<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANC</td>
<td>Antenatal Care</td>
</tr>
<tr>
<td>ASRP</td>
<td>Accelerating Stunting Reduction Project</td>
</tr>
<tr>
<td>BFHI</td>
<td>Baby Friendly Hospital Initiative</td>
</tr>
<tr>
<td>CHWs</td>
<td>Community Health Workers</td>
</tr>
<tr>
<td>COUNSEUUTH</td>
<td>The Centre for Counseling, Nutrition and Health Care</td>
</tr>
<tr>
<td>CSOs</td>
<td>Civil Society Organization</td>
</tr>
<tr>
<td>DCs</td>
<td>District Councils</td>
</tr>
<tr>
<td>DD</td>
<td>Dietary Diversity</td>
</tr>
<tr>
<td>DNTFs</td>
<td>District Nutrition Technical Facilitator</td>
</tr>
<tr>
<td>DNuOs</td>
<td>District Nutrition Officer</td>
</tr>
<tr>
<td>ECD</td>
<td>Early Child Development</td>
</tr>
<tr>
<td>FFS</td>
<td>Farmer Field Schools</td>
</tr>
<tr>
<td>FGDs</td>
<td>Focus Group Discussions</td>
</tr>
<tr>
<td>FSNC</td>
<td>Food Security and Nutrition Committee</td>
</tr>
<tr>
<td>FtF</td>
<td>Feed the Future</td>
</tr>
<tr>
<td>FY</td>
<td>Financial Year</td>
</tr>
<tr>
<td>GMP</td>
<td>Growth Monitoring Promotion</td>
</tr>
<tr>
<td>GoT</td>
<td>Government of Tanzania</td>
</tr>
<tr>
<td>HBCs</td>
<td>Home Based Care Providers</td>
</tr>
<tr>
<td>HFWs</td>
<td>Health Facility Worker</td>
</tr>
<tr>
<td>Home</td>
<td>Based Care Providers</td>
</tr>
<tr>
<td>HWs</td>
<td>Health Workers</td>
</tr>
<tr>
<td>IADO</td>
<td>Isangati Agriculture Development Organization</td>
</tr>
<tr>
<td>IEC</td>
<td>Information Education Communication</td>
</tr>
<tr>
<td>IFA</td>
<td>Iron-Folic Acid</td>
</tr>
<tr>
<td>IGA</td>
<td>Income Generating Activity</td>
</tr>
<tr>
<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
</tr>
<tr>
<td>IYCN</td>
<td>Infant and Young Child Nutrition</td>
</tr>
<tr>
<td>LGA</td>
<td>Local Government Authority</td>
</tr>
<tr>
<td>LQAS</td>
<td>Lot Quality Assurance Sampling</td>
</tr>
<tr>
<td>MBNP</td>
<td>Mwanzo Bora Nutrition Program</td>
</tr>
<tr>
<td>MUAC</td>
<td>Mid - Upper Arm Circumference</td>
</tr>
<tr>
<td>MVC</td>
<td>Most Vulnerable Children</td>
</tr>
<tr>
<td>NGOs</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>OVC</td>
<td>Orphan and Vulnerable Children</td>
</tr>
<tr>
<td>PADI</td>
<td>Tanzania Mission to the Poor and Disabled</td>
</tr>
<tr>
<td>PF</td>
<td>Progressive Farmers</td>
</tr>
<tr>
<td>PMO</td>
<td>Prime Minister’s Office</td>
</tr>
</tbody>
</table>
PSG: Peer Support Group
RCH: Reproductive and Child Health
ROA: Ruvuma Orphans Association
SBCC: Social and Behavior Change Communication
SDGs: Sustainable Development Goals
SILC: Saving and Internal Lending Cooperatives
TDHS: Tanzania Demographic and Health Survey
TFDA: Tanzania Food and Drugs Authority
TFNC: Tanzania Food and Nutrition Center
TMMTF: Tanzania Mineral Mining Trust Fund
ToT: Training of Trainers
U2: Under 2 years old child
USAID: United States Agency for International Development
VANuPs: Village Agriculture and Nutrition Promoters
VEOs: Village Executive Officers
VFK: Virtual Facilitated Kit
VHND: Village Health and Nutrition Days
VHWs: Village Health Workers
WASH: Water, Sanitation and Hygiene
WBW: World Breastfeeding Week
WEOs: Ward Executive Officers
WHO: World Health Organization
WRA: Women of Reproductive Age
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Acknowledgement

COUNSENUTH wishes to extend sincere thanks and appreciation to all the organizations and individuals that in one way or another contributed to the achievement of the organization’s objectives for 2016. It has been an exciting year highlighted by significant growth and promise, some challenges but overall continued success in achieving 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 2016.

