 women of reproductive age. VHNDs also pull men where in this reporting period A total of 3,372 were reached with various nutrition interventions including nutrition counseling and assessment of Body Mass Index (BMI).

VHNDs have definitely increased accessibility to health services such as immunization, IFA supplementation among pregnant women, health consultations and referrals.

ii. **Refresher training for District Nutrition Technical Facilitators (DNTFs)**

As part of a strategy to increase sustainability for the program, the earlier trained and involved DNTFs were re-trained to refresh their knowledge and skills in program management and coordination. A total of 41 DNTFs (17 from Tunduru, 10 from Madaba and 14 from Songea DCs) were trained for one-day. Roles of each sector were highlighted and the importance of team work among the sectors was emphasized.

iii. **Conduct a two-day refresher training for Ward level data collection supervisors**

In the course of implementation, Lishe Ruvuma program selected and trained the best CHW to also serve as Ward supervisors for the CHW. As part of the exit strategy these were re-orientated on data collection, coordination and support in the implementation of VHNDs. Altogether 81 supervisors (50 in Tunduru, 19 in Songea and 11 in Madaba DCS) were re-oriented.

**RESULT 5: Gender relations and the situation of women and girls enhanced and gender equality is mainstreamed into the program for improved caring practices for women, children, and adolescent girls to reduce malnutrition and incidence of childhood pregnancies in Ruvuma**

The gender component has been a key result area throughout the implementation of Lishe Ruvuma. However, in an effort to intensify women empowerment and human rights, gender equality concerns were intensely mainstreamed into nutrition interventions, in a pilot implemented in 12 villages (7 in Tunduru, 5 in Songea and 2 in Madaba) using a Transformative, Reflective Leadership Approach (TRLA). TRLA empowers village leaders to reflect on their situation of nutrition; and women and girls in their communities and decide to take tangible action to improve the women/girl’s situation utilizing own resources.

COUNSEUTH, from mentorship from USIKWAZA had trained District and community leaders in all these 12 villages on this participatory approach and supported them to come up with relevant action plans to mitigate the situation. Achievements and challenges were tracked throughout the two years using village diarists. A case study is now being document of the process and outcomes of the two-year pilot project and best practices will be scaled up in the Gender-Nutrition Project in Dodoma.

During this reporting period, interventions in this area continued:

i. **A total of 37 TRLA leaders (25 males and 12 females) from the District Authorities in Madaba DC were sensitized** for one day. It was expected the awareness created would enhance their understanding and skills to enable them mainstream gender equality concerns into Council policies and plans, identify social norms, practices and structures that are harmful to women, girls and children and take correct measures to improve the situation; and thereby maternal, infant, young child and adolescent care, health and nutrition.
ii. **The diarists, 2 per village, who were deployed by the program continued to work closely with the Village Gender and Nutrition Groups in 12 villages, providing support through quarterly and biannual meetings** to ensure the groups’ plans are well implemented. The diarists, in doing so, were also tracking and documenting progress of the activities as well as groups’ changes in knowledge, attitudes and practices relating to gender equality concerns. The aim was to record lessons, best practices and challenges to inform the new Gender and Nutrition project introduced in Dodoma for further learning.

iii. **The bi-annual and monthly meetings have been a valuable avenue for the Leaders’ Groups to learn from each other, report violations such as GBV, rapes or forced marriages so that relevant actions could be taken. The feedbacks meetings ensured Group leaders become more responsible and committed to gender transformation in their villages.**

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**Some of the documented success stories and changes in gender norms**

- **Majority of community members in the 12 villages showed positive attitudes towards Influential Leaders’ Gender Nutrition Groups and their activities which include community theatres, meetings and social mobilization for behavior change.** As quoted from one community member at Mnazi Mmoja “this Village Gender and Nutrition Group has created awareness in our community regarding the role of men in reducing women workload. More men are becoming comfortable with assisting their wives with household chores such as collecting firewood, fetching water, cooking or taking a child for MCH services. These is now becoming a normal practice in our community here”

- **The Influential Leaders’ Gender Nutrition Groups continued to solve community and family conflicts.** For example, there was a case of a 26-year-old man in Mnenje village who wanted to stab his 20-year-old wife with a shovel when she tried to negotiate with him not to have sex too soon after giving birth (16th day) saying that she was still not well recovered. The woman ran to the member of the Influential Leaders’ Gender-Nutrition Group, who reported the case to the police gender desk officer and the case was solved amicably.

- **The youths who are also members to the Influential Leaders’ Gender Nutrition Groups have also begun to be proactive in improving their socio-economic situations unlike before.** As a result, there are testimonies of these youth improving their characters, including some of them stopping alcohol consumption, drug use and harassment of school girls. The program has linked them with the Community Development Officer for backup support.

- **The Influential Leaders Gender and Nutrition Group in Namiungo village mobilized 20 members of the community to join VIKOBA and this is transforming these women and their families’ lives.** For example, Gatris James (a single mother) has been able to open a small shop and has purchased a plot of land for cultivating groundnuts and vegetables. Land is very cheap in Tunduru.

- **Many more women have reported to observe an increase in male participation in taking on some household chores.**

- **The number of child abuse cases that was reported to the Police Gender Desk continued to increase and necessary legal actions were taken against perpetrators.**

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As an outcome of the transformative reflective leadership approach, is eventual transformation of harmful gender inequalities, traditions practices, norms and behaviors and eventual improved maternal and child health and nutrition. The Communities in the pilot villages acknowledge the TRLA Groups & their activities to the extent that they seek advice from these groups whenever they get a problem relating to gender equity. Although some positive outcomes have been noticed during this short period, more time was needed for true behaviour change as well as impact on nutrition.
iv. **Initiate /Strengthen nutrition/gender clubs in primary schools in pilot areas to introduce debates to promote positive gender roles in boys and girls**

In 2017, Lishe Ruvuma Program introduced a component of gender equality and life skills education into 7 Primary Schools as part of the Gender Equality & Nutrition Pilot Project in 12 villages. As a result, 19 teachers and over 150 pupils were oriented on gender equality, life skills and reproductive health rights in the seven schools, in order to promote positive social norms, gender equality and nutrition among adolescents.

COUNSENUTH developed in collaboration with teachers, a simple guideline for running school clubs for teachers and pupils. The guide will assist them on how to conduct School Clubs more effectively.

So far, some schools have started intra-interschool debating competitions and giving morning speeches to peers on gender equality, life skills and nutrition and nutrition. For example, Wino, Lung’oo, Namiungo and Nangolombe Primary Schools are already moving forward with school clubs. Teachers have reported improvements in behavior and performance in pupils since the program was introduced in the schools. The trained pupils and teachers are expected to be agents of change beyond the program end.

**RESULT 6:** District Councils empowered to establish district nutrition surveillance and knowledge management systems including monitoring and evaluation, through enhanced capacity and action-oriented process for effective planning at the Council level, and linking it to the nutrition surveillance system at the national level

i. **Rapid appraisal on the situation of gender in Tunduru, Songea and Madaba DCs Conducted**

In November, 2017 Lishe Ruvuma program conducted a baseline rapid assessment on the situation of gender in the 12 pilot villages where the Transformative Reflective Leadership Approach (TRLA) was going to be implemented. The assessment benchmarked Key Performance Indicators before start of Project. The assessment showed some interesting results that had negative implications for maternal, infant young child and adolescent nutrition. The results which were shared in early 2018 are highlighted below:

**Accessibility of Gender and Nutrition Information:**
- Overall results of the gender survey showed about half (**53%**) of respondents had received information about gender inequality; the most common information received included gender-based violence (**37.7%**); women’s heavy workload (**35.8%**); and participation of males in reproductive and child health matters (**27.2%**). The least common information received was about the rights of women to participate in politics (**17.2%**); leadership (**19.2%**); and own resources (**22.8%**).

**Women ability to make decisions:**
- Only **41%** of women (age 15-49) had the ability to make a decision of their own about sending their sick children to health facility. The remaining **59%** depended on their spouses and other closed relatives to make a decision for them.

- Only **25.9%** of women were able to make own decision about household utilization of food. About **44%** had to always consult a man before use/sale of food, while **27.3%** reported the decision has to be made by a man

**Men involvement in maternal and child care services and household chores:**
- Although **80%** of men reported ever escorting their wives to ANC, only **44.1%** of them went **3 times or more**, while **28.4%** went **twice** and only **27.5** went **just once**.
• Household chores that male mentioned to participate included: fetching water (49.6%), collecting firewood (37.4%), cooking (37.4%) laundry work (29.7), taking sick children to health facility (10.8%), bathing children (12%) and dish washing (12.6%).

• The proportion of women who reported that their spouses rendered them support so that they could exclusively breastfeed was 60.3%. Possibly this is because there had been advocacy through Lishe Ruvuma, and there is financial implication not to breastfeed.

**Social Attitudes on Values and Rights including education of Girls and Boys**

• Overall results of the gender survey showed that almost 1 in 4 (25%) of the respondents did not agree that girls and boys have equal rights.

• Five out ten (50%) respondents agreed that girls are less valued in the family because they will eventually benefit their in-laws when they are married off.

• Only about 2 in 10 (20%) respondents agreed that they would prefer sending a girl child to school over a boy if they had to make a choice.

