

ADVANCING NUTRITION GOALS IN TANZANIA



ANNUAL REPORT | 2013

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Care is Our Duty

**THE CENTRE FOR COUNSELLING,
NUTRITION AND HEALTH CARE
(COUNSENUTH)**

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ACKNOWLEDGEMENT

COUNSENUETH wishes to extend sincere thanks and appreciation to all the individuals and organizations that in one-way or another contributed to the accomplishment of the organization's objectives for 2013. It has been an exciting year highlighted by significant growth and promise, some challenges but overall continued success in striving for the achievement of our organization's mission to improve the quality of life of vulnerable groups. The Executive Director and staff would like to acknowledge with great appreciation the Government of Tanzania, other agencies and individuals, whose continued support, partnership and/or funding made our achievements possible in 2013.

COUNSENUETH particularly recognizes the Irish Government and Irish Aid for their financial contribution towards implementation of an integrated community based nutrition programme being implemented in Ruvuma region and initial work on improving organizational capacity. We also want to thank the United States Agency for International Development (USAID) for its financial support through its US International Organizations, in 2013 being Africare and EngenderHealth. USAID funded the flagship Tanzania Nutrition Programme known as Mwanzo Bora Nutrition Programme (MBNP), in Dodoma, Manyara, Morogoro and Zanzibar in which we are the Consortium's Nutrition Technical Partner. Other organizations we wish to sincerely acknowledge are the Hindu Mandal Hospital and Tanzania Diabetes Association with whom we worked on a programme to create awareness for public servants on diet related non communicable diseases in Dar es Salaam and other regions; the Manoff Group for transforming our staff into good social behavior change communication experts; and Deloitte Touché Tohmatsu (T) Ltd with whom we continue to collaborate in our organizational capacity development efforts.

We also wish to recognize those government ministries, organizations and Academic Institutions that we have had excellent working relations with in 2013 and in the past. It is because of this teamwork that there is progress towards the Mid Decade Goals for better nutrition for women and children in Tanzania. I want to particularly mention the Prime Minister's Office, PMO-Regional Administration and Local Government, the Ministry of Health and Social Welfare, the Ministry of Agriculture and Livestock Development, the Ministry of Community Development, Gender and Children, Tanzania Commission for AIDS (TACAIDS), Ilala Municipal and the Community Support Group for Breastfeeding in Chanika Ward, Ilala, the Tanzania Food and Nutrition Centre (TFNC), the Ocean Road Cancer Institute (ORCI), the Sokoine University of Agriculture, UNICEF, the WHO and the International Baby Food Action Network (IBFAN).

Last but not least, the numerous successes would not have been achieved this year without continued commitment, volunteer spirit and hard work from our valued staff and volunteers. COUNSENUETH highly recognizes their unmatched contribution towards achievement of our objectives in 2013. Thank you all.

CARE IS OUR DUTY

Pauline Kisanga
Executive Director

ACRONYMS AND ABBREVIATIONS

AIDS	-	Acquired Immune Deficiency Syndrome
APHFTA	-	Association of Private Health Facilities in Tanzania
ARV	-	Anti-Retro Viral
CBO	-	Community Based Organization
CHW	-	Community Health Worker
COUNSENUTH	-	The Centre for Counselling, Nutrition and Health Care
CTC	-	Care and Treatment Clinic
FANTA	-	Food and Nutrition Technical Assistance
FBO	-	Faith Based Organization
FTF	-	Feed the Future
GIZ	-	German Agency for International Cooperation
HBC	-	Home Based Care
HFW	-	Health Facility Workers
HIV	-	Human Immunodeficiency Virus
HKI	-	Hellen Keller International
IBFAN	-	International Baby Food Action Network
IEC	-	Information, Education and Communication
IFA	-	Iron Folic Acid
IGA	-	Income Generating Activity
IPT	-	Intermittent Preventive Therapy
ITN	-	Impregnated Treated (mosquito) Nets
JHPIEGO	-	Johns Hopkins Programme for International Education in Gynaecology and Obstetrics
LBW	-	Low Birth Weight
LGA	-	Local Government Authorities

MoHSW	-	Ministry of Health and Social Welfare
MSD	-	Medical Stores department
MUHAS	-	Muhimbili University of Health and Allied Sciences
MVC	-	Most Vulnerable Children
NACS	-	Nutrition Assessment, Counselling and Support
NCD	-	Non-Communicable Disease
NGO	-	Non-Governmental Organization
NNS	-	National Nutrition Strategy
ORCI	-	Ocean Road Cancer Institute
OVC	-	Orphan and Vulnerable Children
PEPFAR	-	President's Emergency Plan for AIDS Relief
PHC	-	Primary Health Care
PLHIV	-	People Living with HIV and AIDS
PMTCT	-	Prevention of Mother to Child Transmission
RCH	-	Reproductive and Child Health
SUA	-	Sokoine University of Agriculture
TABFAN	-	Tanzania Baby Food Action Network
TDA	-	Tanzania Diabetes Association
TFNC	-	Tanzania Food and Nutrition Centre
UNICEF	-	United Nations Children's Fund
USAID	-	United States Agency for International Development
WBW	-	World Breastfeeding Week
WHO	-	World Health Organization

EXECUTIVE SUMMARY

The year 2013 has been a very exciting year for the nutrition services environment in Tanzania, and in particular, for COUNSENUTH. As part of the Centre's efforts to continue growth and quality of its services, numerous opportunities and initiatives progressed in keeping with its commitment to improve the quality of life for vulnerable groups through evidence based, cost effective and locally grown innovative nutrition activities. COUNSENUTH's efforts have been further enhanced by the Strategic Plan established in 2012 to run through 2016.

Despite some financial challenge, COUNSENUTH was able to successfully complete over 90% of its input targets in 2013. Being aligned to the National Nutrition Strategy (2011 – 2016), COUNSENUTH's 5 year Strategic Plan continued to guide the activities of the organization, including its key role in the Mwanzo Bora Nutrition Programme and Lishe Ruvuma Nutrition Programmes.

Overall, COUNSENUTH resources and activities focused on the following main project areas in 2013:

Mwanzo Bora Nutrition Programme (MBNP), Dodoma, Manyara, Morogoro and Zanzibar

This is a five year (2012-2016) nutrition programme funded by USAID and implemented in Dodoma, Manyara, Morogoro and Zanzibar by four Consortium Partners: Africare, COUNSENUTH, The Manoff Group and Deloitte. COUNSENUTH's role is to coordinate and implement the nutrition component, a workload of over USD 2 million worth of activities a year, funded directly from Africare, the Prime Partner. The programme aims at reducing childhood stunting and maternal anaemia. Among strategies applied are: increasing investment and creating agri-nutrition linkages, improved food diversity for women and children, improved use of social behaviour change communication multimedia to achieve rapid behaviour change, improved provider performance, quality and scope of nutrition and health services, institutional strengthening and enhanced documentation of evidence based knowledge.

By 2013, the coverage had reached 10 of the 20 project districts. In 2013 COUNSENUTH developed a variety of tools and materials for the delivery of the Programme. The targets for training/orientation and support supervision had achievement rates surpassing 100%.



COUNSENUTH mentored 428 health staff in 187 health facilities on strategies for reducing maternal anemia and childhood stunting, oriented 675 community workers, 896 community leaders, 321 Home Based Care providers (HBCs), 306 extension workers, 106 district nutrition facilitators, 510 community members and 698 other individuals including farmer groups. The Centre also formed 1,721 peer support groups to enhance community support for families on nutrition; reached 257,051 women and 279,642 children under 5; with various nutrition interventions including 275,331 children 6-58 months with Vitamin A. The Programme has presence in 366 villages in the two years of implementation, achieving Programme targets ranging from 84% to 128% in various target input Programme indicators.

In an effort to promote social and pro-nutrition behaviours, Social and Behavioural Change Communication (SBCC) kits were distributed to all peer support groups consisting of females and males. Community members who are the target for the Programme, (pregnant women/ mothers of children less than 2 years, their spouses, and other family members), are trained to pass key messages to the families. The SBCC kits are a multimedia mix that can deliver similar messages using multiple sources including calendars, stickers, role play cards, testimonial cards, and virtual facilitation methods for Community Health Workers (CHWs) and peer groups. This simplifies message delivery, lessens facilitation costs and reinforces communication. The programme also made good use of cultural groups for message dissemination through songs and drama.



Lishe Ruvuma Programme, Tunduru

The second Programme, the “Lishe Ruvuma”, is an integrated community based 3 year nutrition Programme funded by Irish Aid that has just taken off in Tunduru, and aims at reducing childhood stunting mostly through active involvement of citizens. It is built along the same principles of MBNP, but with enhanced alignment to what works for the people to improve sustainability. The Programme also has a large component of gender mainstreaming into district Programmes.

Its achievable results include, enhanced capacity for Local Government Authorities (LGAs) in planning gender sensitive nutrition interventions; enhanced performance of health facility and community level providers for improved quality care and integrated nutrition services for pregnant and lactating women, infants and young children; increased capacity of households to produce and access nutrient-dense foods through increased linkages to agriculture

and livestock sectors; strengthened community ownership; and enhancing the situation of women by initiating women’s own Income Generating Activities (IGAs) and special Programmes for the girl child, where over 14% of girls leave school due to pregnancy.

The Programme also plans to establish district level monitoring systems for nutrition Programmes. In 2013 execution was limited to start up activities as well as a baseline survey whose results will help streamline interventions, targets and coverage.

Technical Assistance to Partners

In 2013, COUNSENUTH continued to provide technical services to nutrition partners such as EngenderHealth and Tanzania Diabetes Association (TDA). Among the services provided were capacity building for health service providers and community health workers, and providing relevant information materials. COUNSENUTH trained 74 health workers (60 female and 14 male) for TDA, developed training manuals and widely disseminated the documents. COUNSENUTH also transformed reproductive and child health units in 8 health facilities in Manyara region for EngenderHealth, into entities providing quality care and nutrition services to mothers and children.

Enhancing Capacity of COUNSENUTH and other CSOs

In 2013 the Centre continued to progress its Strategic Objectives in capacity building activities for COUNSENUTH and other CSOs. With the support of Deloitte Touché Tohmatsu, several COUNSENUTH policy documents were reviewed and updated. These include Finance and Accounting, Human Resources and Procurement manuals. The Centre’s Organizational strategy is also under review to help expand the scope of work and better define the Centre’s human resources strength, organizational structure and resources mobilization and sustainability strategies. COUNSENUTH also worked through MBNP to train and mentor 10 CSOs who are sub-granted under the Programme to be able to plan and manage nutrition interventions.

COUNSENUTH's Innovative Projects

COUNSENUTH's commitment to serve its community with innovative projects has continued in 2013. Among these projects are: (1) A Volunteer Project that counsels 30-40 cancer patients and their families daily on the prevention and management of cancer. (2) A Youth Skills Development Project within its offices to guide youth on healthy eating and lifestyle as a way to divert youth attention into useful hobbies away from smoking and alcohol; COUNSENUTH also holds frequent sessions for families on good parenting. The counselling project is planned for significant expansion and transformation into "Work Place Wellness" programme from 2014. (3) Another interesting initiative is a Scholarship Project for orphans and vulnerable groups which focuses on providing secondary school scholarships to orphaned girls. Thus far, the Programme has supported 4 girls with support of good Friends of COUNSENUTH.



National Events

At the national level, COUNSENUTH has been a close supporter of the Tanzania Food and Nutrition Centre (TFNC) and other development partners in providing technical assistance, helping in drafting of policies and guidelines, taking an active role in service provider training as well as national launches.