COUNSENUTH wishes to particularly recognize the Irish Government and Irish Aid for their fruitful partnership with us through financial contribution towards an Integrated Community Based Nutrition Programme being implemented in Songea, Tunduru and Madaba DSCs in Ruvuma Region since 2013/14. The United States Agency for International Development (USAID) is acknowledged with appreciation for its financial support through USA International Organizations since 2011/12. USAID funded the Flagship Tanzania Nutrition Programme known as Mwanzo Bora Nutrition Program (MBNP), in Dodoma, Manyara and Morogoro, in which we are the Consortium’s Nutrition Technical Assistance Partner to Africare. We acknowledge Deloitte Touché Tohmatsu (T) Ltd with whom we continue to collaborate under TUNAJALI II to enhance Nutrition Assessment, Counselling and Support within community based programmes and health facilities in Morogoro, Kilosa and Iringa. We also thank UNICEF for their support through the Catholic Relief Services for their willingness to collaborate with us in their programme in Mbeya Region.

We also wish to recognize those government ministries, organizations and academic institutions that we have had excellent working relations with in 2016 and in the past. It is because of this team work that there shall be progress as we strive to achieve national goals for Sustainable Development. We want to particularly mention the Prime Minister’s Office, PMO-Regional Administration and Local Government, the Ministry of Health, Social Welfare, Children, Gender and the Elderly; the Ministry of Agriculture and Livestock Development, 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, AJUCO, 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 Board of Directors, members, staff and volunteers. COUNSENUTH highly recognizes their unmatched contribution towards success in 2016 and in the past.

CARE IS OUR DUTY

Pauline Kisanga
Executive Director
Executive Summary

This Annual Report provides an overview of the Centre’s work for the period of 1st January to 31 December 2016, which is fifth year of implementation of COUNSENVUTH five (5) years Strategy and Action Plan 2012-2016.

The overall goal of our Five (5) years Strategy is to contribute to the MKUKUTA objectives of reducing poverty, and specifically malnutrition and child maternal mortality through improved nutrition for vulnerable groups, women and children. This is the final year of the Strategic Plan and the Centre believes it has achieved its goals.

The report highlights the Centre’s work towards achieving optimal nutrition and quality of life for children, women and other vulnerable groups in the regions of Mbeya, Iringa, Dodoma, Morogoro, Manyara and Ruvuma and Zanzibar. The Centre’s work has been able to develop and grow a significant number of community members who are committed to nutrition work because they know that improving nutrition is possible and that each can do something to make it happen. COUNSENVUTH’s Mission is to work towards improvement of the quality of life of vulnerable groups through affordable interventions that are evidence – based and locally appropriate; advocacy for better governance for nutrition; active engagement of citizens at all levels and multi – sectoral collaboration. To achieve this, COUNSENVUTH has several objectives:

- Strengthen the capacity of Government and local Civil Society Organizations (CSOs) to deliver quality nutrition education and communication
- Strengthen the delivery of integrated community-based nutrition services through social behavior-change communication to reduce childhood stunting and maternal anemia
- Provide technical assistance to implementing partners in nutrition and health related fields
- Facilitate implementation of health, nutrition and other related programs, and
- Document best practices and lessons to contribute to nutrition evidence base.

The Centre’s key beneficiaries include: women of reproductive age, children, youths, adolescents and families; most vulnerable groups such as pregnant and lactating women, orphans, the sick, and the poor. However, our direct targets are social/health service providers at all levels, food Consumers and policy makers.

Majority of our programs in the year 2016 focused on improving nutrition in the first 1,000 days (from a woman’s pregnancy to the child’s second birthday). Other programs focused on youths and adolescents, most vulnerable groups as well as health care providers. During 2016, the Centre realized several successes in implementing various programmes and projects at national, district and community levels. Invariably, the The Centre progressed on implementation of its key ongoing programmes and new initiatives:
These are:

- **Mwanzo Bora Nutrition Programme (MBNP)** which started in September 2011/12 and ends in September 2018, aims at reducing childhood stunting and maternal anemia in Dodoma, Manyara and Morogoro and Zanzibar. In 2016 the programme was expanded to Iringa and Mbeya after the donor felt happy with the outcome in the 3 starter regions. The programme is expected to continue to September 2018 with reduced budget and intensity in the three old regions. The program is implemented by a Consortium made up of Africacare, COUNSENUTH, Deloitte and The Mannoff Group. The programme is funded by the USAID.

- **LISHE Ruvuma** is an integrated community based nutrition programme being implemented in Tunduru, Songea Rural and Madaba districts. The programme aims at reducing childhood stunting mostly through active involvement of citizens and the local government in implementation of evidence based nutrition interventions such as infant and young child feeding, maternal nutrition, early childhood education, and dietary diversity to improve complementary feeding and water sanitation and hygiene.

- **Accelerating Stunting Reduction Program (ASRP).** This is a four year programme (2015 to 2019) which is funded by UNICEF with support from Irish Aid and DFID. The project aims to support the Government and partners' efforts to reduce the prevalence of stunting among children under five years old in Tanzania with a focus in six districts of Mbeya region.

- **Tunajali II Programme.** This is Technical Assistance provided for one year to Deloitte Consulting Tanzania, to support a nutrition component of their “HIV Prevention, Care and Treatment” Programme-TUNAJALI II, in Morogoro and Iringa.