**Social Attitudes on Women Inheritance Rights**

Another contentious gender issue that was investigated was that of the rights of the girl child and women in general to inherit assets, resources and property left behind by their deceased parents and male spouses. For instance, the respondents were asked to give their opinion on a statement that “Women have right to inherit property left behind by their late parents”. The results on this statement showed that 70% of the respondents agreed with this assertion; However, almost 3 in 10 respondents (28%) disagreed with the assertion, while another 2% was uncertain about this issue.

Gender equality gaps identified by the rapid appraisal were addressed in the gender interventions in the 12 pilot villages and evaluation will be conducted at the end to assess the impact.

**End Term Program Evaluation**

In this reporting period, the program contracted a team of consultants to conduct end of the program evaluation to assess the relevance, effectiveness, efficiency, sustainability and impact of the Program and assess the extent to which the program contributed to broader development results at the sub-national level.

Terms of reference were developed in collaboration with Irish Aid Program Advisor. It is expected the evaluation will come up with lessons to inform national planning and the new program in Dodoma on Gender and Nutrition.

Data is currently being analyzed and the report is expected by mid-year in 2019. This will be shared with relevant stakeholders.

**OTHER ACTIVITIES IN RUVUMA**

i. **The Regional Launching of HIV/AIDS awareness testing campaign**

In August 2018, COUNSEOUTH being an implementing partner in Ruvuma region took part in the Regional Launching of HIV/AIDS Awareness Testing campaign titled “FURAHA YANGU” which aimed at sensitizing the general public on prevention of new infections. The Minister of Health, Social Welfare, Gender, Elderly and Children Hon. Ummy Mwalimu, officiated the opening. Various stakeholders including COUNSEOUTH were involved in exhibition and provision of health, HIV/AIDS and nutrition services. Approximately 2000 people tested for HIV and received counselling on the management of AIDs which included nutrition awareness and nutrition status assessment and counselling on breastfeeding in the context of HIV. Social Behaviour Change and Communication materials on HIV and nutrition were distributed to the public.
ii. Irish Aid monitoring visit to Lishe Ruvuma Program in Songea, Madaba and Tunduru

The program in Madaba, Songea and Tunduru District Councils were visited by a team of Irish Aid representatives in August and November 2018. The Deputy Head of Cooperation Mr. Adrian Fitzgerald visited Madaba and Songea DCs in August, 2018 and the second visit made to Tunduru DC took place in November 2018. This comprised of Mr. Adrian Fitzgerald, Mairead Petersen, the Regional Nutrition Adviser for Irish Aid, Emily Mates, consultant working with Irish Aid and Ms. Kim Mwamelo, Programme Manager, Reproductive Health and Nutrition.

The visitors met with the Ruvuma Regional Administrative Secretary (RAS), the District Executive Directors (DEDs) from the three Councils to discuss program implementation status and sustainability plan. The Regional and District Authorities acknowledged Irish Aid support and committed to sustain the nutrition interventions already introduced in the villages as part of overall Council nutrition plans and budgets. The Councils also requested Irish Aid to continue funding the Gender Equality component and where possible to help scale it up to other villages.

The representatives had an opportunity to visit selected villages and meet community members and leaders in action in all three Councils and learn from them about how they were engaged and or benefited from the program or whether there were challenges.

Communities reported observed health benefits since the program such as reduced illnesses in children and pregnant women. The leaders reported that they had observed some changes including reduced numbers of children with malnutrition in their villages; health workers reported increase in the early booking at ANC among pregnant women, more men escorting their partners to the ANC and availability of FeFo in the health facilities.
The Irish Aid representative participated in VHNDs, visited Peer Support Groups, Village Gender and Nutrition Groups as well as one primary school where TRLA approach was being implemented.

The team was particularly happy with the VHNDs and the TRLA initiatives and called for better documentation of the two initiatives.

They also made some key recommendations. These include:

a) Each District Council should budget for the VHNDs and periodic supportive supervision

b) COUNSEsouth with the support from Irish Aid to find solution for shortage of height/length boards.

c) Councils with the support of COUNSEsouth should put the strategies in place on how to mobilize incentives for CHWs as an exit strategy of the program.

d) The Councils with the support of COUNSEsouth should identify some high impact low cost interventions that can be sustained with minimal support.

e) COUNSEsouth should document and disseminate program's best practices.

These recommendations were addressed throughout 2018 as part of exit strategy.
3.2 DODOMA GENDER EQUITY DRIVEN NUTRITION PROGRAM

COUNSENUTH is working with LGAs to implement a four-year community-based gender-driven learning-based nutrition project with the goal to study the impact of TRLA in accelerating reduction of childhood stunting in the first 1000 days in Chemba District Council, Dodoma Region.

Dodoma is targeted because it is among 10 Regions with highest burden of stunting, and also among the worst affected by gender-based violence and inequities that have negative effects on the health and nutrition of women, children and adolescents.

The overall goal of Dodoma Gender Equity Driven Nutrition Program is to:

i. Contribute to evidence-based through learning and documentation of the role of gender equity in improving maternal, infant, young child and adolescent nutrition, women wellbeing; and their productive lives;

ii. Reduce the prevalence of childhood stunting among children 0-59 months by at least 5% in the 4 years from 44.6% in Kondoa DC and 37.7% in Chemba DC as a result of the program.

The gender concerns will be mainstreamed in nutrition interventions using the *Transformative, Reflective Leadership Approach (TRLA)* which is a process whereby leaders and followers help each other to advance to a higher level of development through own initiatives in their communities. The approach actively engages influential community leaders and whole communities in a participatory way to comprehend existing gender disparities and empowers leaders to address them. Ongoing implementation, learning and operational research is inbuilt into the design to understand women’s constraints, take corrective approaches towards empowerment and capturing gains from positive female and male engagement.

Target Beneficiaries

The project targets a total population of about **263,468** people (female **132,036** male **131,432**) of which **65,867** are women of reproductive age, **50,059** mothers/caregivers of children under 5 years; **10,539** pregnant women and **55,328** non-pregnant or lactating); Also **50,059** children under 5 years among them **18,443** children under 2 years. To reach these beneficiaries, the program will work with about **2,508**, community leaders; two volunteers per village (**228**) and 2 teachers per each Primary School (**206**), a select number of students, all of who will be oriented on gender and nutrition using TRLA and for students, additional life skill and sexual reproductive health education.

Sustainability and ownership

COUNSENUTH, with its experience of working with the Local Government and communities, is using government’s existing structures while strengthening them at all levels. For example, the community leaders oriented on TRLA are mostly members of the village governments plus other influential people such as religious and cultural leaders from similar villages. COUNSENUTH has already achieved buy in from the local government and the PO-RALG right from the initial stages of the project. The project’s facilitators were selected from among the government’s own staff and these will be involved in all program activities to ensure continuity post exit.

Key interventions and approaches for the project in the 4 years:

- **Nutrition interventions:** Infant and young child nutrition (IYCF), health care services (vitamin A, iron and folic acid supplementation, early ANC attendance for pregnant women, de-worming); dietary diversity, WASH, household food security and ECD.

- **Gender equity and women empowerment:** Gender concerns to be targeted are those with the greatest negative impact on maternal, infant, young child and adolescent nutrition. These include:
(i) Lack of information, knowledge and awareness on gender rights, nutrition and health issues;
(ii) inequitable distribution among men and women of labour in the family and community;
(iii) lack of ownership and control of resources by women; (iv) lack of women decision making and participating in leadership roles; (v) low completion of primary & secondary school for girls and higher education intake; (vi) Harmful practices such as violence against women and girls, childhood pregnancies and marriages and other harmful practices; and (vii) inadequate accountability of whole communities to protecting women and girls.

- **Adolescent empowerment:** (boys and girls) in becoming useful members of the society and having respect between boys and girls. The project will address: Reproductive health rights; Life skills; Prevention of childhood pregnancies and childhood marriages; Prevention of violence against young girls and boys; and Equal rights to education for girls and boys

### Project Approaches

To achieve the project’s goal, Lishe Dodoma employs multiple strategies and approaches including:

- **Transformative Reflective Leadership Approach (TRLA):** Lishe Dodoma capacitates leaders and the communities to identify existing gender disparities that affect maternal, infant, young child and adolescent nutrition in their community, prioritize them and come up with doable solutions.

- **Community based Growth Monitoring and Promotion (cGMP) within the Village Health and Nutrition Days Platform**

- **Social and Behaviour Change Communication (SBCC):** Banking on its vast SBCC experience COUNSENUTH uses Social Behaviour Change Communication (SBCC) as a cross cutting strategy to address behaviours that have a direct or indirect bearing on nutrition. The project adopts different SBCC pathways and uses social mobilization which engages community groups to shift attitudes, structures and norms to better support the promoted optimal behaviors. The project employs mass media approaches, including radio, TV, SMS, print and audio media to create public awareness and provide education on aspects of nutrition and gender rights to influence behaviour change.

- **Capacity Building and mentorship:** This is another cross-cutting approach. COUNSENUTH builds capacity across the board for different service providers (CHW, health care workers; community groups; community leaders and Council Multi-Sectoral Steering Committee on Nutrition) for planning, budgeting, implementation and coordination of nutrition programs.