In 2013, COUNSENUTH played an



active role in the Presidential Launch on Call to Action. The launch, with the theme, "Nutrition is my Responsibility", was a national event held to create attention for child and maternal malnutrition. The opportunity was used to also launch the first Tanzania National Strategy on social behaviour change communication (SBCC) to which COUNSENUTH is party. His Excellency Jakaya Kikwete was the Guest of Honour.

Each year COUNSENUTH also celebrates national activities during the World Breastfeeding Week (August 1 - 7). This year the theme focused on Community Support for Breastfeeding. The Centre played a significant role in a national launch graced by the First Lady Mama Salma Kikwete. The Centre sent out over 1 million SMS breastfeeding messages to health facility and community health workers; trained community support groups in Chanika, a suburban ward in the outskirts of Dar es Salaam, who in turn counselled over 500 mothers during the week; and distributed useful job aids and fliers to health workers, communities and families in Chanika and nationally.

1. OUR VISION, GOALS AND MANDATES

The Centre for Counseling, Nutrition and Health Care (COUNSENUETH) is a leading non-governmental, not-for-profit organization in Tanzania established in 1998, under registration number SO. 9495 and is located on Galu Street, Ada Estate, Dar es Salaam, Tanzania.

1.1 OUR VISION

A leading Non-Governmental Organisation (NGO) that is committed to achieving optimal nutrition and quality life for children, women and other vulnerable groups in Tanzania.

1.2 OUR MISSION

COUNSENUETH works to improve the quality of life of vulnerable groups through cost effective, innovative evidence-based nutrition actions that are locally appropriate; with advocacy for better governance and accountability and active engagement of citizens in health and nutrition.



1.3 CORE VALUES

- **Integrity** – COUNSENUETH strives for strict work ethics. It protects the rights of women and children in all its programmes, statements, and advocacy work. It is at the forefront in monitoring compliance of food industries towards International and National Food Laws and Regulation. As a Non-Government Organization (NGO), COUNSENUETH strives to work within the government’s regulations guiding civil society operations, and it also applies democratic election to choose its executive leadership.
- **Accountability** – COUNSENUETH has its own internal rules and it is also accountable to its Board of Directors, organization’s members and beneficiaries (i.e. vulnerable groups, CSOs, government and others requiring its services). COUNSENUETH practices a high level of transparency in all its undertakings.
- **Quality of Service** – COUNSENUETH is very particular about the quality of services it delivers. It ensures that its services are within the WHO Nutrition Recommendations and the national nutrition policies and guidelines. COUNSENUETH technical assistance to our partners often exceeds their expectations. The centre’s information and communication materials are among the best and are in high demand since they are relevant, target the needs of the people, and always up to date.

1.4 OUR MANDATES

COUNSENUETH contributes to poverty reduction and achievement of the millennium Development Goals, established by global leaders in 2000 and endorsed by His Excellency the President and other world leaders; as well as other global and national commitments on nutrition.

The mandates of COUNSENUTH include but are not limited to:

1. Monitoring nutrition sector governance and influencing policies and decisions to improve nutritional well-being of Tanzanians.
2. Improving knowledge and skills of civil society groups and community based service providers on preventive health, nutrition and counselling skills.
3. Contributing to knowledge and evidence base by working with community groups to implement community-based health and nutrition Programmes for vulnerable groups, with emphasis on home grown solutions such as promotion of breastfeeding, use of local technologies such as fermentation and germination and use of indigenous foods to improve food security and dietary quality.
4. Promoting awareness to food consumers on food quality, safety standards, hygiene and sanitation, nutrient value and healthy lifestyles through public education and information.
5. Creating awareness on human rights, gender issues, and gender sensitive nutrition planning
6. Promoting innovative interventions to improve nutritional wellbeing of the most vulnerable groups.
7. Organizational and institutional development for COUNSENUTH and other CSOs

To achieve its mandates, COUNSENUTH employs a number of strategies including the following:

1. Capacity building on nutrition including that of a critical mass of implementers at all levels (i.e. regional, district, health facility and community level) as a way of increasing access to knowledge and information on nutrition care and support for vulnerable groups. Vulnerable groups that COUNSENUTH supports include, Women and children, People Living with HIV and AIDS (PLHAs), Orphans and Most Vulnerable Children (MVCs).
2. Nutrition Advisory and Technical Assistance services to government and implementing partners in Programme design and implementation; policy development, planning and related areas; capacity building and mentorship; conducting baseline, formative and feasibility studies, other nutrition surveys and assessments; operational research; project evaluation and propagation of local methods and technologies that enhance nutrition of people.
3. Designing, development and dissemination of user friendly and up to date social behaviour change, education and advocacy materials and tools.
4. Advocacy to place nutrition high on national development agenda and for proper government control of national resources for nutrition, food standards, safety, hygiene and sanitation. This includes holding producers, distributors and other food handlers on food safety standards, hygiene and sanitation accountable.
5. Working with CBOs/FBOs to implement community-based health and nutrition related Programmes and counselling services for women, children and other vulnerable groups, with emphasis on infants, young children; pregnant and lactating women, youth and adolescents; non communicable diseases and lifestyles; and nutrition care support for PLHIV.



6. Networking within the country and abroad for cross fertilization of ideas to increase effectiveness of the organization and its work.

COUNSENUTH measures success by the improvement it observes in pro-nutrition behaviour and increase in the number of women and children who are free from malnutrition and have better quality of life.

1.5 OUR TARGET GROUPS

- Women, Children, Youth, Adolescents and Families
- Most Vulnerable Children and Orphans
- Social/health service providers and other extension workers

1.6 OUR RESOURCES

Our People

COUNSENUTH maintains a minimum number of staff and employs others depending on performing projects. Currently COUNSENUTH employs 19 well qualified staff at our Head Quarters in Dar es Salaam and 3 in the field. COUNSENUTH also has a number of volunteers and a network of members, trainers and consultants at the national level and in the districts. COUNSENUTH is also affiliated to about 25 CBOs in 25 Districts.

Information and Communication Resource Centre

The COUNSENUTH Information and Communication Resource Centre develops and disseminates social behaviour change communication resource materials for nutrition, counselling, training and advocacy. The Centre has been a great source of nutrition education especially for community based implementers.

Nutrition Technical Services

This function focuses on major areas including design and implementation of formative research, feasibility studies and surveys; capacity building, training and mentorship; programme design, implementation, monitoring and evaluation; and curriculum development.

Counselling Services


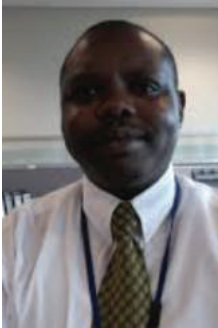

COUNSENUTH has established a counselling centre open to the public, which now provides nutrition and health counselling to promote healthy eating and lifestyles.

2. BOARD OF DIRECTORS AND MANAGEMENT COMMITTEE

2.1 BOARD OF DIRECTORS

COUNSENUTH is governed by a Board of Directors appointed by the Executive Council of members. The Board of Directors consists of highly recognized representatives from various disciplines, sectors and competencies in Tanzania. The Board Meeting is held twice annually. The table below provides a summary background for current COUNSENUTH Board of Directors.

Table 1: Board of Directors

Background	
	<p>Dr. Fatma Mrisho</p> <p>Chairperson</p> <p>Dr Fatma Mrisho is a Medical Doctor and is one of the most recognized Public Health Specialists in Tanzania, and internationally. She is currently serving her second term as Board Chair following her recent re-appointment to the role. Currently, Dr. Mrisho is the Executive Chairperson of TACAIDS, a post she has held for over 6 years, exhibiting great commitment in the fight against HIV/AIDS. Prior to this Dr. Mrisho worked with the UNFPA where she held various positions including Chief Technical Advisor in Reproductive Health in the Ministry of Health, Ethiopia. She has also been Advisor for Reproductive Health supporting East, Central and West African countries. Prior to joining the UNFPA, Dr. Mrisho held various high level positions nationally with the Ministry of Health of Tanzania, including Director of Preventive Health Services.</p>
	<p>Mr. Damas Mugashe</p> <p>Member</p> <p>Mr. Damas Mugashe is an expert in Financial Management, Corporate Strategic Planning, Procurement, Quality Assurance and Human Resources Management. He has worked with the private sector and donor funded Programmes for most of his carrier. Damas is currently the Financial Management Specialist at the Bank of Tanzania, working on World Bank projects. Further to this, in the last two years he was responsible for management of a budget of USD 25m with Mennonite Economic Development Associates, a firm with its head office in Canada but working with the Ministry of Health and Social Welfare in Tanzania. The Programmes he has managed have been mostly funded by donors including the European Union/ European Commission, UN and its affiliates, DFID, USAID and the World Bank.</p>
	<p>Ms. Aida Kiangi</p> <p>Member</p> <p>Miss Aida Kiangi is a well-recognized social development specialist with experience in strategy development, operational planning and financial management in the private and public sectors. In her most recent position, Aida served as the Country Director for Action Aid in Tanzania. Prior to that, Aida was a Senior Manager with Deloitte Consulting, where among other roles she was the Contract Manager for the PEPFAR Mission Support Services on behalf of USAID/Tanzania and the Grants manager for ICAP-Columbia University. Aida has been an active member of Tanzania Gender Networking Programme (TGNP) and was the coordinator of the Tanzania Biennale Gender Festival 2005. She was also a member of the World Social Forum (WSF) 2007 organising committee responsible for the mobilisation and engagement of youth and the intergenerational dialogues.</p>



Dr. Festo Kavishe

Member

Dr. Festo Kavishe is a Medical Doctor and one of the most recognized and a leading nutrition, health and development expert in Tanzania. Dr. Kavishe has recently returned from Thailand where he served as the UNICEF Deputy Regional Director, EAPRO for over 5 years. Prior to that, Dr. Kavishe was the UNICEF Country Representative for Zimbabwe for over 6 years, and UNICEF Country Representative for Eritrea for 5 years. In the past, Dr. Kavishe has served as UNICEF Deputy Regional Nutrition Coordinator in ESAR following his post as Managing Director of the Tanzania Food and Nutrition Centre. He has very valuable health and nutrition consultancies and publications locally and internationally.



Mrs. Pauline Kisanga

Executive Director / Secretary

Mrs Pauline Kisanga is Executive Director and a founder member of COUNSENUTH. Mrs. Kisanga is one of the leading Tanzanian nutrition and public health experts with over 20 years of experience working in the local and international arena in Government and not for profit sectors, and at the national, district and community level. Prior to working for COUNSENUTH, Mrs. Kisanga was Regional Coordinator for 12 years for The International Baby Food Action Network (IBFAN Africa), based in Swaziland and was instrumental in expanding national breastfeeding support from 12 to 33 countries and from 15 to over 70 groups in Africa. Before that she worked in various positions including the Director of Nutrition Education and Training at the Tanzania Food and Nutrition Centre, an educationist, a high level advocate of gender equality and human rights and has numerous local and international consultancies behind her name including 2 years with UNICEF South Africa.






COUNSENUTH Board Members after their meeting at the Protea Hotel, Dar es Salaam in 2013

2.2. MANAGEMENT COMMITTEE

The Management Committee manages the affairs and day to day operations of COUNSENUH and consists of the Executive Director, Director of Programmes, Director of Finance and Administration, and other Senior Programme Managers. The table below provides a summary background for the current COUNSENUH Management Committee.