### Other Approaches

- **Health care interventions through health facilities**

- **School based interventions targeting adolescents and teachers**

To achieve its objectives, the Dodoma Gender-Nutrition Program aims to achieve 6 key results as follows:

**Key Result Area 1:** Enhanced capacity of LGA at all levels to plan, budget, implement, coordinate and sustain gender-nutrition plans,

**Key Result Area 2:** Quality of services for maternal, infant, young child and adolescent enhanced for better nutrition & health outcomes,

**Key Result Area 3:** Capacity of influential community leaders and the community at large enhanced to identify, prioritize and address gender disparities and nutrition challenges that affect maternal, infant, young child and adolescent nutrition in the community,

**Key Result Area 4:** Capacity of adolescent in life skills, healthy lifestyles and sexual reproductive health enhanced to become more responsible to their welfare including improving reproductive health and nutrition; and preventing childhood pregnancies and early marriages,
Key Result Area 5: Community behaviors towards pro nutrition and health practices improved for better maternal, infant, young child and adolescent health and nutrition outcomes,

Key Result Area 6: Enhance Monitoring, Evaluation, Accountability and Learning.

Achievements by key result areas

Under this reporting period, the following activities were implemented as per Key Result Areas:

**RESULT 1: Enhanced capacity of LGA at all levels to plan, budget, implement, coordinate and sustain gender-nutrition plans in Chemba DC and Kondoa DC in Dodoma region.**

i. Sensitization of Council Multi-Sectoral Steering Committee on Nutrition (CMSCN) on the new TORs, Planning and Budgeting for Nutrition Supportive Supervision Toolkit.

The Centre facilitated and financially supported Chemba Council Multisectoral Steering Committee on Nutrition (CMSCN) meeting which was convened for 18 participants including key sector representatives, religious leaders and implementing partners namely World Vision and COUNSENutH. Apart from the normal agenda, the meeting was also graced by Nutrition Officer (NuO) from the President's Office Regional and Local Government (PO-RALG) who oriented the members on the new Terms of Reference (TOR) and the Supportive Supervision Toolkit. Additionally, the committee discussed implementation progress of nutrition activities from each department. It was observed that although all LGA departments planned and budgeted for nutrition activities, the funding for these was not forthcoming. As a way forward, the District treasurer was tasked to report in the next CMSCN meeting on funding requests that were submitted.

*Photo 6: Members of Council Multi-Sectoral Steering Committee on Nutrition discussing the new TORs and Supportive Supervision Toolkit*
This was an opportunity to introduce and discuss the gender–nutrition project and modalities for its implementation. The PO-RALG representative urged the program’s team to ensure that project’s plans are integrated into Councils’ plans and that reports are shared on a monthly or quarterly basis. COUNSENUTH formally requested to be a member of the CMSCN of which the meeting approved.

As a way forward, the secretariat was urged to convene a meeting with all stakeholders so as to consolidate nutrition plans and come up with Council plans before the upcoming PO-RALG planning sessions.

The planning officer was tasked to report on the progress of nutrition activities reported in the Ward Development Committee (WDC) meetings and table them to the CMSCN for discussion in the next meeting.

ii. **Participation in the Orientation of Community Based Health Program (CBHP) to CHMT, VEOs and Facility in-charge, organized by Benjamin Mkapa Foundation in Chamba**

The Government of Tanzania is about to establish and formalize a Community Health Worker (CHW) cadre for delivery of comprehensive package of health and community services. The aim is to have a minimum of one full-time CHW per village/street and linked to a nearby health facility to ensure that communities have access to health services. The new CHWs have been formally trained and Benjamin Mkapa Foundation (BMF) will deploy them to the villages and capacitate them for the government to later absorb them in the health system.

COUNSENUTH took part in the two days meeting organized by BMF, which aimed at orienting Council Health Management Team (CHMT) members, Village Executive Officers (VEOs) and Health Facility-in-charge on the Community Based Health Program (CBHP) package. The meeting convened a total of 75 participants including COUNSENUTH and BMF project teams and the participants from the Ministry of Health, PO-RALG.

COUNSENUTH and BMF held joint training of the new cadre of CHW and BMF has already deployed the CHWs in areas where COUNSENUTH is implementing the Gender-Nutrition project so that the new cadre and existing village health volunteers (VHV) work in harmony. COUNSENUTH sees the new cadre of CHW as supervisors to the VHV and custodians of community and health facility data on nutrition.

*Photo 7: CHMT members, VEOs, BMF staff and COUNSENUTH’s staff listening to a presentation by one of the CHMT members during the two days orientation in Chamba DC*
The meeting was an excellent platform to share and discuss the establishment of the CHW cadre; their recruitment process, roles and responsibilities as well as the implementation design. The meeting also discussed chain of command and the challenges in relation to the management and deployment of this new CHW cadre. Further, the meeting discussed the CHWs work stations where it was explained that they would be based at Village offices, report to VEOs and receive technical support from health facility workers and from partners working in communities.

The CHWs are provided with basic medical equipment for their operations.

iii. Training of District Nutrition Technical Facilitators (DNTFs)/Mentors from key sectors including selected CHMT members, DNuOs, Extension Workers and District Facilitators (In collaboration with BMAF)

COUNSENUUTH trained a team of facilitators commonly known as District Nutrition Technical Facilitators (DNTFs) from Chemba District Council. The aim of the activity was to create a pool of nutrition facilitators in the district with optimal knowledge and skills in implementing nutrition interventions, training of lower cadres and providing supportive supervision thus enhancing the capacity of the Council in scaling up nutrition interventions to ensure sustainability. The team was capacitated to coach and mentor service providers at health facility and community levels to enable them improve nutrition services provided to women and children; and provide supportive supervision to ward and community service providers working on nutrition related activities.

Photo 8: DNTFs filling in the VHNDs charts during training
The participants, comprised of 21 multi-sectoral LGA staff (9 males and 12 females) including a Medical Doctor, Enrolled Nurses, Agriculture Officers, Community Development Officers, Social Welfare Officers, Water Technician, Health Assistant Officer, Livestock Officers, Health Officers, Planning Officer, Education Officers and Nutrition Officer. The 6-day training was officially opened by the acting District Executive Director.

Major achievements of this training included:

- Participants could identify the roles of different sectors in combating malnutrition
- Participants gained skills to conduct village health and nutrition days including how to correctly take anthropometric measurements, chart and interpret the results and provide feedback, referral and support the community to take a relevant corrective action
- Participants gained skills to plan and budget for sector/department nutrition activities to reduce malnutrition
- Each trained DNTF was assigned a village to be responsible for in terms of providing technical backup to CHW, VHV and village councils in the course of implementation

Photo 9: DNTFs from Chemba DC, participants to the training, practicing cooking of improved complementary foods for children
RESULT 2: Quality of services for maternal, infant, young child and adolescent enhanced for better nutrition & health outcomes

i. Review of gender-nutrition training packages for Village Health Volunteers (VHVs), Health facility workers and Influential leaders

The Centre reviewed existing training packages for VHVs, Health care workers and Influential leaders to update them with gender content, new nutrition recommendations and issues raised from baseline findings. The reviewed packages will be used throughout the project cycle, to train different groups implementing the gender-nutrition interventions. The materials were initially developed when implementing Lishe Ruvuma and Mwanzo Bora Nutrition Programs.

ii. Training of community service providers on SBCC for Maternal, Infant, Young Child and Adolescent Nutrition, and positive social norms and gender equity

During this reporting period, a total of 40 VHVs (17 males and 23 females) from the 20 start-up villages of Chemba DC were trained for five days with the aim of enhancing their knowledge and skills to support roll out of the program’s community activities.

The VHVs, 2 from each village were trained on the gender-nutrition project interventions and gender rights. The performance and skills-based training focused on learning how to deliver program’s

Photo 10 The program’s MEAL officer instructing CHVs on how to correctly fill the VHNDs charts
interventions; their roles and responsibilities; and monitoring and evaluation. All participants received copies of M&E tools and reference materials. The trained DNTFs were part of the team of facilitators who conducted the training as way of preparing them as facilitators. Despite this comprehensive training, the VHVs will need further refresher orientation from time to time to maintain their knowledge and skills, especially due to their low level of basic education.

iii. **Train health care workers on SBCC for Maternal, Infant, Young Child and Adolescent Nutrition, Gender Equity; and on Growth Monitoring using New WHO cards**

The Centre sensitized 10 health service providers (4 Females; 6 Males) drawn from 8 health facilities (2 Health Centers and 6 dispensaries) located in the 20 start-up villages in Chemba DC. The objective of the 3-day workshop was to sensitize the health workers on the program, sharpen their skills to improve their performance.

Key areas included: SBCC for Maternal, Infant, Young Child and Adolescents Nutrition (MIYCAN) and the gender disparities which have a negative bearing on maternal, child and adolescent nutrition. They were also oriented on the new WHO growth monitoring cards that are now being adopted in Tanzania; and our flagship intervention, the Village Health and Nutrition Days (VHNDs).

iv. **Participate in the training of CHW (new cadre) in Chemba to integrate gender equity and nutrition into CHWs training**

COUNSENUTH participated in induction training of the new cadre of Community Health Workers organized by BMF. The two-week training aimed at orienting the new cadre on their roles and responsibilities took place in Chemba DC and COUNSENUTH added an extra day to sensitize them on nutrition and their roles and responsibilities in supporting implemented community nutrition activities. A total of 35 CHWs (23 Females; 12 Males) from 35 villages were sensitized, of whom 20 are already in the project start-up villages and 15 will be reached in the next financial year.

**RESULT 5:** **Community behaviors towards pro nutrition and health practices improved for better maternal, infant, young child and adolescent health and nutrition outcomes**

i. **Conduct Village Health and Nutrition Days for community growth monitoring and promotion**

The VHNDs promises to be effective platform for providing first-contact primary health care as well as a platform for interfacing between the community and the health system. On the VHND, the community members interact freely with the health personnel and obtain basic services and information. Beneficiaries also learn about the preventive aspects of health care and pro nutrition practices, which encourage them to seek health care at facilities and adhere to recommendations on optimal feeding practices and related ones such as WASH.

The program organized VHNDs in collaboration with DNuO, DNTFs health facility workers and community health workers. The VHNDs were attended by programme beneficiaries (pregnant and lactating women, children under five years and men), Village Chairpersons, Village Executive Officers (VEOs) and Agricultural extension workers from the 20 start-up villages of the Chemba DC.

A total of **3,590** under five children was assessed weight for age and height for age (W/A and H/A), and feedback on the nutrition status provided to the parents/caregivers. The VHNDs also reached a total of **265 pregnant women, 1,589 lactating women and 2,005 women of reproductive age**. A total of **695 adult males** were reached with nutrition information and assessment of Body Mass Index.

The VHND was held at a site close to the community and accessible, to motivate participation from community members as health and nutrition services were provided at their doorstep. The VHNDs also provided an opportunity to fully involve community leaders in organizing the event and participate by taking part in advocating for improved practices which could improve the wellbeing of pregnant women and children hence contribute to the development of the community. The table below shows targets and
achievements of the VHNDs in this reporting period

Table 9: VHNDs targets VS achievements

<table>
<thead>
<tr>
<th>Indicator</th>
<th>*Adjusted Annual Target</th>
<th>Figures from VHND Data</th>
<th>Figures from Community Data</th>
<th>Achievements</th>
<th>% Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children under five reached</td>
<td>6,033</td>
<td>5,164</td>
<td>1,689</td>
<td>6,853</td>
<td>113.6%</td>
</tr>
<tr>
<td>Number of children under two reached</td>
<td>2,223</td>
<td>1,651</td>
<td>1,126</td>
<td>2,777</td>
<td>125%</td>
</tr>
<tr>
<td>Number of Pregnant Women reached</td>
<td>1,270</td>
<td>265</td>
<td>764</td>
<td>1,029</td>
<td>81%</td>
</tr>
<tr>
<td>Number of lactating Women reached</td>
<td>2,223</td>
<td>1,589</td>
<td>1,116</td>
<td>2,705</td>
<td>122%</td>
</tr>
<tr>
<td>Number of women of WRA (Non preg. &amp;Non Lact) reached</td>
<td>7,939</td>
<td>2,005</td>
<td>923</td>
<td>2,928</td>
<td>37%</td>
</tr>
<tr>
<td>Number of CHW trained</td>
<td>40</td>
<td>0</td>
<td>40</td>
<td>40</td>
<td>100%</td>
</tr>
<tr>
<td>Number of District Technical Facilitators (DNTFs) trained</td>
<td>21</td>
<td>0</td>
<td>21</td>
<td>21</td>
<td>100%</td>
</tr>
<tr>
<td>Number of Health Facility workers trained</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td>10</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Annual Target has been adjusted to reflect 7 months’ target worth of outreach activities during Y1 of the project.

RESULT 6: Enhance Monitoring, Evaluation, Accountability and Learning

i. Conducted baseline nutrition survey in the three districts

COUNSEUTH sub-contracted a consultant to carry out a Baseline Survey in Kondoa DC, Kondoa TC and Chemba DC. The aim of the survey was to obtain baseline data for each of the districts and benchmark key indicators for nutrition and gender equity that are likely to negatively affect maternal, infant, young child and adolescent health & nutrition. Table 10 represent summary of the baseline survey.
Table 10: The baseline survey results are highlighted below:

<table>
<thead>
<tr>
<th>Intervention Areas</th>
<th>Findings</th>
</tr>
</thead>
</table>
| Child Nutrition            | • 22% of children 0 – 59 months old were underweight  
• 41% of children 0 – 59 months were stunted  
• 8% of children 0 – 59 months were wasted  
• 52.2% of children 6 -59 months were anaemic  
• Stunting, wasting and underweight increase with increasing age of children  
• Stunting decreases with increasing wealth status |
| Maternal Nutrition         | • 36% of the WRA started to visit ANC during the first trimester  
• 77.2 percent the WRA paid 4+ ANC visits  
• 24.0 of most recent births occurred at home  
• 26.1 percent of WRA were anaemic                                                                                                           |
| Breastfeeding Practices    | • 95.4 percent of children 0 – 23 months were ever breastfed  
• 31.2 percent of initiation of breastfeeding within 1 hour of birth  
• 15.4 percent of new born babies received pre-lacteal feeds  
• 21 percent of children 0 – 5 months old were exclusive breastfed                                                                            |
| Complementary Feeding Practices | • 66.8% of children 6 – 23-month-old received minimum meal frequency  
• 13.1 percent of children 6 – 23-month-old received the Minimum Dietary Diversity  
• Only 12.4 percent of children 6 – 23 month old received Minimum Acceptable Diet                                                                 |
| WASH                       | • 49.3 percent of households used water from unprotected sources  
• 38.5% of women spend more than 3 hours fetching water during the dry seasons  
• 42.1 percent of households reported sterilizing drinking water  
• 95% of households do have latrines but only 6% have improved toilets with covers  
• 81.3 percent of women wash hands after using a toilet,  
• 50 percent of women wash their hands before preparing a meal, before feeding a child and after washing a baby |
<table>
<thead>
<tr>
<th>Intervention Areas</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td><strong>Socio-cultural Attitudes toward Gender Equity</strong></td>
</tr>
<tr>
<td></td>
<td>i. A significant proportion of men and women (27% men and 36% women) believe that girls cannot benefit their families because they get married outside the family.</td>
</tr>
<tr>
<td></td>
<td>ii. On equity in division of labour between men and women a significant proportion of men and women (39% men vs 40% women) think that it is shameful for a man to do housework when the wife is at home.</td>
</tr>
<tr>
<td></td>
<td>iii. About Gender Based Violence (GBV), a significant proportion (29% men and 44% women) had opinion that if a woman does something wrong, she should be beaten by her spouse. No woman reported being beaten but they generally say wife beating is common.</td>
</tr>
<tr>
<td></td>
<td><strong>Actual practices in communities</strong></td>
</tr>
<tr>
<td></td>
<td>It shows that although attitudes of men towards empowerment of women seem fair in actual practice this is not the case.</td>
</tr>
<tr>
<td></td>
<td><strong>On Division of labour</strong></td>
</tr>
<tr>
<td></td>
<td>• 91.9% of women fetch water while only 3.8% of men fetch water.</td>
</tr>
<tr>
<td></td>
<td>• 38.5 percent of women spend more than 3 hours fetching water during the dry seasons</td>
</tr>
<tr>
<td></td>
<td>• Women who have given birth enjoy a rest of just 2 weeks to one month or 40 days after delivery and if during farming she may get up to 3 months</td>
</tr>
</tbody>
</table>

Results of baseline survey were shared with stakeholders at the regional, District and Community levels, and participants made following recommendations:

- It was important to also address management of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) which are very high (8% as indicated by the baseline survey).
- WASH interventions should consider the availability of water first as the district experiences water shortages
- Several primary schools have water harvesting facilities; and the district requested the program to consider supporting water treatment
- School interventions are seen as the most sustainable, and needed expansion.
- Chembia is prone to drought, flood and even earthquake, therefore interventions focusing nutrition preparedness during emergency should be considered.
- Support the district in establishing “the Chembia Hub” which will be a resource centre for learning and provision of health and nutrition sensitive services such as agriculture and livestock keeping among others.

ii. **Develop and print data collection and reporting tools**

Monitoring and evaluation are the most important part of the program. Therefore, during this reporting period, the Centre developed/adopted and modified existing tools and printed data collection tools that will be utilized during the program life in the field to track progress. The program also oriented the VHVs on how to use the tools.
**Project Induction**

To kick start the project, COUNSENU TH conducted the following start up activities:

i. *Collaboration meetings with Benjamin Mkapa Foundation*

The Centre held several meetings with Benjamin Mkapa Foundation (BMF) in Dar es Salaam to discuss synergies between the two programs implemented in Chemba DC. During these meetings, the two organizations shared work plans and identified areas of collaboration. Progress meetings are held every month.

ii. *Setting up an office and deployment of Project Staff in Chemba DC*

COUNSENU TH secured a project office close to Chemba DC with the intention of building close relationships with the Chemba Council Leadership and its staff. This will also allow our program staff to be close to the people they serve.

During this period two Program Officers and two drivers have transferred to the project and have been stationed in Chemba to oversee implementation of the project, working in collaboration with the Council team (DNTFs) and community volunteers.

*Photo 11: Lishe Dodoma Program Staff scheduling field activities, at the Office in Chemba*
3.3 ACCELERATING STUNTING REDUCTION PROJECT (ASRP)

Accelerating Stunting Reduction Project (ASRP) is a 4-year project addressing reduction of childhood stunting in six districts in Mbeya region. The project is supported by UNICEF and implemented jointly by COUNSENUTH and CRS. The aim of the project is to increase the proportion of pregnant women and parents/care givers of children under two years who practice pro-nutrition behaviors focusing on Infant and Young Child Feeding (IYCF), Early Childhood Development (ECD), WASH and Health; advocate for diverse nutrient rich foods at household level as well as strengthening evidence based multisectoral response to under nutrition.