Table 2: Management Team

Background	
	<p>Mrs. Pauline Kisanga Executive Director</p> <p>Mrs Pauline Kisanga is Executive Director and a founder member of COUNSENUH. Mrs. Kisanga is one of the leading Tanzanian nutrition and public health experts with over 20 years of experience working in the local and international arena in Government and not for profit sectors, and at the national, district and community level. Prior to working for COUNSENUH, Mrs. Kisanga was Regional Coordinator for 12 years for The International Baby Food Action Network (IBFAN Africa), based in Swaziland and was instrumental in expanding national breastfeeding support from 12 to 33 countries and from 15 to over 70 groups in Africa. Before that she worked in various positions including the Director of Nutrition Education and Training at the Tanzania Food and Nutrition Centre, an educationist, a high level advocate of gender equality and human rights and has numerous local and international consultancies behind her name including 2 years with UNICEF South Africa.</p>
	<p>Mrs. Mary Materu Director of Programmes</p> <p>As founder and Senior Executive member of COUNSENUH, Mary Materu is a leading nutrition, health and development expert in Tanzania, with over 20 years experience working in the local and international space in not-for-profit and public sectors. Through a series of expanding responsibilities in government institutions and NGOs buttressed by involvement in different consultancies nationally and internationally, Mary has learned to operate effectively and judiciously in a wide range of human development Programmes at different levels including global, national, district and community levels. As Director of Programmes, Mary participates in Programme management, top level advocacy/lobbying, strategic planning, facilitation of training and design of technical/education and SBCC materials for the organization. Mary was previously Executive Director for COUNSENUH from the organization's inception in 1999 through to 2007. Prior to founding COUNSENUH, Mary carried out multiple roles at the Tanzania Food and Nutrition Centre as a Senior Nutritionist, including Head of Dietetics, and Project Lead for the National Maternal Nutrition Programme.</p>
	<p>Ms. Restituta Shirima Principal Programme Officer -Training</p> <p>Ms. Restituta Shirima is founder member and Principal Programme Officer at COUNSENUH specialized in training and community programme planning and management. She is member of the Management Committee, and brings into the Centre rare and critical skills including those of facilitation, mentorship, materials development and Programme management. She conducts technical backstopping in these areas throughout the Centre and through the project lifecycle. Restituta has over 20 years experience in nutrition work and leadership. Her key technical areas of interest are: Child and maternal nutrition, nutrition in emergencies, health Programme planning, and monitoring and evaluation. She is a national trainer in many nutrition subjects including infant nutrition, Essential Nutrition Actions and Performance Improvement Approaches, as well as nutrition and HIV. She is also an International Assessor for the Baby Friendly Hospital Initiative. Ms Shirima was the Second Executive Director of COUNSENUH from 2007 to 2010. Before COUNSENUH Restituta managed various programmes at the Tanzania Food and nutrition Centre for over 10 years.</p>

	<p>Dr. Lunna Kyungu</p> <p>Principal Programme Officer - Research & M&E</p> <p>Dr. Lunna Kyungu, is a founder member of COUNSENUTH and Senior member of the Management Committee. She has more than 20 years experience in nutrition work with a focused expertise in maternal nutrition, micronutrient deficiencies, protein-energy malnutrition, non-communicable diet-related diseases, and research. Dr. Kyungu holds a PhD in nutrition and Masters of Science (MSc) in Community Nutrition. She is responsible for back stopping in research, monitoring and evaluation and supports all work related to resource mobilization, planning, management of Programmes. Lunna was instrumental in the successful completion of a large HIV prevention Programme implemented in 22 districts of Tanzania, integrating nutrition component into HIV care and treatment programmes from 2005-2010. She has behind her name various local and international consultancies including nutrition PER and nutrition readiness mapping coordinated by the WHO in 2012.</p>
	<p>Mr. Milton Lupa</p> <p>Senior Finance and Admin Manager</p> <p>Mr. Lupa is a Senior Finance and Administration Manager and therefore provides oversight in all work related to finance, accounting and administration. Mr. Lupa is a professional accountant, a CPA (T) holder under category of Associate and has various qualifications and expertise in Health Systems Management, Financial Management, Business Administration, Accountancy, Commerce and General Management. He has more than 15 years of working experience in accounting, finance and grants and project management for public, private and not-for-profit sectors. This is his first year in COUNSENUTH but has brought in many new skills.</p>
	<p>Dr. Daniel Nyagawa</p> <p>Senior Programme Manager</p> <p>Dr. Daniel R. Nyagawa is a Senior member of the Management Committee and Programme Manager for the MBNP which is one of our largest programmes, being implemented in Dodoma, Manyara, Morogoro and Zanzibar in collaboration with three other partners. He provides leadership and oversight for the nutrition component of Mwanzo Bora, working across the 3 regions and Zanzibar, leading the COUNSENUTH/MBNP Team. He has over 15 years of experience in nutrition including management, research, training oversight and policy development. He also has vast experience and strong skills in resource management and health systems strengthening. Previously, Dr Nyagawa worked as Country Director and Technical Advisor for IMA World Health, and also as an Outreach Director for the Walter Reed Southern Highlands HIV/AIDS Care Programme. Dr Nyagawa is a medical doctor with postgraduate qualifications in International Community Health and Business Administration.</p>
	<p>Mrs. Tuzie Edwin</p> <p>Senior Programme Officer - Social Behaviour Change/Communication.</p> <p>Mrs. Tuzie Edwin is a public health specialist with background in human nutrition. She has over 12 years of experience working in the area of nutrition and public health, specifically in the area of Maternal Nutrition, Infant and Young Child Nutrition, Prevention of Mother To child Transmission (PMTCT) of HIV, Nutritional Care and Support for People Living with HIV, HIV and AIDS Care and Treatment as well as Dietary Management of Non-Communicable Diseases (NCDs). Tuzie has vast experience in training, Programme coordination, Monitoring and Evaluation (M&E) and Research. Currently, Tuzie is providing technical support in the implementation of evidence-based behaviour change communications initiatives to promote pro-nutrition behaviours for improved maternal and child nutrition outcomes. Tuzie is new member of COUNSENUTH and youngest Manager in the management team.</p>

3. INTRODUCTION

The 2013 Annual Report features COUNSENUTH's performance towards strategic, Programme and financial goals and objectives for the period of January 1 to December 31, 2013. The year 2013 marks the second year of implementation of the COUNSENUTH 5 Year Strategy and Action Plan (2012-2016), summarized in Figure 1. This report consists of 3 key sections providing updates on organizational performance for 2013:

- **Strategic Performance Summary (Section 4)** – Provides update on performance against strategic goals and objectives. Specifically, this section outlines key achievements related to the Strategic Objectives outlined in the COUNSENUTH Strategic Plan (2012 – 2016).
- **Detailed Activity Report (Section 5)** – Provides an update on COUNSENUTH Programme / project related achievements for 2013.
- **Financial Summary (Section 6)** – Provides an update on COUNSENUTH financial status for 2013.

3.1 COUNSENUTH'S POSITION IN IMPLEMENTING THE NATIONAL NUTRITION STRATEGY

Food and nutrition security must be acknowledged as a basic human right for all people and the basis for economic, social and human development. Optimal nutrition is central to health, learning, and human wellbeing. Well-nourished children have higher intelligence, are better able to concentrate at school and more likely to perform and finish school. In adulthood good nutrition enhances productivity, wealth generation and economic development.

Malnutrition is “A silent emergency in Tanzania”. Despite striking improvement in many health indicators over the last decade, there has been poor progress in improving the nutritional status of children and women in Tanzania.

The Scaling Up Nutrition Movement, SUN, has played a significant role in creating awareness for nations to take immediate action to reduce under-nutrition and especially stunting, focusing on the First 1000 Days.

Tanzania is currently one of the SUN starter countries and is making significant progress in its plans to follow through in its commitments and to address nutrition of its children and women, under the leadership of the Prime Minister's Office (PMO) and the Tanzania Food and Nutrition Centre. High Level Steering Committee on Nutrition (HLSCN) was established in July 2011 and councils have formed similar committees and have employed District Nutrition Officers.

The National Nutrition Strategy (NNS) 2011-2016 was launched in September 2011 by the Prime Minister. The 2012-2013 Government budget has now added a nutrition line and councils have been provided with guidelines for planning and budgeting for nutrition interventions. Nutrition has also been included in the Tanzania Agriculture and Food Security Investment Plan (TAFSIP) and The Agricultural Sector

Development Programme (ASDP) that are being implemented under the Ministry of Agriculture and also coordinated by the Prime Minister's office.

The National Nutrition Strategy identified priorities for improving nutrition in Tanzania over the period and has set eight strategic objectives for achieving these. The strategy's goal is that:

All Tanzanians attain adequate nutritional status, which is an essential requirement for a healthy and productive nation.

The national Strategy works towards achievement of and is aligned to the National Development Vision 2025 and the National Strategy for Growth and Poverty (MKUKUTA).

National Nutrition Strategic Objectives:

- Strategy 1:** Accessing quality nutrition services
- Strategy 2:** Behaviour change communication
- Strategy 3:** Legislation for a supportive environment for optimal nutrition
- Strategy 4:** Mainstreaming nutrition interventions into national and sectorial policies, plans and Programmes
- Strategy 5:** Technical capacity for nutrition
- Strategy 6:** Advocacy and resource mobilization
- Strategy 7:** Research, monitoring and evaluation
- Strategy 8:** Coordination and partnerships

The strategies will focus at achieving results in the following key areas as defined in the National Nutrition Strategy:

- 1) Infant and young child nutrition
- 2) Vitamin and mineral deficiencies
- 3) Maternal and child malnutrition
- 4) Nutrition and HIV and AIDS
- 5) Children, women and households in difficult circumstances
- 6) Diet related non communicable diseases
- 7) Household food security
- 8) Nutrition surveillance, surveys and information management

In 2012, COUNSENUETH developed and launched its 5 Year Strategy and Action Plan (2012 – 2016). The goal of this five-year strategy is to contribute to the national goal of attaining optimal nutritional status for all people as a basis for a healthy and productive nation, but with special attention to improved nutrition of mother and child in the first 1,000 Days.

COUNSENUETH has positioned itself to support the national goals which will in turn contribute to the achievement of the MKUKUTA and Millennium Development Goals and as defined in its mandates. COUNSENUETH is playing an advocacy and watchdog role as well as helping build the capacity of implementing partners and service providers in nutrition at the local level. COUNSENUETH also supports national response to scaling up nutrition efforts by influencing policy decisions, guidelines and standards development.

CSOs are defined in the National Nutrition Strategy to include national and international NGOs, CBOs, FBOs, and political parties. Their obligations, according to the national strategy, are to advocate for nutrition as a human development issue, mobilizing resources for implementation of the National Strategy on nutrition, providing technical and financial support to Local Government Authorities (LGA) and supporting LGAs in capacity development and management of nutrition activities. CSOs are expected to incorporate nutrition interventions into community-based Programmes and ensure effective linkages to the health care system and other relevant sectors.

COUNSENUETH, being a key Nutrition NGO, has a critical role to play in achieving some of these obligations. In 2013, contribution of COUNSENUETH has been focused at the “Behaviour Change” level. In specific target areas such as Songea Rural and Tunduru districts of Ruvuma region, and within the Mwanzo Bora Programme in Dodoma, Manyara and Morogoro, COUNSENUETH may also achieve impact in terms of reducing stunting and maternal anaemia if promised 3-5 year year funding will be ensured.

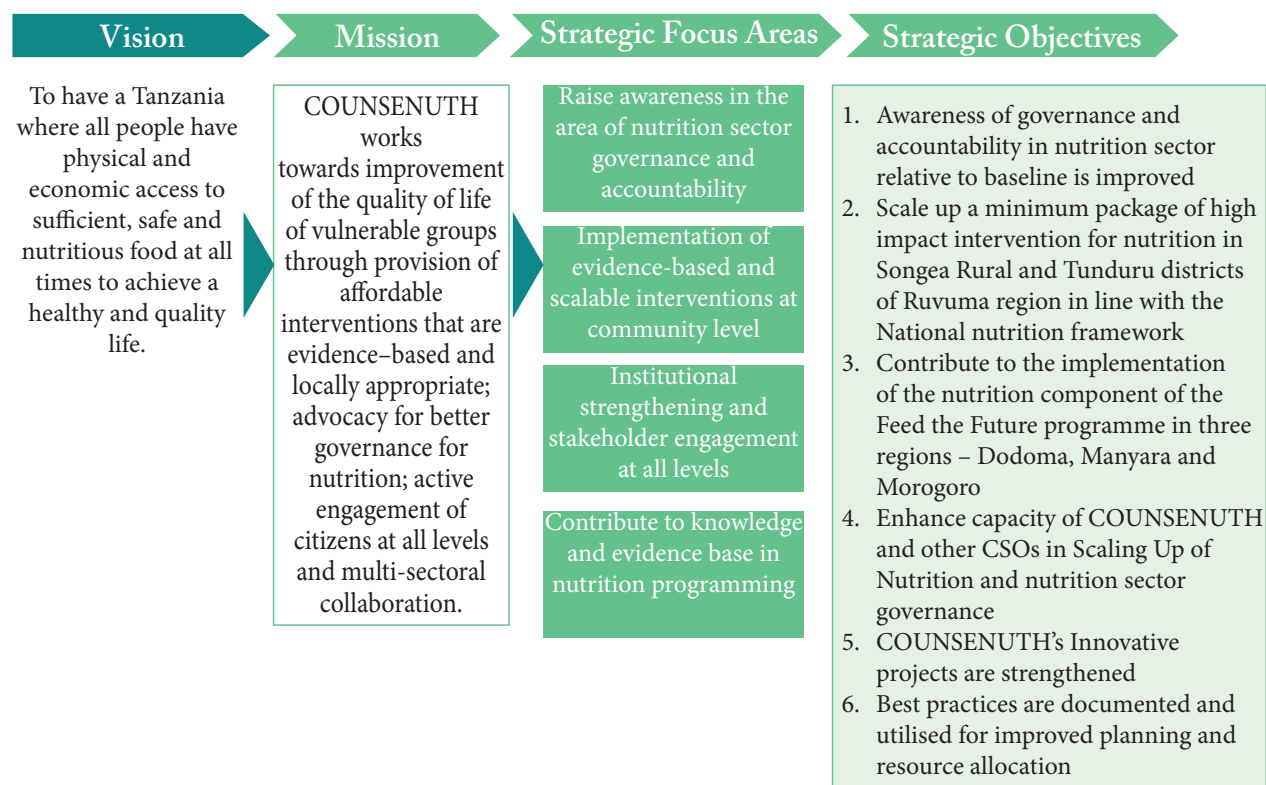
In implementing this strategy, COUNSENUETH observes the following principles:

- There is one comprehensive National Nutrition Strategy and Plan of Action, and COUNSENUETH will work within this multi-sectoral coordinated framework
- Civil Society has a key role to play in contributing to better nutrition in Tanzania, and COUNSENUETH will strive to increase CSOs and its participation in improving the nutrition of its people
- Community members are the key players in assessing their problems, analysing the causes and responding effectively to find solutions for nutrition challenges. COUNSENUETH will be the catalyst and assist to facilitate this process
- The government and its people are the driver of their development. The role of COUNSENUETH will be to support this process in the best way possible
- All work in nutrition is to be guided by the national government and globally acceptable laws, policies, and guidelines. COUNSENUETH will work within these parameters. Gender and human rights concerns will form the basis of all COUNSENUETH's work

3.2 COUNSENUETH SUMMARY STRATEGIC PLAN

Based on an environmental scan, analysis of COUNSENUETH SWOT and the Tanzania National Nutrition Strategy, the Centre identified four Strategic Focus Areas (SFA) and six strategic objectives that will drive the strategy of the organization for the 2012 – 2016 period.

Figure 1: Summary Strategic Plan 2012-2016



The overall goal of the Five Year Strategy is to contribute to the MKUKUTA objectives of reducing poverty, and specifically malnutrition and child and maternal mortality through improved nutrition for vulnerable groups, women and children.

4. STRATEGIC OBJECTIVE PERFORMANCE SUMMARY

Through the strong and continuous commitment of donors, partners and staff, COUNSENUTH has managed to achieve significant strides towards its strategic objectives. The table below summarizes the organization's performance in 2013 by the 6 COUNSENUTH Strategic Objectives.

Table 3: Strategic Objectives Performance Summary

STRATEGIC OBJECTIVE:	2012	2013	2014	2015	2016
1. Awareness of governance and accountability in nutrition programme areas relative to the baseline is improved	Weak Progress	Weak Progress			
2. Scale up a minimum package of high impact interventions for nutrition in Songea Rural and Tunduru districts of Ruvuma in line with the national nutrition framework	Weak Progress	Weak Progress			
3. Contribute to the implementation of the Nutrition Component of the Feed the Future (FTF) Programme in Dodoma, Manyara and Morogoro	Strong Progress	Strong Progress			
4. Enhance and build capacity of COUNSENUTH and other CSOs in Scaling Up of Nutrition	Strong Progress	Strong Progress			
5. COUNSENUTH innovative projects are strengthened	Good Progress	Good Progress			
6. Best practices documented and utilized for improved planning and resource allocation	Good Progress	Good Progress			

KEY:	Strong Progress					Weak Progress
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Overwhelmingly, COUNSENUTH made the most progress towards the implementation of the nutrition component of the Feed the Future (FTF) Programme in Dodoma, Manyara and Morogoro (SO3) and capacity building activities for COUNSENUTH and other CSOs (SO4). This is attributed to COUNSENUTH's key role in the MBNP, which promotes proven evidence based interventions in nutrition, and is expected to strengthen the capacity of Tanzanian systems and contribute to an increased knowledge base in nutrition. In addition, COUNSENUTH has a renewed commitment to capacity building and growth following the roll-out of the Strategic Plan.

Activities related to governance and accountability (SO1) fell behind in 2013 due to lack of funding. However lobby and advocacy work was conducted through ongoing Programmes, either by sensitizing CSOs or influencing donors to fund interventions building CSO capacity in social accountability monitoring.

At the same time efforts to mobilize funding have been made; and there is promise for some funding to initiate a project on capacity building for CSOs in the Coast, Kagera and Mtwara regions in 2014.

The following sections outline specific achievements by Strategic Focus Area and Strategic Objective.

4.1 SFA 1: RAISING AWARENESS IN THE AREA OF NUTRITION SECTOR GOVERNANCE AND ACCOUNTABILITY

Table 4: Strategic Objective 1 Performance

STRATEGIC OBJECTIVE 1:	2012	2013	2014	2015	2016
	X	X			
Description Awareness of governance and accountability in nutrition programme areas relative to the baseline is improved.	2013 Projects/Achievements: Governance and Accountability projects have been delayed to commence in 2014 due to lack of funding.				

4.2 SFA 2: IMPLEMENTATION OF EVIDENCE-BASED AND SCALABLE INTERVENTION AT COMMUNITY LEVEL

Table 5: Strategic Objective 2 Performance

STRATEGIC OBJECTIVE 2:	2012	2013	2014	2015	2016
	X	X			
Description Scale up a minimum package of high impact interventions for improved nutrition in Songea Rural and Tunduru districts of Ruvuma region in line with the national nutrition framework	2013 Projects/Achievements: <ul style="list-style-type: none"> Developed two newsletters in english and kiswahili with summaries of the nutrition situation of the region and widely disseminated them. Conducted social mobilization activities to establish office in Tunduru for Ruvuma Nutrition Programme in an effort to achieve buy-in in scaling up nutrition in the region. Secured funding to execute integrated nutrition Programme in Ruvuma Region for 2013/14 – 2016. Conducted initial advocacy and baseline studies to benchmark indicators for monitoring and evaluation of the programme. Developed key social behaviour change communication materials to promote iron and folic acid for pregnant women. 				

Table 6: Strategic Objective 3 Performance

STRATEGIC OBJECTIVE 3:	2012	2013	2014	2015	2016
X	X				
<p>Description</p> <p>Contribute to the reduction of malnutrition through implementation of the Nutrition Component of the Feed the Future Programme in Dodoma, Manyara and Morogoro</p>   	<ul style="list-style-type: none"> Increased access to training/orientation packages and job aids in Programme delivery based on experience from past Programmes. Around 7 titles were developed in manuals and job aids. Enhanced capacity of the districts to plan and implement interventions to reduce maternal anaemia and childhood stunting- 20 districts in Dodoma, Manyara and Morogoro – 100% of target. Created a critical mass of 106 experts (district nutrition technical teams) in 10 districts and enhanced their performance through mentorship. Enhanced District Multi-Sectoral Nutrition Steering Committees (DMNSCS) capacity to conduct quarterly Programme review meetings- 195 committee members in 10 MBPN districts. Increased involvement and participation of communities in scaling up nutrition through community mobilization sessions to encourage community ownership for nutrition outcomes- More than 1546 Community Leaders, 306 Ward Extension Officers, 1719 Community Health Workers and Home Based Care Providers oriented and trained in the 3 MBPN regions on the first 1000 days concept. Improved knowledge, attitudes, gender norms and social support for specific maternal and child nutrition practices through Peer Support Groups (PSGs) - More than 1,721 PSGs formed consisting of a total of 9,536 people. Diversified communication approaches for improved impact in nutrition including 3-day radio campaign in Dodoma, Manyara, Morogoro and Zanzibar. Created allies in nutrition with cultural groups through enhanced capacity - 45 local cultural drama groups and a total of 147 people from farmer groups trained and oriented. Improved performance of service providers and quality of maternal and child nutrition services - 428 Health Workers trained and oriented in Morogoro and Dodoma regions. Enhanced capacity of health care providers in Zanzibar - 24 health care workers 9 health facilities trained in Pemba and Unguja. Improved Programme monitoring and evaluation: develop monitoring tools and capture nutrition services data at health facility and community levels Pretested, produced and rolled out Nutrition Social Behaviour Change Communication Kits to Dodoma, Manyara, Morogoro and Zanzibar communities. Provided support in integration of Nutrition and Agriculture in communities in Dodoma, Manyara, Morogoro and Zanzibar as part of the MBPN in 20 districts. 				

4.3 SFA 3: INSTITUTIONAL STRENGTHENING AND STAKEHOLDER ENGAGEMENT AT ALL LEVELS

Table 7: Strategic Objective 4 Performance


	2012	2013	2014	2015	2016
STRATEGIC OBJECTIVE 2:	X	X			
<p>Description</p> <p>Enhance and build capacity of COUNSENUTH and other CSOs in Scaling Up of Nutrition 2013 Projects / Achievements:</p> 	<p>2013 Projects/Achievements:</p> <p>COUNSENUTH:</p> <ul style="list-style-type: none"> • Strengthened organization and system structures by updating and improving: <ul style="list-style-type: none"> o Financial Policy and Procedures o Procurement Policy and Procedures o Human Resources Policy and Procedures • Strengthened COUNSENUTH IT function by implementing Client Server Network enabling the following services: <ul style="list-style-type: none"> o Shared Storage o Network Print Services o Implementation of Accounts Server <p>Other CSOs:</p> <ul style="list-style-type: none"> • Created a critical mass (10) of trained CSOs on implementation of nutrition Programmes to reduce maternal anaemia and childhood stunting, including formation of Peer Support groups in communities. • Provided technical and administration mentorship to selected CSOs allowing them to lead the implementation of community level nutrition activities under MBNP. Similar capacity building activities will continue through other Programmes in 2014. 				