The key project interventions include capacity building of LGAs in Busekelo, Kyela, Mbarali, Mbeya, Rungwe DCs and Mbeya City, to enhance planning and implementation of nutrition interventions; growth monitoring and promotion at community level; promotion of backyard gardening and small livestock keeping; advocating for delivery of quality care and integrated nutrition services for pregnant, lactating women, infants and young children at facility and community level to improve health and nutrition status of the targeted population.

Implemented activities

During this reporting period, the program implemented several activities under different program outputs as indicated below:

RESULT 1.1: Increased participation of pregnant women and caregivers of children under two years old in counselling on IYCF, WASH, ECD and health practices

i. Identification of target villages, recruitment of CHWs, supervisors and key community influential leaders

About 173 new villages were identified for the implementation of the project at community level. Cumulatively, 670 villages (84%) out of the total 798 villages across all 6 Councils were reached in Mbeya Region. In addition, 346 CHWs were engaged making a total of 1,340 CHWs in the project. Although the project planned to cover 75% of villages, it has successfully surpassed the target due to a strong working relationship and good collaboration with regional and district authorities, solid commitment from project team members and by working collaboratively alongside other programs in the region.

In addition, about 19 new supervisors of CHWs were recruited in collaboration with Council, Ward and Village level leaders following criteria set to get the most qualified people from the community.

ii. Training of the newly recruited CHWs and supervisors

A 5-day training focusing on IYCF, WASH, and ECD/CCD was conducted to the 358 CHWs (346 new and 12 who replaced drop out CHWs) accumulating to 1,340 CHWs identified and trained by the project to date. The training modality was tailored to strengthen their counseling skills using the UNICEF/MoHSW developed training modules. CHWs were also provided with necessary materials to facilitate counseling sessions and data collection. Skills on integration of nutrition and CCD were given along with reference materials.

The newly recruited 19 CHW supervisors also received a ten-day training conducted by qualified consortium members in collaboration with the District Nutrition Officers. The training equipped the supervisors with counseling, supervisory and reporting skills on key interventions. In addition, they were trained for five more days on the use of tablets and ICT4D tool (COMMCARE) for data collection and were all provided with tablets. The supervisors were also oriented on the use of the CCD checklist and integration of CCD in nutrition counseling. To-date, the project has recruited 46 supervisors to support and mentor CHWs in all the six project targeted Councils.
iii. **Refresher training for year two trained supervisors and the CHWs recruited in the second year**

A total of 29 supervisors recruited in year two and year three received a 6-day refresher training on ECD, SBCC - MEAL tools and the use of anthropometric equipment. The supervisors were capacitated to provide support and mentorship to CHWs and be able to integrate messages on IYCF, WASH and CCD to be delivered to the community. The supervisors were trained in the use of the anthropometric equipment to enable them train and support the CHWs to take measurements correctly and interpret during the community growth monitoring (VHNDs) and record data appropriately.

The capacity of the CHWs was strengthened by conducting a 5-day refresher training to 716 CHWs recruited in year two. This was mainly to capacitate the CHWs with skills to be able to take measurements accurately during community growth monitoring, record data appropriately and take appropriate action timely. In addition, the CHWs were also trained in CCD with the aim of equipping them with skills to integrate CCD in their routine counseling sessions around IYCF and WASH with pregnant women and caregivers of under two years children and be able to deliver the integrated messages to the targeted communities.

iv. **Establishment of community crèches to enhance ECD/ CCD practices (purchase of local materials for making age-appropriate toys, play mats, etc)**

About 40 beneficiaries (including pregnant women and mothers of children under 2 years old) in Muvwa and Mshewe villages received training on toy-making using local available materials. Additionally, they refreshed their knowledge and skills on the importance of integrating CCD in nutritional activities through dialogues and practices.

An assessment of the capacity of CHWs for CCD integration in other project areas was conducted and it was observed that the CHWs need refresher training on the knowledge and skills for CCD integration. In addition, it was concluded that in each Council, 10 villages will be selected where the CCD activities will be intensified. A concept note outlining the project strategy to scale-up the CCD-integration activities in the community was submitted to UNICEF and has already been endorsed for funding.

v. **Conduct group counselling with pregnant women and care givers of children under 2 years at community level**

- **Pregnant women:**

  The counselling groups continue to be an avenue for peers to share ideas, challenges, best practices and experience on pregnancy, child care and health care seeking behaviors.

  A total of 22,664 (33%) pregnant women (PW) were reached through counselling sessions this year out of 37,489 (55%) PW supposed to be reached. Follow up meetings conducted with supervisors to discuss causes of under achievement; revealed that the main reason was delay on disclosing pregnancies by most women to CHWs. CHWs have been advised to work in close collaboration with nearby facility Health Care Providers (HCPs) as evidences from DMOs show that RCH attendance by pregnant women during first trimester has increased. HCPs will assist to link registered pregnant women with respective CHWs and sensitize them on importance of attending counselling sessions.

- **Care givers of children under 2 years**

  Through group counseling, trained CHWs have continued to facilitate discussions among mothers/caregivers on key messages targeting on health, MIYCF, WASH and CCD to enhance positive behaviors to improve health and nutrition status of lactating mothers and children under the age of two years. CCD messages and skills integrated with nutrition messages have continually being delivered through group counseling sessions in targeted areas. CHWs have demonstrated to caregivers how to practice stimulation activities through play materials and child-caregiver interactions. Discussions in hand with practical sessions were held to mainstream the practices acquired. This has been through preparing, cooking and feeding diversified diets prepared from available and affordable foods in respective context.
In this year a total of 89,239 (80%) caregivers of children under two (CU2) participated in sessions which surpassed target set of 70% (78,348 MCU2) by 10%.

- **TASAF beneficiaries**

  TASAF beneficiaries who are pregnant and caregivers of children under the age of two years have been reached with educational sessions on proper care and feeding practices (ECD, WASH, Nutrition, Health and vegetables production) through existing counselling sessions in their respective areas. A total of 679 TASAF beneficiaries were enrolled in the group counseling sessions. The aim is to improve the convergence between TASAF III initiative and the nutrition interventions in communities covered by ASRP.

- **vi. Conduct Semi-annual Joint supportive supervision visits with DNuOs and project supervisors for CHWs**

  Meetings to share and discuss the project progress of implementation of the program against the targets set were held involving the 46 supervisors and the RNuOs, 6 DNuOs and representative from the PORALG office. The discussion focused on how to ensure the intended goal is achieved while putting in place strategies to sustain the investment done by the project. The PORALG representative reinforced Government guidelines and intervention on nutrition to DNuOs and insisted on adoption of the key project interventions in their respective Councils’ nutrition plans and budgets to sustain the investment done by the project. ECD Advisor also had opportunity to orient DNuOs on CCD and requested them to continue integrating these skills when performing their duties. Clarifications on CCD, ECD and nurturing care were also provided to broaden their understanding on their linkage to each other and relations with nutrition.

- **vii. Community based growth monitoring and promotion through Village Health and Nutrition Day (VHND)**

  In collaboration with LGAs and influential people at community level, the project continued to support VHND events. Through this innovative community-based platform, community members, the children U5, Pregnant women, men and women access integrated nutrition and health services. Major activities carried out involved mostly Community based Growth Monitoring and Promotion activities such as anthropometric measurement to assess the nutritional status of children U5 (stunting and underweight) and provision of feedback to caregivers, practical cooking demonstration, stimulation activities of children through plays as well as provision of immunization and essential health services to pregnant women and young children.

  During the first round of this year (in June, 2018) the ASRP program in collaboration with district Nutritionists, and village leaders managed to conduct VHND in 245 villages in all of the six districts, out of which 50 villages conducted the VHND for the 3rd round using their own resources with minimum support from the program and 195 villages conducted the VHND for the first time. The 50 villages have experience in conducting VHNDs since this was their third time.

**Results:**

- **Nutrition status of children:** A total of 24,176 under 5 years old (U5) children were assessed and among them, 35% of the U5 boys (15% being U2) were stunted; while 30% of the U5 girls (12% being U2) were also stunted (short for their age). Also, 19% of the children U5 were underweight (thin for their age).

- **Maternal and health care:** 1,332 pregnant women (PW) were assessed. Among them 19% were not using FeFo while 55% of PW using FeFo started during their second trimester.

- **Vitamin A supplementation and deworming medication:** 42% of the children received deworming medication and vitamin A supplementation.

- **Nutrition assessment for adults:** 13,551 adults were assessed using Body Mass Index (BMI); 33% were overweight; 8% obese; 10% underweight; 50% normal
Photo 12: Demonstrations on how to cook diversified foods and provide health education to caregivers on importance to growth and development of children

Photo 13: Caregivers being provided with improved complementary food for their children
RESULT 1.2: Increased participation of key community members and local leaders in supporting pregnant women and caregivers of children under two years old to practicing nutrition-relevant behaviors.

i. Conduct Biannual Group Meetings / counselling sessions with community leaders and influential Community members:

A total of 1,652 Community leaders and influential people from the new villages were identified and participated in a one-day sensitization session on IYCF, WASH and CCD. The participants came up with different strategies to ensure that the target population (pregnant women and mothers of children under two) receives optimal support from the families and community at large on caring and feeding practices. They recommend use of different forums by CHWs to deliver relevant messages e.g. religious gatherings, village meetings etc. to get buy-in from the communities for a smooth acceptance of the required behavior changes and reach the set targets of beneficiaries.