Table 8: Strategic Objective 5 Performance

	2012	2013	2014	2015	2016
STRATEGIC OBJECTIVE 2:	X	X			
Description COUNSENUTH innovative projects are strengthened 2013 Projects / Achievements:	2013 Projects/Achievements: <ul style="list-style-type: none"> • Trained 2 volunteers on skills to providing counselling services and conducting nutrition education Programmes. These volunteers were later transitioned into workforce in two international organizations where they continue to do excellent work. This brings the total number of volunteers that have already secured jobs through COUNSENUTH mentorship to over 6. • Continued volunteer driven nutrition counselling services for cancer patients at the Ocean Road Cancer Institute. The project counsels 30-40 cancer patients and their families on the prevention and management of cancer, Monday to Friday • Conducted a periodic youth skills development project within COUNSENUTH offices to guide youth on healthy eating and lifestyle as a way to divert youth attention to useful hobbies and knowledge away from smoking and alcohol (June 2013). • Continued Scholarship Project for orphans and vulnerable groups, established in 2010, with focus on providing secondary school scholarships to girls. The Programme has supported 4 girls thus far through the good will of friends of COUNSENUTH. 				

4.4 SFA4: CONTRIBUTE TO KNOWLEDGE AND EVIDENCE-BASE IN NUTRITION PROGRAMMEMING

Table 9: Strategic Objective 6 Performance

	2012	2013	2014	2015	2016
STRATEGIC OBJECTIVE 2:	X	X			
Description Best practices documented and utilized for improved planning and resource allocation:	2013 Projects/Achievements: <ul style="list-style-type: none"> • Developed Content Management process initiated as part of new directory structure established for sharing practices. Content Management Process to be finalized in 2014. • COUNSENUTH captured and applied Lessons Learned from MBNP to the new Lishe Ruvuma Programme, specifically around the most effective methods in delivering a nutrition message to achieve change in pro-nutrition behaviours, and achieving sustainability in target groups. 				

5. DETAILED ACTIVITY REPORT

The following section describes COUNSENUTH achievements in further detail. During 2013, COUNSENUTH realized several major achievements as a result of implementing various projects, mainly at district and community levels. Key Programme related achievements / activities include:

- Evidence Based Interventions at the district and community level
- Increased access to training/orientation packages and job aids in Programme delivery
- Enhanced capacity of the 20 districts to plan and implement interventions to reduce maternal anaemia and childhood stunting
- Created a critical mass of experts through District Nutrition Technical Teams and enhanced provider performance through careful mentorship for District Nutrition Technical Teams in 10 districts
- Enhanced District Multi-Sectoral Nutrition Steering Committees capacity to conduct quarterly Programme Review Meetings
- Increased involvement and participation of communities in scaling up nutrition
- Improved knowledge, attitudes, gender norms and social support for specific maternal and child nutrition practices through Peer Support Groups
- Enhanced capacity of Peer Support Groups through ongoing support
- Created allies in nutrition in Cultural Groups through enhanced capacity
- Diversified our communication approaches for improved impact in nutrition.
- Improved performance of service providers and quality of Maternal and Child Nutrition Services.
- Showcased SBCC Kit materials during Nane-Nane Exhibition.
- Enhanced capacity of health care providers in Zanzibar.
- Improved Programme Monitoring and Evaluation.

5.1 RUVUMA INTEGRATED COMMUNITY BASED NUTRITION PROGRAMME (IRISH AID FUNDED)

Ruvuma is a food rich region but it suffers from high malnutrition, stunting affecting 46% of children under the age of five years. In 2012, COUNSENUTH conducted a rapid assessment for nutrition in the region. The findings summarize causes into 3 different levels of a Conceptual Framework:

- **Immediate Causes** - Exclusive breastfeeding is very low; complementary feeding starts at 3 days old; there is no diet diversity; the frequency of feeding is limited to 2-3 feeds a day
- **Underlying Causes** - No hand washing; no essential nutrition interventions; extension efforts not sufficient; health worker knowledge/mother's knowledge is limited

- **Basic Causes** - Stock outs of micronutrient supplies; dependence on rain fed agriculture; health facility staff shortages; negative traditional practices that cause 14% teenage pregnancies; low male involvement; women workload; and high drop out of girls from school

The aim of this Programme is to reduce childhood stunting through application of essential nutrition actions in the first 1000 days, which is from pregnancy to the child's age of two years.

The Programme's achievable results include:

- Enhanced capacity for Local Government Authorities (LGAs) in planning gender sensitive nutrition interventions.
- Enhanced performance of health facility and community level providers, improved to deliver quality care and integrated nutrition services for pregnant and lactating women, infants and young children.
- Access to nutrient-dense foods, improved through increased linkages to agriculture and livestock sectors.
- Strengthened community ownership, improved situation of women to enhance their care and that of children by initiating women's own Income Generating Activities (IGAs) and special Programmes for the girl child, where over 14% of girls leave school because of pregnancy.

The Programme also plans to establish district level monitoring systems for nutrition Programmes.

Irish Aid has partially funded the Programme; the organization is making efforts to partner with others in order to mobilise more resources that would increase coverage. To begin with, Irish Aid has pledged to support interventions in Tunduru and Songea districts over a 5 year period with funding for 3 years. The targets for the 3 years are indicated in the table below. However these will be refined after the results of the baseline survey have been analysed and discussed, and the scale up will be after 3 years.

Table 10: Regional and district profiles of Ruvuma Region

Demographic	Regional (Ruvuma)	Mbinga	Songea (U)	Namtumbo	Tunduru	Songea (R)
Number of districts	5	-	-	-	-	-
Number of divisions	-	-	-	-	7	3
Number of wards	101	37	13	13	24	14
Number of villages	-	156	86	-	148	63
Number of hamlets	-	-	-	-	1144	528
Total population	1,117,166	404,799	131,336	185,131	247,976	147,924
Women of child-bearing age	362,200	128,240	49,101	54,606	77,906	36,981
Number of Pregnant women	44,686	16,191	5,253	7,405	9,919	5,916
Number of children under 5 years of age	241,201	37,417	28,541	38,187	54,303	31,269
Number of children under 2 years of age	80,435	29,145	9,456	13,329	17,854	10,650
Number of health facilities	231	78	22	40	49	42
▪ Hospitals	9	4	1	-	3	1
▪ Health centre	22	8	2	5	5	2
▪ Dispensary	200	66	19	35	41	39

Due to the delay in funding (received September 2013 instead of July as anticipated) COUNSENUTH agreed with Irish Aid to focus on start-up activities in Tunduru as follows:

- Recruited a Programme Coordinator for Ruvuma, procured equipment and secured office space in Tunduru, the first project base.
- In order to continue social mobilization of leaders, service providers and communities, two newsletters were produced, one in Kiswahili and the second in English. These were aimed at highlighting the problem areas in the nutrition profile of Ruvuma as provided for in the Rapid appraisal report conducted in Songea and Tunduru in 2012.
- COUNSENUTH then sent two senior staff to provide formal feedback to the Council Leaders in Tunduru, and the Kiswahili newsletter was widely distributed to service providers, community leaders and community members.
- Preparations for a baseline study were conducted, including a desk review, drafting of survey tools, estimating a sample size and mobilizing communities for the exercise.
- A baseline study was conducted in Tunduru, data analysed with a report being finalized.

The Ruvuma Integrated Community Based Nutrition Programme will be scaled up to Songea in 2014 applying lessons learned and best practices. As funding becomes available, COUNSENUTH aims to expand the Programme to all the 5 districts of Ruvuma.

5.2 MWANZO BORA NUTRITION PROGRAMME (USAID FUNDED)

In the Mwanzo Bora Nutrition Programme (MBNP), COUNSENUTH is responsible for implementation and capacity building and support supervision to regional staff, partners and CSOs supporting the Programme. MBNP aims at reducing childhood stunting and maternal anaemia by 20%, over a 5 year period (2011/12 – 2016/16), in the Programme regions-Dodoma, Manyara, Morogoro and in Zanzibar. The Programme promotes proven evidence based interventions in nutrition at the district, health facility and community levels using an SBCC approach to achieve behaviour change. The aim is to generate demand and support for the beneficiaries, including children less than 2 years of age, pregnant and lactating women. The Programme is also supporting similar interventions in Zanzibar, and is expected to strengthen the capacity of Tanzanian systems and contribute to an increased knowledge base in nutrition.

Planned intermediate results from MBNP that contribute to the achievement of national goals and those of the Feed the Future Initiative are highlighted below:

- ✓ **IR 3:** Increased Investment in Agriculture and Nutrition Related Activities
- ✓ **IR 5:** Improved Access to Diverse and Quality Foods
- ✓ **IR 6:** Improved Nutrition Related Behaviours
- ✓ **IR 7:** Improved Utilization of Maternal and Child Health Nutrition Services
- ✓ **IR 8:** Institutional Strengthening
- ✓ **IR 9:** Operations Research and Monitoring and Evaluation

COUNSENUATH performance against targets set in the MBNP in capacity building for different beneficiaries as indicated on the table below:

Table 11: MBNP 2013 Targets and Achievements for Beneficiaries

Beneficiaries	Target	Actual	
	N	N	%
Districts	20	20	100
Health facilities	180	187	104
Health facility workers	400	428	107
Villages	340	366	108
CHWs (2 per village)	680	675	99
Village Leaders	340	896	264
HBCs (1 per village)	340	321	94
Care Groups formed	2,040	1,721	84
Women reached by the Programme (Direct beneficiaries)	305,000	257,051	84
Children reached by the Programme	270,000	279,642	104
Children targeted for Vitamin A	270,000	275,331	102
Extension workers	240	306	128
District Nutrition Technical Facilitators		106	
Other people oriented on use of SBCC		698	
Community members oriented on home gardens		518	
SBCC kits distributed to CHW and PSGs		323	

5.2.1 Increased Access to Training/Orientation Packages and Job Aids in Programme Delivery

COUNSENUATH has learned, from the experience in past activities, the increasing importance for relevant educational tools towards effective Programme delivery. In the MBNP, COUNSENUATH developed several education documents to support implementation at all levels. In the first year of the Programme (2012), various materials were drafted and pretested in the field during orientations conducted with cadres. With the support of several key stakeholders to ensure adequate input and buy-in, all training materials were finalized in 2013 by conducting organized workshops. Key institutions involved include TFNC, Ministry of Agriculture, MOHSW- RCH unit, HKI and other FTF Partners. The following list outlines the materials developed:

- Orientation Guide for Health Facility Workers
- Orientation Guide for District Nutrition Multi Sectoral Steering Committees
- Training Guide for CHWs and HBC providers
- A training of Trainer Guide for District Technical Team
- Orientation Guide for Extension Workers

- Guide for Sensitization Meetings Involving Community Leaders
- Orientation Guide for Farmers Groups
- Job Aids for CHWs and HBC Providers
- Job Aids for Health Facility Workers

COUNSENUTH has also been closely involved in the process of developing the National Curriculum for in-service training of Regional and District Nutrition Officers that is led by TFNC and contracted to Sokoine University of Agriculture (SUA). COUNSENUTH used these opportunities to push for technical soundness and bring in evidence from the ground up into this process.

5.2.2 Enhanced Capacity of the Districts to Plan and Implement Interventions to Reduce Maternal Anaemia and Childhood Stunting

As part of COUNSENUTH's contribution to the scaling up of nutrition in Tanzania, the Centre continued to work very closely with TFNC and other partners to strengthen the capacity of district councils in executing their roles of supportive supervision, technical support and implementation of nutrition activities and coordination at the district, health facility and community levels. Various training sessions were conducted for district officials in the 3 regions of MBNP (Dodoma, Manyara, Morogoro and Zanzibar). The different trainings included sessions on planning and budgeting for nutrition activities in various sectors, paying priority to interventions that reduce maternal anaemia and childhood stunting. COUNSENUTH facilitated the planning and budgeting meetings organized by the district councils. Interventions that were given priority in the planning and budgeting include, improved availability and uptake of Iron and Folic Acid (IFA) tablets; exclusive breastfeeding for 6 months and continued breastfeeding to 2 years and beyond; complementary feeding from 6 months to two years; nutritional care for the sick and malnourished children; and Vitamin A supplementation for children 6 to 59 months old.



5.2.3 Created a Critical Mass of Experts known as District Nutrition Technical Teams and Enhanced Provider Performance through Mentorship to 10 District Nutrition Technical Teams

Lack of hands-on experience in nutrition Programmes is one of the major challenges in implementing nutrition on the ground. Although all 10 Programme districts have qualified Districts Nutrition Officers or Nutrition Focal Persons in charge of coordination of nutrition activities in respective districts, most of them lacked this capacity. From 2012 to date, COUNSENUTH and TFNC have been building this capacity, providing support in all district nutritionists' activities with the goal of transitioning to eventual independent operations. During the reporting period, COUNSENUTH provided coaching and mentorship, resource materials and tools. As part of the mentorship process, COUNSENUTH

staffs worked hand-in-hand with the officers, during the end-to-end process of organizing, and conducting training for various cadres (CHWs, HBCs, Extension Workers, Community Leaders and Health Workers). They were also involved as lead in the formation of the Peer Support Groups and conducting Farmer Field Schools (FFS) and Field Demonstration days in the respective districts. These activities created opportunities for them to learn and build confidence in leading nutrition activities in the future.

5.2.4 Enhanced District Multi-Sectoral Nutrition Steering Committees (DMNSC's) Capacity to Conduct Quarterly Programme Review Meetings

As part of empowering the DMNSCs to coordinate and support nutrition interventions in the respective districts, MBNP supported the groups in holding quarterly Programme Review Meetings. The review meetings took place in 10 districts where the Programme had been introduced in Year 1. A total of 195 committee members (101 males and 94 females) took part and benefited from the reviews.

5.2.5 Increased Involvement and Participation of Communities in Scaling Up Nutrition

COUNSENUTH considers the communities served as the major stakeholders and beneficiaries of all organizational Programmes. Community mobilization sessions were conducted in the wards and villages where MBNP is being implemented in order to raise awareness and create ownership for their nutrition outcomes. More than 1546 (1251 males and 295 females) Community Leaders, including Village Chairpersons, Village Executive Officers, Ward Councillors and Ward Executive Officers were oriented on different aspects of nutrition focusing on reduction of maternal anaemia and childhood stunting, with an emphasis on the first 1000 days. The orientation of the Community Leaders is critical due to their role in mobilizing communities and as decision makers on key community matters. In addition, more than 306 Ward Extension Officers (129 males and 177 females) from health, agriculture and community development sectors were also oriented on nutrition to allow them to provide the necessary back up to enable communities to adapt optimal pro-nutrition practices.

Successful implementation of nutrition Programmes at the community level requires the support of committed and well-trained frontline staff with opportunity for direct and regular contact with community members, especially women and children. In the spirit of ensuring sustainable adaptation of pro-nutrition behaviours and improved nutrition outcomes, COUNSENUTH strategically trained more than 1719 (808 males and 911 females) Community Health Workers and Home Based Care Providers in the same 3 regions on the 1000 days concept and the priority interventions. CHWs and HBCs are critical change agents who will support mothers, spouses/partners and other family members. They will serve as promoters of the optimal practices at the community level.

5.2.6 Improved Knowledge, Attitudes, Gender Norms and Social Support for Specific Maternal and Child Nutrition Practices through Peer Support Groups

In an effort to promote social and behaviour change for pro-nutrition practices, pregnant women, their spouses and parents of children below 2 years (1000 Days children), COUSENUTH formed Peer Support Groups consisting of females and males. These are informal local networks that make

most of the social capital in the targeted communities. Community members with similar interests come together to share their experiences on pregnancy and childcare practices while promoting and supporting each other to adopt good pro-nutrition practices and behaviours.

More than 1,721 peer support groups were formed consisting of a total of 9,536 people (3906 males and 5630 females). These will be further oriented in the beginning of next year.

5.2.7 Enhanced Capacity of Peer Support Groups through ongoing Support

COUNSENUTH continuously provides supportive supervision for Peer Support Groups which have been formed and provide different IEC materials. The PSG set up requires each of the group members to extend services, information, and support to at least three other people in their neighbourhood. Therefore, the aim of this ongoing support is to ensure that groups understand the reason for their existence, initiate meetings and dialogue among themselves, and reach out to their peers (i.e. other 1000 Day parents).

5.2.8 Diversified our Communication approaches for Improved impact in Nutrition

This year, COUSENUTH had an opportunity to diversify its communication approach by launching a 3-day radio campaign in Dodoma, Manyara and Morogoro. The campaign was part of COUNSENUTH's advocacy efforts to raise awareness for the Programme activities. The 3-day campaign engaged national and regional radio stations in mainland Tanzania and Zanzibar. The campaign included:

- 2 daily radio spots of 60 seconds each
- Daily 15 minute radio Programme giving an overview of the 1000 Day concept and the key behaviours being promoted
- 2 nutrition songs and a 1000 Days teaser

Other materials developed as part of the social behaviour communication approach include:

- a. Script booklets for the Virtual Facilitated Meetings (VFM), including audio CD-ROM
- b. Positive role model testimonial cards
- c. Introduction and role-play cards
- d. Stickers
- e. IFA & famers' calendars
- f. Cooking demonstration poster
- g. Sample voice message for cell phone

5.2.9 Created Allies in Nutrition in Cultural Groups through Enhanced Capacity

Cultural groups can be very important change agents in traditional communities. Since its inception, COUNSENUTH has worked with cultural groups in the communities it serves. During 2013, in partnership with the "Theatre for Development specialist" from Muhimbili University, under MBNP, COUNSENUTH conducted two-day training for 45 local cultural drama groups (with 87 male and 49 females, making a total of 136 members). Groups were selected from the villages and wards. These groups are instrumental in community mobilization and creation of awareness at the community level.

The training will enhance their understanding of the Programme goals and strategies. This will allow for delivery of behaviour changing messages to the target groups through art and drama. The orientation conducted covered nutrition messaging with a focus on prevention of maternal anaemia and childhood stunting. The Programme also provided them with a set of key behaviour change messages to be disseminated. The groups were further assisted to develop a work plan stipulating their roles as they continue to be part of the programme.

Other important segments targeted for this orientation were largely the farmer groups, most of which are already supported by other Feed the Future Programmes. These are smallholder animal keepers, milk processors, sunflower oil processors and income generation activity groups (IGA). A total of 147 people (62 men and 85 women) participated from the farmer groups.



Orientation session for cultural groups (MBNP2013)

5.2.10 Improved Performance of Service Providers and Quality of Maternal and Child Nutrition Services

COUNSENUATH played a major role in orientating a total of 428 (84 males and 344 females) Health Workers in Morogoro and Dodoma regions to improve their skills and attitudes towards enabling them to provide quality maternal and child related nutrition services. This was achieved through a 3-day training session aimed at imparting the health workers from selected facilities with knowledge and skills on nutrition, focusing on the prevention of maternal anaemia and childhood stunting. Health workers are very critical in providing and promoting uptake of services and pro-nutrition practices that are geared towards improved maternal and child nutrition outcomes. It is for this reason that COUNSENUATH trained District officials from nutrition specific and nutrition sensitive departments to become Nutrition Technical Facilitators (NTFs). These are responsible for providing technical support, mentoring and coaching to the health facility care workers on issues related to maternal and child nutrition.



As a result of the number of activities focusing on improvement of knowledge, skills, and attitudes of health workers and community workers on provision of maternal and child nutrition services, through supportive supervision at health facilities, a number of positive changes have been observed in health facilities:

- a. Improved health education on nutrition at Reproductive and Child Health(RCH) clinics, Maternity Wards, Care and Treatment Clinics (CTCs) and Paediatric Wards, on the importance of good nutrition during pregnancy (ANC-RCH), health and nutrition (CTC), role of animal

- sources in diet (GMP/ANC – RCH), hygiene, breastfeeding benefits (GMP –RCH), skin to skin contact (Labour ward), attachment and positioning (maternity ward).
- b. Information brochures that have been provided by COUNSENUTH and MBNP are being disseminated to clients after health education (RCH and CTC).
 - c. The number of children receiving Growth Monitoring is improving every month.
 - d. Availability of IFA tablets at health facilities has improved and pregnant women are provided with increased amounts per visit. Health Facility Workers have also started to discuss with pregnant women on how to manage side effects.
 - e. Intermittent Preventive Therapy (IPT) and impregnated Treated Nets (ITN) are available in almost all districts except Simanjiro, and a higher percentage of women and children receive de-worming. IPT and ITN rates areas per guidelines and there is better feedback weight monitoring.
 - f. An increase of motivation for health care providers to support mothers to initiate breastfeeding within one hour of birth has been observed.
 - g. Health workers' knowledge of infant and young child feeding in the context of HIV has improved and mothers are receiving better information.
 - h. Community health workers are beginning to pass on messages about complementary feeding to mothers of over 6 month old babies.

5.2.11 Showcased SBCC Kit Materials during Nane-Nane Exhibition

The MBNP was among the 6 FtF projects that exhibited their work during the Nane-Nane exhibition at Mwl. J.K. Nyerere grounds in Morogoro region. Others were Tuboreshe Chakula, iAGRI, Nafaka, TAPP and Dai-Imarisha. MBNP had an opportunity to showcase its Social & Behaviour Change Communication Kit and other education materials for use by small holder farmers and parents of 1000 Day children in support of reduction of maternal anaemia and childhood stunting.



Visitors to receiving information during Nane-Nane Fair

A total of 260 people, (170 males, 90 females), visited the MBNP exhibition booth. All the 1000 Day parents and farmers who visited the MBNP booth received the following:

- Explanations on the 1000 days of the child's life and how important they are to children's physical and mental development.
- An overview of the creative concept for the campaign (sunflower plant growth - i.e. seed, sprout, bud & flower) and how they relate to the first 1000 days.
- Highlights of the key nutrition factors and related behaviours promoted by COUNSENUTH to reduce maternal anaemia and childhood stunting.

Zanzibar also benefited this year from Mwanzo Bora activities through COUNSENUTH. In order for health facilities to be able to provide quality nutrition services it was necessary to train health care providers in target health facilities (hospitals and Primary Health Care (PHC) Units) both in Unguja

and Pemba. COUNSENUETH was able to send two of its technical staff to support the training, one to Unguja and the other to Pemba. A total of 24, (1 male and 23 females), health care workers were trained, 15 in Pemba and 9 in Unguja. In Pemba participants came from a total of 5 health facilities (1 hospital, 1 PHC Centre, and 3 PHC Units), while in Unguja they came from 4 health facilities (1 PHC Centre and 3 PHC Units).