Photo 14: A staff discussing with leaders in Busekelo District

ii. Organise quarterly ‘social mobilization events at ward level with community leaders and influential people to provide additional support to communities in practicing recommended behaviours

Community mobilization events continued to be one of key approaches in bringing together community members and sensitize them to adopt proper nutrition behaviors for stunting reduction. Through community gatherings, dissemination of appropriate information and key messages on optimal IYCF, WASH, ECD and health practices was done to different community members. A total of 5,684 community members attended the events in 18 wards of Kyela DC, Rungwe DC, Mbeya DC, Mbarali DC, Mbeya CC and Busokelo DC. The District Commissioners, District Executive Directors and District Medical Officers and Councilors from each Council were invited to officiate/participate in the events in one of the identified centers. This was mainly to increase awareness at community level through joint effort from political leaders, LGAs decision makers and development partners.
In addition, a total of 336 CHWs, 26 supervisors and 207 ward leaders and WADC members from 68 wards held discussions and came out with the following strategies to facilitate community growth monitoring and promotion through village health and nutrition days:

- Village health and nutrition day should be a standing agenda in village committees and WDCs.
- Mobilize the community to ensure that all children and pregnant women attend and access health and nutrition services during Village Health and Nutrition Day events.
- Mobilize the community to contribute food materials for cooking demonstrations during VHND events.
- Organize and conduct VHNDs on quarterly basis.
- Villages to formulate by laws to guide the implementation of VHNDs.

**RESULT 2.2: Increased capacities of households to preserve nutrient-rich foods**

i. **Through FFS, provide regular counseling to households and farmers on production, preservation and consumption of nutritious food and IYCF, WASH, ECD essential and health practices**

Integration of nutrition knowledge with production of nutritious food and animal is essential in improving consumption of improved diets. In this year 8,351 farmers (equivalent to 104% of overall target) participated in counselling sessions and were oriented on key IYCF, ECD, WASH, nutrition messages and health practices.

ii. **Promote and support local food preservation practices at household level**

During this reporting period, 402 farmers (85% of the total target) dried vegetables using solar driers. These included pumpkin leaves, amaranth, mangoes, banana, spices, boiled yams and sweet potatoes.

iii. **Conduct training of Progressive Farmers on good agricultural and livestock rearing practices with focus on women**

To increase availability and accessibility of vegetables and animal source foods, the project team in collaboration with trained progressive farmers continued to provide training and inputs to farmers. A total of 835 farmers were reached with training and inputs to support the production of nutritious foods which will add value in diversification of diets for maternal and young children. This accumulates to 11,800 (107%) which has already surpassed the overall target.

About 720 households (consisting of pregnant women, lactating women, caregivers of children under five years (CU5) and TASAF beneficiaries) have established different types of gardens, such as keyhole and using a variety of utensils such as sack bags and buckets. This accumulates to 95% of the expected target to be reached.

**RESULT 3: Monitoring, Evaluation, Accountability and Learning and exchanges.**

i. **Collaboration and exchange learning**

- The project facilitated the 5th ASRP Consortium Meeting to discuss the progress by each consortium partner towards achieving project outcomes, to share experiences and lessons from other programs that can improve delivery of ASRP and to share best practices that can be utilized by other consortiums.
- The MEAL coordinator collaborated with the project team to conduct monitoring supportive visits and meet with 27 supervisors to improve the quality of data collected, as well as share some of the challenges encountered.
The project hosted 4 Regional advisors from UNICEF Nairobi who visited the program for learning and advisory purpose. The team visited Rungwe District where they met with community leaders, CHWs and counselling group of pregnant and caregivers of under five children. Community leaders and group members explained and showcased to the mission on ECD activities undertaken by the community under the support of the program. The mission appreciated the community ownership of introduced ECD activities as community members could tell how the entire community is engaged in taking care for young children from womb to five years of age.

The program hosted a four-day workshop with all ASRP consortia in Mbeya, Iringa, Njombe and Songwe Regions (MINS) and other key stakeholders from regional, district, ward, community and village level to develop the first draft of a Theory of Change (TOC) for the fourth year of the Accelerating Stunting Reduction Programme (ASRP). The workshop was facilitated by two hired International consultants.

In collaboration with RAS office, the project team hosted two major visits comprised of senior level representatives from UNICEF (including CR), DFID and Irish Aid. In both visits, the team of visitors had a chance to visit the program activities and learned on the progress and had an opportunity to share their thoughts on sustainability aspect and areas to put more efforts.

To strengthen monitoring of identified malnourished children, the project introduced a tool to track nutrition status of children during village health and nutrition day using tablets provided to the supervisors. This will facilitate easier semi-annual tracking of nutrition status for children screened in all the villages. The tool also helps to track assessment details of pregnant women and BMI for adults.

Challenges/ bottlenecks faced in the reporting period

- Inconsistent attendance of beneficiaries in group counselling sessions
- Heavy rains during which hinder movements to some villages to provide support and collect reporting tools from CHWs by supervisors and project officers
- Low male participation in counselling groups leading to slow adaptation of the key health and nutrition behaviours in the household.
- Slow absorption and low level of ownership of the program interventions by the district/village leaders
3.4 THE WASICHANA LEADERSHIP PROJECT

The overall objective of this project is to support orphan girls by providing scholarships for attending Ordinary Level and Advance Level Education through contributions from Friends of COUNSEUTH, and other support by voluntary contributions from the staff. In 2018, the program supported a total of 4 girls - 2 who have completed the Ordinary Level and passed with flying colors and joined high school, and 2 have completed Advanced Level (PCM and CBG) and have joined University and obtained higher education students loans. This is also part of the Centre’s corporate social responsibility. The demand for this program is very high but funding is a challenge, despite efforts to continue fundraising for it.

Photo 15: Wasichana Leadership beneficiaries celebrating their form IV Graduation, together with COUNSEUTH Staff

Photo 16: Wasichana Leadership beneficiary Annastazia Shayo, majoring in Telecommunication Engineering at the University of Dar es Salaam, receiving a laptop from COUNSEUTH Executive Director Pauline Kisanga
3.5 NUTRITION EDUCATION AND COUNSELLING AT THE OCEAN ROAD CANCER INSTITUTE

COUNSENUTH in collaboration with the Ocean Road Cancer Institute (ORCI) implements a nutrition care and support project that provides nutrition counseling and education, to cancer patients, survivors and their caregivers. The goal is to improve the quality of life of cancer patients and survivors through nutritional care and support and to provide information on prevention to their families and the general public.

The nutrition counseling/education is provided in six departments of the Ocean Road hospital named Screening, Insurance (BIMA), Radiotherapy, Chemotherapy and Outpatient Department (OPD) Wards. Approximately 3,171 patients have been reached with nutrition education and counseling in this reporting year. This signify increased demand for the counselling services as compared to the number of clients reached in 2017; which was approximately 1500. The project is being implemented by the Centre as part of its corporate social responsibility, with support of nutrition and psychology graduates who are volunteers at the COUNSENUTH.

Photo 17: COUNSENUTH Volunteer, Ali Malekela providing nutrition counselling to a caregiver of cancer patient at Ocean Road Cancer Institute
3.6 SHORT TERM TECHNICAL ASSISTANCE:

In this reporting period, the Centre was commissioned to undertake several Short-Term Technical Assistance (STTA) from different organizations as follows:

i. **Production of Radio Messages for Tanzania Horticulture Association (TAHA)**

Based on its vast experience and expertise in Social Behavior Change Communication (SBCC), COUNSENUTH was contracted by the Tanzania Horticulture Association (TAHA) to develop radio messages that will promote vegetable consumption among the general public.

The Objective of this assignment was to prepare and make ready for broadcast appropriate messages that raise awareness on the role of fresh and dried vegetables in a diversified, nutritious diet. Once broadcasted (by another party) the messages were intended to reach 50% of population within Manyara, Tanga, Kilimanjaro, and Arusha.

Several steps involving diverse groups of stakeholders from the Government and appropriate private agencies were followed during the process of messages development. A total of 103 messages in seven different themes were developed, reviewed and adopted by a number of stakeholders who were national experts in nutrition, health education and media from the Government, private organizations as well as COUNSENUTH. The messages were further reviewed and validated in the second workshop which involved senior-level technical staff, leading national experts and other important stakeholders who critically reviewed the credibility of the technical content and the language. The experts were from Health Promotion Unit of the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), Tanzania Food and Nutrition Centre (TFNC), Ministry of Agriculture, ITV/Radio One and COUNSENUTH technical staffs.

The validated messages were recorded and pre-tested with different groups including CSOs working with TAHA, farmers’ groups as well as the general population in Tanga and Arusha Regions. The pre-testing activity generated valuable inputs, which were incorporated in the messages to improve them. The improved messages were finally re-recorded and submitted to TAHA for dissemination to the general public. Tanzania Food and Nutrition Centre (TFNC)endorsed the messages for public use to the target groups.

*Photo 18: COUNSENUTH’s senior staff explaining an issue for the stakeholders of the material validation meeting*
COUNSENUTH was contracted by SolidarMed (a Swiss Organization based in Malinyi) to conduct a training in nutrition and diet-related non-communicable diseases (DRNCD) for health service providers at Lugala in Malinyi District, Morogoro. The objective of the training was to build the capacity of health service providers from health facilities and community in Lugala-Malinyi in the provision of quality nutritional care and support in prevention and management of diet-related non-communicable diseases, and equip them with tools to expand advocacy for prevention of NCDs. The training comprised 3 sessions, which included:

1. The first session involved 32 (19 males and 13 females) cadre of health professional working in 20 health facilities (hospital, health centers and dispensaries) in Malinyi. The 4-day training included a Medical Doctor, Assistant Medical Officers, Clinical Officers, Nurses, Medical Attendants, Clinical Assistant and MCH Aid.