5.2.13 Improved Programme Monitoring and Evaluation

Monitoring and Evaluation is now an inbuilt element of COUNSENUETH Programmes. There is a wealth of information at COUNSENUETH that can be further assessed and analysed to contribute to the knowledge base in nutrition. Key observations have been made in the field, in the course of the implementation of the Mwanzo Bora Programme for example.

COUNSENUETH periodically discusses ways to improve Monitoring and Evaluation processes and tools for the organization, and develops Monitoring and Evaluation strategies for each Programme. This year, our staff spearheaded development of monitoring tools and also collected a number of nutrition data at health facility and community levels. Mwanzo Bora COUNSENUETH staff also participated in regular internal data quality assessments for Programme indicators. In the case of health facility data, the quality assessment was conducted to determine the extent of variation of data obtained by use of mobile phones with health facility workers to obtain monthly data, as compared to actual physical data from facility records. This process is still on test. If successful it will significantly lessen the workload of regional staff.

5.3 TECHNICAL SUPPORT TO PARTNERS

5.3.1 Enhanced Capacity of Health Providers through Training of Care Providers in Dietary Management of Non- Communicable Diseases (NCDs)

COUNSENUETH conducted a four day training activity on dietary management of NCDs for health care providers and nutritionists from six regions, namely Mwanza, Shinyanga, Kagera, Geita, Simiyu and Mara. The NCDs addressed included diabetes, heart diseases, high blood pressure, cancer, kidney diseases and chronic respiratory diseases. This was funded by the World Diabetes Foundation (WDF), through the Tanzania Diabetic Association (TDA).

The general objective of the training was to equip the participants with information update and skills they can use for the prevention and management of NCDs. This served to improve provision of health education in NCD clinics on prevention of NCDs and improve the quality of nutritional care and support provided to clients with non-communicable diseases at health facilities.

Among the achievements were:

- At least 74 (60 female and 14 males) health care providers and staff of district councils including nutritionists, nurses, teachers (nutritionist), and social workers were trained in risk factors, prevention and dietary management of diabetes, heart diseases, high blood pressure,

cancer, kidney diseases and chronic respiratory diseases.

- Increased knowledge in the prevention and management of the 6 key diseases was observed in participants after the training as indicated by pre and post-tests results. (Average scores in two groups were 40%:76%; and 51% : 81% for pre and post-tests respectively).
- A demand expressed by health workers and all involved, on the need for increased information for health workers and the general public on NCDs, was observed.
- The participants gained skills for assessing and monitoring of nutritional status of clients and for taking correct action on time.
- Improvement of communication skills of participants to aid in the delivery of quality services
- All participants went away with action plans formulated to improve delivery of diet related nutrition services at NCD clinics.
- Participants were able to identify their roles in the improvement of nutrition related services to clients with NCDs.
- Over 200 copies of publications were provided to each of the health facilities and participants for reference, including those related to dietary management of diabetes, healthy eating and lifestyles, Body Mass Index (BMI) cards and posters on Ulaji Bora.

5.3.2 Enhanced Nutrition Services through Training of RCH Care Providers on Maternal and Child Nutrition in Manyara

Engender Health commissioned COUNSENUTH to facilitate actions that were aimed at improving nutrition services in RCH Clinics in its target regions, Iringa and Manyara. COUNSENUTH conducted rapid assessments and provided nutrition related services to mothers and children in 12 health facilities supported by Engender Health. COUNSENUTH also assessed gaps in the knowledge and practices of health workers on maternal child nutrition among care providers and mothers, analysing the strengths, gaps and opportunities. It was clear that the majority of health workers and other extension workers lacked knowledge and skills to respond to maternal and child nutrition issues.

Based on the results of the assessment, COUNSENUTH conducted the first training in 2012 on maternal and child nutrition for health care providers in Iringa last year. This year COUNSENUTH repeated similar training in all districts in Manyara region. The training occurred over a 6-day period.

The training aimed at equipping health facility care providers working in Reproductive and Child Health with critical knowledge and skills to improve their performance and overcome barriers.

This is expected to enhance quality of nutrition care and support provided to pregnant women and children less than five years of age. Ultimately COUNSENUTH achieved the following:

- Training for a total of 20 health care providers working in RCH sections.
- Enabled participants to develop action plans to overcome identified gaps.
- Supported the target health facilities to prepare tentative plans for improving RCH services in their facilities to address maternal and child nutrition effectively.

5.4 ENHANCING CAPACITY OF COUNSENUTH AND CSOs

5.4.1 Strengthened Organization's Systems and Structures

During this reporting period, COUNSENUTH through MBNP was supported to finalize the review or development of 3 policy documents: a reviewed and updated Finance and Accounting Manual, a developed Procurement Manual, and a reviewed and updated Human Resource and Procedures Manual. These manuals are critical in any organization experiencing growth. A Senior Accountant from Deloitte was seconded to COUNSENUTH in February 2013 for one month to review COUNSENUTH financial and accounting procedures, and found them to be within expected standards.

Deloitte is also in the process of reviewing the Centre's Organisational Strategy to expand the scope of its operations, design organizational, human resource development, and sustainability/resource mobilization strategies. They did this in several steps. First through a participatory workshop involving COUNSENUTH'S staff, including SWOT analysis, and drafting of objectives, issues, structure and functions. Secondly, the staff were involved in the drafting of the draft strategy which was presented for validation and is now being finalised.

5.4.2 Strengthened Capacity in SBCC Programmes

During the reporting period, COUNSENUTH continued to benefit from intensive on-the-job capacity building support on SBCC. A COUNSENUTH staff was involved in the process of recruiting and working with creative agencies, developing and pre-testing creative concepts, developing, reviewing and translating scripts and testimonies, recording testimonies, and reviewing the work of creative agencies to ensure they are focused on behaviour change and in the production of kits. COUNSENUTH's staff also led the pretesting of the kits at the community level involving parents and farmers. The staff will be orienting other staff in the coming year.

5.4.3 CSO Capacity Enhanced

COUNSENUTH trained 10 CSOs on maternal anaemia and childhood stunting, and discussed their roles in the Programme, including support to PSGs and the importance of documentation and reporting. The 10 CSOs were funded by Africare to implement MBNP activities in the 10 focus districts, in the regions of Dodoma, Manyara and Morogoro. Nutrition technical teams in the regions together with the national level support team also provided coaching and mentorship to the nutritionist working with CSOs.

5.4.4 Provided Technical and Administration Mentorship

The selected CSOs were provided with technical and administrative mentorship allowing them to lead the implementation of community level nutrition activities under MBNP. Currently, the CSO sub-grantees have a dual-reporting relationship - their work is technically and administratively coordinated by both MBNP and District Nutrition Officers. During all of year 2, planned activities were implemented in coordination with the CSOs, village leaders and extension workers and support from District Nutrition Technical Facilitators. These included:

- a. Identifying and mobilizing Community Health Workers, Home Based Care providers, Peer Support Groups and other Community Groups who are now involved in community level Programme implementation, mentoring CHWs, Home Based Care providers, Peer Support Groups and other Community Groups involved in Programme implementation.
- b. Day-to-day supervision and motivation of CHWs, Home Based Care providers, Peer Support Groups and other Community Groups.
- c. Working with MBNP teams to ensure CHWs, Peer Support Groups and Home Based Care providers have the necessary job aids for their work, including tools for data collection.
- d. Collecting community level data through Community Health Workers, Peer Support Groups and Home Based Care providers.

5.5 COUNSENUTH INNOVATIVE PROJECTS

5.5.1 Nutrition Volunteer Project for Cancer Patients at Ocean Road Cancer Institute (ORCI)

COUNSENUTH, through its volunteers (new nutrition graduates), provides nutrition care and support services to cancer patients, survivors and their relatives at Ocean Road Cancer Institute (ORCI). The project that was founded in early 2011 was earlier funded by Twiga Bancorp Limited as a corporate social responsibility activity. However, starting 2012 to date, COUNSENUTH has funded the project from its own resources by providing transport allowances to volunteers.

The main goal of this initiative is to improve the quality of life of cancer patients and survivors through nutritional care and support and also to provide information on prevention to their families.

The volunteers provided nutrition education sessions to large and small groups, including one to one sessions, to outpatients, inpatients and caregivers. The sessions were held Monday to Friday from morning to noon. On average, nutrition education is given to 30-40 patients on a daily basis. However, COUNSENUTH is struggling to meet the high costs due to meagre funding for the project.

5.5.2 Centre Based Counselling in Nutrition and Youth Skill Development

During the reported period, COUNSENUTH was able to conduct individual counselling sessions for adolescents and parents. The client's age ranged from 13 to 59 years. Two group-counselling sessions for adolescents took place. Youth counselling and services are normally provided on request from parents aiming to prepare their youth for life outside college, or prepare them for a new environment.

5.5.3 Scholarship project for Orphans and Vulnerable Girls (OVG)

The overall objective of this project is to provide support to Orphans and Vulnerable Girls by providing scholarships for attendance of Secondary Education from donations from Friends of COUNSENUTH. The support started by sending two girls to St Joseph Millennium Secondary School in January 2011, supported by the three friends, Mary Rojas, Eija Pehu and Sussan Gross. This year the same two girls were supported and further funding is being mobilized for another two.

5.6 NATIONAL EVENTS

5.6.1 Strengthened Strategic Partnerships: The Presidential Launch for Action for Nutrition

COUNSENUTH was one of the lead groups that supported the Tanzania Food and Nutrition Centre in developing Tanzania's first National Strategy on Social and Behaviour Change Communication (2013-2018), which was launched by President Dr. Jakaya Kikwete, during the President's Call to Action for Nutrition, on the May 16, 2013, to Improve Nutrition in Tanzania.

COUNSENUTH was part of the team that developed multimedia SBCC kits (prints, audio & audio-visual materials) with the support of the Manoff Group. COUNSENUTH created publicity for these materials to achieve a buy-in from other stakeholders. Several public presentations were made to nutrition stakeholders. A total of 35 participants (13 males and 22 females) attended, representing various stakeholder organizations including: USAID, UNICEF, WFP, TFNC, Ministry of Community Development Gender & Children (MCDGC), JHU, IHI, PANITA, EGPAF, Pathfinder International, CRS, ICAP, DFID, MHEALTH/CDC Foundation, THPS, HKI, BBC Media Action and creative agencies (DJPA, R2R, Alama Art & Media production). The process created great interest for the use of the materials in various Programmes.



His Excellency President Dr. Jakaya Kikwete launching the National Nutrition SBCC Strategy

5.6.2 National Consultative Group on Infant and Young Child Feeding (NCGIYCF)

In this reporting period, COUNSENUTH, as a member of the Nutrition Technical Working Group for infant and Young Child Nutrition, participated in various activities contributing to the improvement of breastfeeding and complementary feeding. COUNSENUTH actively supported TFNC in finalization of the National Guidelines on Infant and Young Child Nutrition

5.6.3 World Breastfeeding Week (WBW) celebrations at Mnazi Mmoja and Chanika, August 1-7 2013

As part of the global campaign to promote, protect and support breastfeeding, COUNSENUTH organized and carried out various activities to commemorate the World Breastfeeding Week.

Achievements included:

- National Launch by Her Excellency Mama Salma Kikwete
- SMS messages sent to over 1 million service providers on several skills on breastfeeding
- Training and counselling services provided to Chanika Community Support Groups. In turn they counselled over 500 mothers on various infant feeding issues
- Development of fliers on community support widely distributed in Dodoma, Manyara and Morogoro, as well as at the national level

National Launch:

At the national launch, speeches given by various government officials including the First Lady Mama Salma Kikwete, stressed the importance of community support for exclusive breastfeeding, and the role that breastfeeding plays in reducing child mortality.



Group photo of various partners, Government officials and the Tanzania First Lady Mama Salma Kikwete (3rd from right-hand on the front row)

5.6.4 Chanika Mother Support Group Dar es Salaam

COUNSENUTH spearheaded various community based activities together with the community support group for breastfeeding at Chanika, in one of the districts of Dar es Salaam. These included training, open air meetings, and one to one counselling for mothers experiencing child feeding challenges.

During the week the activities in the community reached the following target groups:

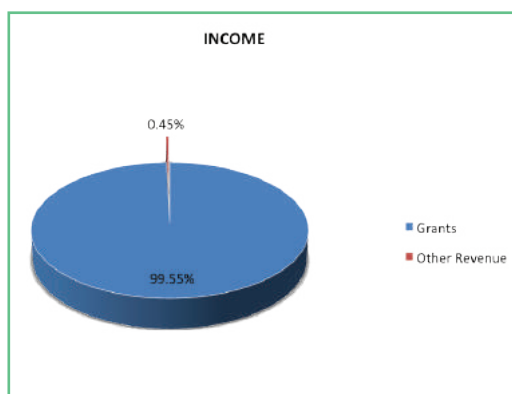
Target Groups	#
Pregnant women	140
Women with young children 0 – 6 months	107
Women with young children 7 – 24 months	162
Open Air meeting	120
Total	529

6 FINANCIAL SUMMARY

6.1 FINANCIAL SUMMARY

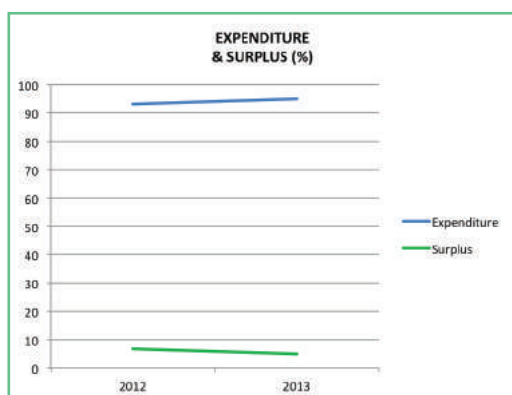
The following table provides a high level outline of the COUNSENUTH 2013 financial performance. Refer to the appendix for a detailed Financial Report.

Item	2012 (1000 Tsh)	2013 (1000 Tsh)
Revenue from Grants	1,615,720	1,132,623
Other Revenue	47,736	5,083
Total Revenue:	1,663,456	1,137,706
Expenditure	1,548,764	1,080,874
Surplus:	114,693	56,832



In 2013, COUNSENUTH had total revenue of TSH 1.14 Billion. The primary source of income for the organization continues to be Grants from development aid organizations, at over 99% in the reporting period.

Other income sources made up 0.45% of the annual revenue. COUNSENUTH has made the strategic decision to grow this alternate source of income as a priority to create diversity in revenue streams.



Total Expenditure between 2012 and 2013 has remained relatively steady as a function of total revenue. This can be attributed to the continuation of major programmes throughout the period.

In 2013, COUNSENUTH reported a surplus of TSH 56.83 Million. This has also remained relatively steady as a function of total revenue, over the last two years. But this is not a true surplus as it will be put towards new projects and for contingency purposes.

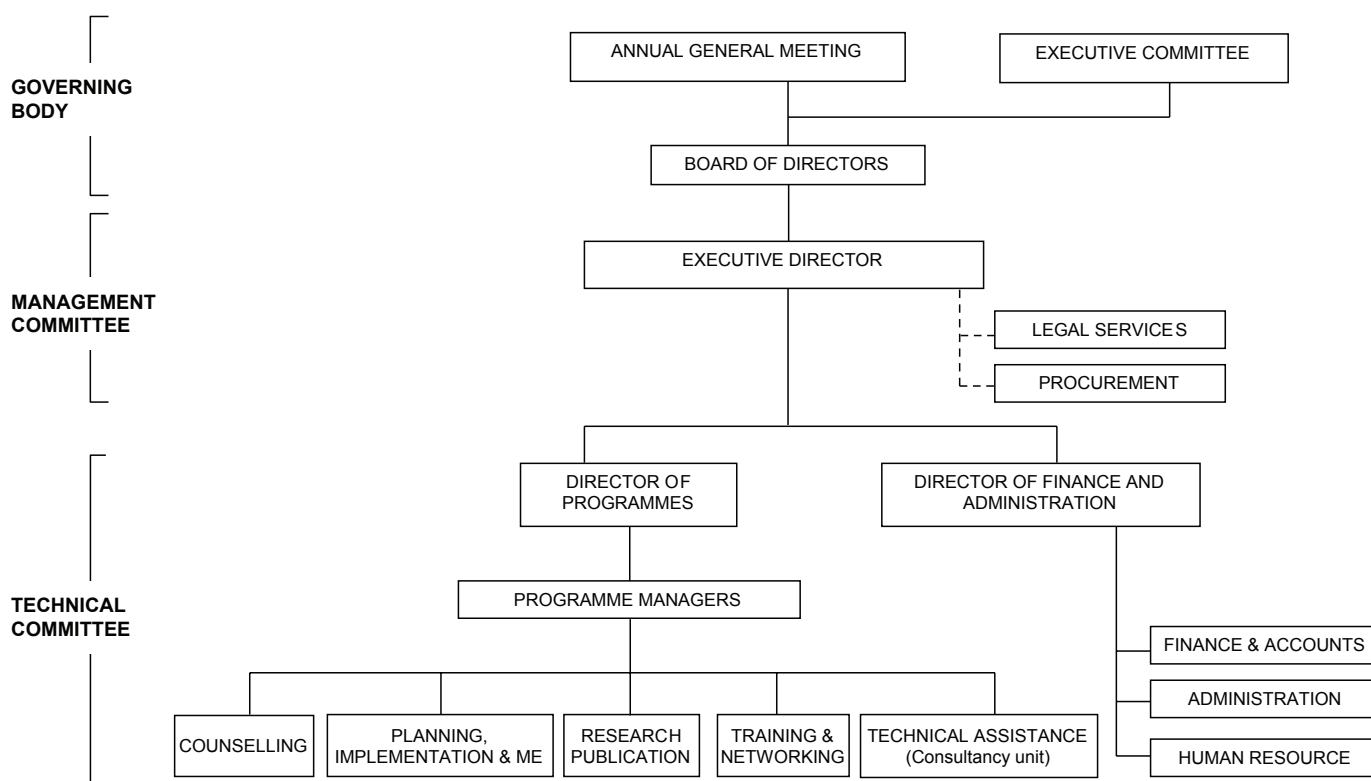
7. ORGANIZATION STRUCTURE

COUNSENUTH has highly qualified full time technical, financial, and administrative staff and has recently increased its human resource base. In 2013 the Centre increased from 13 to 19 staff at the head office as well as 3 field staff who are working on the MBNP. The Executive Management is led by the Executive Director who is appointed by the Board of Directors. COUNSENUTH has members and volunteers spread across the country with in-depth knowledge of nutrition and/or food science and technology, home economics, medicine, nursing, HIV and AIDS, sociology, management, accounting and planning.

7.1 ORGANISATIONAL CHART

The following figure illustrates the COUNSENUTH 2013 Organizational structure.

Figure 2: COUNSENUTH Organizational Chart



7.2 COUNSENUTH Staff 2013

COUNSENUTH team comprises of dedicated individuals with various technical expertise.

Table 12: COUNSENUTH 2013 Team

Ref	NAME	TITLE
1	Mrs. Pauline Kisanga	Executive Director, Msc. Nutrition
2	Mrs. Mary Materu	Director of Programmes, Msc. Nutrition
3	Mr. Milton Lupa	Senior Finance and Admin Manager, ACCA
4	Dr. Lunna Kyungu	Principal Programme Officer, PhD Nutrition
5	Ms. Restituta Shirima	Principal Programme Officer, MSc. Nutrition
6	Mr. Elias Ntandu	Monitoring and Evaluation Officer, MA Demography
7	Dr. Daniel Nyagawa	Senior Program Manager, MD, MPhilos, MBA
8	Ms. Stella Fungo	Senior Programme Officer, MSc. Nutrition
9	Ms. Belinda Liana	Senior Programme Officer, Msc. Nutrition & Rural Development
10	Ms. Tuzie Edwin	Senior Programme Officer - SBCC, Msc. Public Health, Nutrition
11	Mr. Raymond Swai	Accountant, Advanced Diploma Accounting
12	Mr. Edward Gatunge	Office Assistant, Certificate Accounting
13	Ms. Dolores Msimbira	Senior Programme Officer, Msc. Food Security
14	Ms. Agnes Mahembe	Senior Programme Officer, Msc. Nutrition
15	Ms. Neema Ntibagwe	Senior Programme Officer, Msc. Public Health
16	Ms. Cecilia Thomas	Procurement Officer, BA PSM
17	Ms. Pankrasia S. Shirima	House keeper
18	Mr. Joel Kimaro	Driver
19	Ms. Laureta Lucas	Senior Programme Officer, Msc. Public Health

7.3. Obituary

Clara Mashio, COUNSENUTH staff, and one of the Founder Members, passed away on 11 November 2013. Clara, our colleague, dear sister, mother and friend will be greatly missed by the staff, management and friends of COUNSENUTH. She worked tirelessly in the office and in the community, supporting community groups; and most of all; she dedicated her time and love to nurture the Chanika Maternal, Infant and Young Child Nutrition Support Group. Clara worked weekdays and weekends to make sure the group was well supported and facilitated. She was a friend to many, and no words can describe our loss.



We hope it is not too late to say again and again, “we love you Clara”. We pray for your beloved daughter Lilian and the whole family as you deal with this great loss. Clara will always be remembered. May she rest in peace.

Mary Materu

COUNSENUTH Chairperson

8 CHALLENGES AND OVERCOMING THEM

Donor Funding Dependency – COUNSENUTH's major challenge continues to be the dependency on donor funding. This is true of all NGOs; however, COUNSENUTH is working hard to create income diversity through innovation.

- i. **Health Care Human Resource Shortages** - A second major challenge is that related to human resource shortages at most Primary Health Facilities. This is compounded by inadequate knowledge among some health care providers on nutrition guidelines for de-worming, IFA supplementation, nutritional status assessment, IYCN as well as resistance to change. Extensive involvement and buy-in of health facility workers goes a long way to improve their performance.
- ii. **Low Male Participation in Impacting Nutrition Outcomes** - The Centre recognizes the important role played by the male demographic in impacting nutrition outcomes, and therefore actively seeks to engage them in issues related to maternal and child nutrition, with some challenge. To address these challenges, COUNSENUTH seeks to engage with community leaders to create awareness among men on the importance of their involvement and volunteering as agents of change.
- iii. **Lack of Resources** - Lack of Village Health Workers, working gear, IEC and BCC materials, transport, and incentives for CHWs, has limited community outreach services, and negatively impacts community Programmes. Our Programmes are trying to address this challenge by responding to some of the CHW needs; however a national solution is required.



For more information contacts:
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