2. The second session involved 19 health professionals who were selected from the first training to be trained as trainers. The one-day training of trainers (TOT) focused on building the capacity of the participants in facilitation skills and conducting a training.

3. The trained trainers conducted a 2-day transfer training so as to put their learning experience into a real situation. The training which was supervised by the COUNSENUTH team involved 67 participants (37 males and 30 females) including Community Health Workers, Trainers of the Community, people with diabetes and other community members.

During the training participants were introduced to various job aids and resource materials.

Photo 19: Participants role playing on how they deliver nutrition counselling to their clients
Achievements

The 3 training sessions were conducted successfully and training expectations were met, which included the following:

✓ 91% participation of the intended health professionals and 96% of the community care providers (CHWs, TOC) and members,

✓ 15 participants out of the selected 19 were qualified as trainers

✓ All the participants indicated that the training objectives and expectations had been met and that the training provided skills and knowledge that will enable them provide quality services to the clients.

iii Other Short-Term Projects

• Life Skills Trainings

Adolescence is a vital stage of growth and development which marks a period of transition from childhood to adulthood. It is at this stage when a child extends his relationship beyond parents and family and are now capable of abstract thinking self-developing an independent thought of oneself in future by setting goals and managing time to reach them. During this tentative transitional period, it is essential to equip our young ones with vital skills for their survival and coping with day to day situations.

In this year, COUNSENUMTH carried out life skills training to adolescents from age 10-15 here at the Centre and in Schools. The objective of the trainings was to ensure that adolescents emerge from this transitional period unharmed, psychologically sound, and biologically fit and with bright academic excellence. In total about 57 adolescents were trained on life skills this year.

The training sessions were aided by creative presentation slides which captivated the attention of the trainees. In addition, the use of role plays and exercises were designed to sculpt the comprehension of the materials being taught, easily and with keen attention. There were questions and answer sessions for a purpose of reinforcing the knowledge correctly into their minds, the use of question and answers also facilitated the reciprocity hence there was equal participation by all the trainees.

The Centre has realized that demand for adolescents training is very high and therefore will continue to solicit funding to help subsidize those who need it but cannot afford.

Photo 20: School adolescents at Canossa Primary who participated in the orientation on Life Skills
3.7 National Meetings and Workshops

i. The 2nd World Breastfeeding Trends Initiative workshop

The World Breastfeeding Trends Initiative (WBTi) is an innovative initiative, developed by International Baby Food Action Network (IBFAN) Asia, from earlier experience of WABA and the WHO monitoring tool, to assess implementation of infant and young child feeding practices. This assessment is conducted every three years in order to evaluate progress made by countries in implementation of the UNICEF, WHO Global Strategy for Infant and Young Child Nutrition (WHA Res. 2003).

This was the 2nd Assessment conducted in Tanzania, the last being in 2015. The assessment was a desk review conducted in two steps, the data analysts meeting and validation meeting. The team comprised representatives/experts from the Government Ministries and Departments (Ministry of Health, Community Development, Gender, Elderly and Children, Ministry of Education, Ministry of Labour, TFDA, TFNC), UN Agencies, Health Facilities (Muhimbili National Hospital and Amana hospital), NGOs and CSOs (COUNSENUETH and PANITA).

COUNSENUETH in collaboration with TFNC with financial support of UNICEF facilitated the three-day WBTi assessment workshop as well as the one-day validation workshop by the National Consultative Group on Infant and Young Child Feeding.

COUNSENUETH is IBFAN Representative in Tanzania, and therefore plays a key role in capacitating the TFNC as coordinator of nutrition.

As can be seen on Table two and three there are areas where the country has done well and areas where Tanzania needs to do much work, such as in BFHI.

Table 11: Summary score for Part I: IYCF Policies and Programmes

<table>
<thead>
<tr>
<th>IYCF Policies and Programmes Indicators</th>
<th>Score (Out of 10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year 2015</td>
</tr>
<tr>
<td>Indicator 1: National Policy, Programme and Coordination</td>
<td>6.0</td>
</tr>
<tr>
<td>Indicator 2: Baby Friendly Hospital Initiative</td>
<td>3.5</td>
</tr>
<tr>
<td>Indicator 3: Implementation of the International Code</td>
<td>8.5</td>
</tr>
<tr>
<td>Indicator 4: Maternity Protection</td>
<td>6.5</td>
</tr>
<tr>
<td>Indicator 5: Health and Nutrition Care Systems</td>
<td>8.0</td>
</tr>
<tr>
<td>Indicator 6: Mother Support and Community Outreach</td>
<td>5.0</td>
</tr>
<tr>
<td>Indicator 7: Information Support</td>
<td>8.0</td>
</tr>
<tr>
<td>Indicator 8: Infant Feeding and HIV</td>
<td>7.5</td>
</tr>
<tr>
<td>Indicator 9: Infant Feeding during Emergencies</td>
<td>3.5</td>
</tr>
<tr>
<td>Indicator 10: Monitoring and Evaluation</td>
<td>5.0</td>
</tr>
<tr>
<td><strong>Score Part I (Total)</strong></td>
<td><strong>61.5</strong></td>
</tr>
</tbody>
</table>
Table 12: Summary score for Part II: Infant and young child feeding (IYCF) practices

<table>
<thead>
<tr>
<th>IYCF Practice Indicators</th>
<th>Year 2015</th>
<th></th>
<th>Year 2018</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Result</td>
<td>Score</td>
<td>Result</td>
<td>Score</td>
</tr>
<tr>
<td>Indicator 11: Starting Breastfeeding (Initiation)</td>
<td>49 %</td>
<td>6</td>
<td>51 %</td>
<td>9</td>
</tr>
<tr>
<td>Indicator 12: Exclusive Breastfeeding for first 6 months</td>
<td>50 %</td>
<td>9</td>
<td>59 %</td>
<td>9</td>
</tr>
<tr>
<td>Indicator 13: Median duration of Breastfeeding</td>
<td>20.1 %</td>
<td>9</td>
<td>20.1 %</td>
<td>9</td>
</tr>
<tr>
<td>Indicator 14: Bottle-feeding</td>
<td>5 %</td>
<td>6</td>
<td>4.1 %</td>
<td>6</td>
</tr>
<tr>
<td>Indicator 15: Complementary Feeding*</td>
<td>91.6 %</td>
<td>9</td>
<td>92 %</td>
<td>9</td>
</tr>
<tr>
<td>Score Part II (Total)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>39</td>
<td></td>
<td>42</td>
<td></td>
</tr>
</tbody>
</table>

ii. Mobile Phones for improved health and nutrition in Tanzania: challenges and opportunities

COUNSENUTH participated in a one-day workshop on the use of Mobile Phones for improved health and nutrition in Tanzania organized by m-Nutrition and took place on 19th April, 2018, in Dar es Salaam.

The workshop brought together a range of stakeholders interested in the use of mobile technology for improving maternal and child nutrition to share and discuss initial findings from the baselines of the m-Nutrition impact evaluation conducted in 2017; to reflect on lessons learned so far and discuss opportunities and challenges in using mobile phone technology to change maternal and child nutrition practices in Tanzania; and foster learning between individuals/organisations working on and interested in this area.

In 2015 COUNSENUTH was contracted as technical partner by mHealth to develop m-messages on various nutrition and related topics targeting pregnant women and new-borns. In this workshop, COUNSENUTH shared experiences and challenges in implementation of nutrition activities in the community and proposed areas that could be addressed by utilization of mobile phone information services.

iii. Participation in the 5th Joint Multisectoral Nutrition Review Meeting

COUNSENUTH participated in the 5th Joint Multi-sectoral Nutrition Review meeting (JMNMR), organized by the TFNC and the Prime Minister’s Office in Dodoma in September 2018 and officiated by the Hon. Prime Minister. The theme was “Towards Industrialized Economy: Good Nutrition is Fundamental in sustaining effective human capital development.” The meeting reviewed the implementation of the multisectoral response based on priorities and strategies proposed in the National Multisectoral Nutrition Action Plan 2016-2021. About 300 participants from various stakeholders including the Government Ministries attended.

COUNSENUTH was represented by 6 staff and had the opportunity to present two of its field innovations namely: Transformative Reflective Leadership Approach (TRLA): Its potential for Mainstreaming Gender into Nutrition & Village Health and Nutrition Days and exhibit the work done by the Centre.

iv. The Sokoine University of Agriculture 2018 Agriculture and Agribusiness Conference

COUNSENUTH participated in the 2018 Sokoine University of Agriculture (SUA) Agribusiness and Agriculture Conference held in April 2018 with the theme “Repositioning Agriculture and Agribusiness in Tanzania in the 21st Century: Opportunities and Challenges. The conference brought together stakeholders who discussed how they can work together through win-win partnerships to enhance the contribution of the agriculture sector to the national economy. The agriculture and Agribusiness Conference took place in conjunction with the Sokoine Memorial week. The conference was scheduled with exhibitions of agricultural technologies and a series of presentations from both academic and the private sector. The forum provided COUNSENUTH with an opportunity to learn and link with expertise from Agriculture and Agribusiness sectors for potential collaboration.
v. Participation in Council Stakeholder’s Meeting in Tunduru DC

COUNSENUTH participated in a stakeholders’ meeting organized by the department of Community Development in Tunduru DC in August 2018. The aim of the meeting was to strengthen coordination of nutrition work among stakeholders, define their roles and responsibilities and modes of working. The Community Development Department reminded the organizations their obligation to present plans and submit timely reports to the Council. The partners presented their organization profiles, details of the programs being implemented, list of staff and their technical capacity. As the result of the meeting, an NGOs Network for Ruvuma will be revived for the purpose of strengthening coordination and networking between the Government and NGOs and among all NGOs working in the District.

vi. National Multisectoral Early Childhood Development Stakeholders’ Forum

The Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) in collaboration with the Tanzania Early Childhood Development Network (TECDEN) and Children in Crossfire (CiC) organized a National Multi Sectoral Early Childhood Development (ECD) Stakeholders’ Forum in Dodoma from 3rd to 4th December 2018.

The main objective of the forum was to discuss the revitalization of National Multi Sectoral ECD dialogue through learning from the past; drawing from comparative multisectoral experience in other areas; and identifying opportunities for Integrated Interventions for effective multisectoral ECD delivery. Furthermore, the forum represented a first key stage in informing the implementation in Tanzania of the Nurturing Care Framework (NCF), which was launched globally at the World Health Assembly in 2018. The Forum was Chaired by the Permanent Secretary of the MOHCDGEC and Co-Chaired by the TECDEN Board Chairperson.

Amongst other things the forum discussions focused on the Evidence and global call to take ECD to scale; a snapshot of the Implementation status of ECD in Tanzania across its five domains: Health, Nutrition, Responsive Caregiving, Security & Safety, Early Learning; and an overview of the Nurturing Care Framework (NCF) and Tanzania's preparation to implement the new NCF.

COUNSENUTH as part of the Task team was actively involved in the preparations of this important milestone to revitalize the multisectoral ECD dialogue in Tanzania. As an important nutrition stakeholder, the Centre partnered with TFNC in preparing a presentation on Nutrition and ECD in the First 1,000 Days”, and in the process, was able to include the VHND/cGMP as a key comprehensive ECD intervention, recommended for scaled-up.

The meeting came up with several recommendations to improve ECD service delivery; the Permanent Secretary of the MOHCDGEC, on his closing remarks promised that the Ministry would work on the recommendations. He also stated that the Ministry in collaboration with the other Ministries and Institutions that implement ECD interventions in the country, would use the opportunity of the Nurturing Care Framework to ensure that Tanzania developed its National Multisectoral ECD Plan.

It is expected that the stakeholders Forum will be followed on by several stages of working group technical meetings under the Government leadership and coordination to put in place a draft costed national ECD Plan (all in line with the steps as set out in the draft action plan for operationalising Nurturing Care Framework).

vii. Regional Planning and Budgeting for Nutrition by LGAs (FY 2019/20)

- Orientation of national facilitators and partners on regional planning and budgeting for nutrition by LGAs (FY 2019/20); and orientation on PlanRep

The President’s Office - Regional Administration and Local Government (PORALG) in collaboration with other Nutrition implementing partners prepared three days’ workshops to train national facilitators who would support planning and budgeting on Nutrition at regional and Council levels. This activity aimed at capacitating National Facilitators to support LGAs to identify and plan nutrition interventions with high impact in the community, ensuring quality services and evidence-based planning and budgeting at Regional and Council levels in the country.
The meeting was held in Morogoro in November 2018 and drew 47 (27 men and 20 women) representatives from PO-LARG, MOHCDGEC, TFNC and Government’s Implementing Partners (UNICEF, PANITA, IMA World Health, CRS, Nutrition International, ASPIRE – USAID and COUNSENUTH). COUNSENUTH was represented by the program officers working in project target regions, Lishe-Ruvuma, Lishe-Dodoma and ASRP-Mbeya. The national facilitators were tasked and expected to facilitate Pre-Planning & Budgeting session in 186 councils in Tanzania and provide the necessary information on Nutrition Services Planning & Budgeting in a NEW web based PlanRep Version 2.0 tool.

**Photo 21: Orientation of national facilitators and partners on regional planning and budgeting for nutrition by LGAs (FY2019/20)**

- **2018 Pre-Planning, Budgeting and Advocacy Sessions on Nutrition in Councils for FY 2019/20**

  COUNSENUTH in collaboration with PORALG and other partners facilitated in pre-planning, budgeting and advocacy meetings in Ruvuma (Madaba, Tunduru and Songea DC), Mbeya (Mbeya city, Mbeya DC, Mbarali DC, Rungwe DC, Busokelo DC, Kyela DC and Chunya DC), Dodoma (Kondoa DC, Chemba DC, Bahi DC, Chamwino DC, Dodoma TC, Kondoa TC)

  The main objective of the meeting was to contribute to development of quality, high impact, evidence based Regional and Councils nutrition plans and budgets for FY 2019/20. The specific objectives included:

  - To orient participants on the use of the new/redesigned PlanRep tool, including a nutrition objective and outputs.
  - To enable participants to realize council’s nutrition bottlenecks/challenges and analyze the root causes, and translate the bottlenecks into actionable plans.
  - To orient participants on the Direct Health Facility Financing (DHFF); nutrition activities funded by DHFF and the role of nutrition officers in the DHFF.
  - To enable participants to develop a matrix of priority nutrition activities to be implemented at RS, council, facility and community levels in 2019/20.
The One-day meeting for each council involved members of the Council’s Multi-sectoral Nutrition Steering Committee (MNSC), District Commissioners (DC) and District Administrative Secretaries (DAS), Council chairpersons, Regional and Council influential leaders.

- **Post-evaluation meeting of Nutrition Pre-planning, Budgeting and Advocacy session**

  COUNSENUTH representative participated in the post evaluation meeting of the Nutrition Pre-Planning, Budgeting and Advocacy sessions to discuss and reflect on what transpired, strengths, challenges and chart out strategies on how to improve and sustain the Pre-Planning, Budgeting and Advocacy sessions in the future at Region and Council level so as to enhance and uphold nutrition agenda and push it to scale at grass root.

  The meeting took place in Dar at TFNC conference hall in December, 2018 and involved all partners that took part in the budgeting sessions. The below were key successes and good practices from the meetings:

  ✓ It was reported that RMNSC and CMNSC are aware on their roles and responsibilities in coordinating nutrition activities
  ✓ All regions have signed compacts hence commitment in supporting implementation of nutrition.
  ✓ Majority of the LGAs have allocated funds for the nutrition interventions
  ✓ An efficient coordination of the pre-planning sessions by PO-RALG with support from implementing partners has been noted

viii. **National High-Level Steering Committee on Nutrition (HLSCN) Meeting**

COUNSENUTH is a member of the national High-Level Steering Committee on Nutrition (HLSCN), representing CSOs. The HLSCN was established and institutionalized in 2011 as one of the Government Commitments towards implementation of the National Nutrition Strategy (2011-2016). The Establishment of the HLSCN enhanced the fulfilment of Government commitment towards Scaling Up Nutrition Movement. The HLSCN is chaired by the Permanent Secretary in the Prime Minister’s Office with TFNC as Secretariat and the members are from the Line Ministries, UN, Donors, CSOs, private sector and academia.

In July 2018, COUNSENUTH representative attended the annual HLSCN meeting at the Prime Minister’s Office in Dar es Salaam. The meeting which was chaired by the acting Permanent Secretary in the Prime Minister’s Office provided a forum to discuss the following:

✓ TORs for the HLSCN including the objectives, roles and responsibilities and scope of work for the benefit of the new members but also a reminder for the old ones.
✓ An overview of the Nutrition Situation in Tanzania, Economic Rationale for Investing in Nutrition and the Government responses to address malnutrition.
✓ Challenges in interventions, coordination and budget allocation.
✓ Key challenges in the implementation of the National Multisectoral Nutrition Action Plan (NMNAP) including the revision of the National Food and Nutrition Policy which is overdue; budget allocation for nutrition against actual disbursements at LGAs level and human resource for nutrition.
ix. **Tanzania National Dialogue on Female Genital Mutilation, Child Marriages and Teenage Pregnancy**

In October, 2018 COUNSENUTH representative attended a Tanzania National Dialogue on Female Genital Mutilation (FGM), Child Marriages and Teenage Pregnancy, which took place in Dar es Salaam. The meeting was organized by the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) in collaboration with its stakeholders including UNFPA, EU, UNICEF, ILO, UN-Women, United Nations-Tz, Irish Embassy, Italian Embassy, Plan International, Save the Children, TAMWA, and many more: the dialogue’s theme was *Imarisha Uwezo wa Mtoto wa Kike: Tokomeza Ukeketaji, Mimba na Ndoa za Utotoni*. It was part of the events to commemorate the Day of the Girl Child. During the three days, discussions were held on interventions, best practices and committed actions to end all forms of harmful traditional practices affecting the girls and women of Tanzania.

The national dialogue participants made a number of resolutions. In the closing speech, the Government, through the Deputy Minister of MoHCDGEC promised to continue providing cooperation and support to all stakeholders addressing the harmful practices and emphasized the Government’s commitment to take on board all the resolutions made from the dialogue. At the end of his closing speech, the Deputy Minister handed over the resolutions to the Regional Administrative Secretaries from the six top regions (Katavi, Tabora, Shinyanga, Mara, Manyara and Dodoma) affected by FGM, child marriages and teenage pregnancy, calling upon them to implement the resolutions and report progress regularly. He also promised to hand over the resolutions to other regions so that they can start to implement them.