- **m-Nutrition** project funded by Every1Mobile is also a Technical Assistance project to support development of localized nutrition education contents for use in Tanzania and was implemented from July 2015 to mid 2016. The aim of this project was to improve access to information on nutrition-specific behaviours as well as nutrition-sensitive health practices, to enhance nutrition of women and children under the age of 5 years.

- **Enhancing youth employability** is a project funded by NBC to support young graduates gain employability skills through training and internship attachments in COUNSENUTH field projects.

- **The Wasichana leadership project** for girls who are orphans and vulnerable, (OVC) has the overall objective of supporting Orphan Girls by providing scholarships for attendance of Secondary education with support from Friends of COUNSENUTH and staff as corporate social responsibility by COUNSENUTH. A total of four students were supported during the year as unfortunately one did not make a mark in her Form Two exams.
• **Nutrition Education and counseling at the Ocean Road Cancer Institute** is a project being implemented through staff and volunteer support as part of COUNSELETH corporate social responsibility, and aims at preventing and enhancing management of cancer for cancer patients and providing preventive information to client families and the general public.

• **National level Activities and other technical support:** At the national level, the Organization continues to be a close partner of the Tanzania Food and Nutrition Centre (TFNC), Ministry of Health, the Prime Minister’s Office and other development partners in collaborating to provide technical support in drafting of policies and guidelines, capacity building of service providers and development of information materials for the government. In 2016, the Centre supported TFNC to revise training manuals on Nutrition Assessment, Counselling and Support; drafting of the National Nutrition Policy and implementation plan, drafting of National Multisectoral Nutrition strategy and Plan of Action 2016-2021, review of Nutrition Score Card; supporting adoption of the Virtual facilitation kit on social behaviour change communication for national use. Together with TFNC, the Centre represented the nation in an International Conference on Breastfeeding that took place in Pretoria South Africa and brought back recommendations for national action.

• The Centre continues to collaborate with Deloitte, Catholic Relief Services, Africare, in its key projects. The Centre would like to thank our donors-Irish Aid, USAID, Africare and UNICEF without whom we would not have achieved all we have.

• COUNSELETH has also collaborated with the University of Sokoine, IAGRI project and AJUCO University in Songea to conduct several mini studies within the Lishe Ruvuma programme in Ruvuma. Sokoine and IAGRI helped to document best practices from which to learn and expand the experience to other projects; AJUCO conducted a formative study to help the project identify behaviours that need correction and therefore guide program interventions.

**More than 3 million beneficiaries were reached through direct interventions at the household level, public meetings and campaigns, training, village health and nutrition days, peer support groups, community health workers and other nutrition services (Table 1).**
Table 1: Number of beneficiaries reached through three major programs

<table>
<thead>
<tr>
<th>Interventions/ Level of Action</th>
<th>Achievements per project/program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lishe Ruvuma</td>
</tr>
<tr>
<td>Councils</td>
<td></td>
</tr>
<tr>
<td>Wards</td>
<td>3</td>
</tr>
<tr>
<td>Villages / streets</td>
<td>63</td>
</tr>
<tr>
<td>Households</td>
<td>21,297</td>
</tr>
<tr>
<td>Children &lt;5 reached though nutrition programs</td>
<td>11,338</td>
</tr>
<tr>
<td>Children &lt; 5 years received vitamin A</td>
<td>NA</td>
</tr>
<tr>
<td>Women of Repro. Age (WRA)</td>
<td>16,250</td>
</tr>
<tr>
<td>Community service providers / VANuPs</td>
<td>143</td>
</tr>
<tr>
<td>Health Facility Workers</td>
<td>63</td>
</tr>
<tr>
<td>Peer Support Groups</td>
<td>1,011</td>
</tr>
<tr>
<td>Home gardens initiated</td>
<td>6,112</td>
</tr>
<tr>
<td>Small livestock keeping initiated</td>
<td>3,919</td>
</tr>
<tr>
<td>Progressive farmers trained on good agricultural and livestock rearing practices</td>
<td>NA</td>
</tr>
<tr>
<td>Number of people reached through community awareness programs</td>
<td>76,539</td>
</tr>
<tr>
<td>Community leaders/ extension workers trained</td>
<td>428</td>
</tr>
</tbody>
</table>

Our interventions use multi-sectoral approach. The high impact interventions were selected based on participatory assessment and analysis of causes of malnutrition—at the direct, underlying and basic levels and aligned to the local needs (See figure 1)

Figure 1: The Conceptual Framework of Malnutrition
1 Highlights of Key Targets and Performance by project in 2016

In 2016, COUNSENUTH’s goal was to scale up existing projects, i.e. Mwanzo Bora, Lishe Ruvuma and ASRP and continue to strive for optimal nutrition and health, quality life for children, women and the most vulnerable groups in all project areas. Also work to widen its donor base in order to expand its reach to the needy.

Major strategies used to achieve these were:

- Advocacy and lobby to place nutrition high in the development agenda, strengthening linkages with development partners.
- Working with Central and Local government authorities, advocating for increased investment in nutrition and improved governance, food standards, safety, hygiene and sanitation;
- Expanding the Centre’s donor base through nutrition consultancies, advisory and technical assistance to government and partners;
- Working hard to enhance performance of service providers and access to quality services through capacity building and mentorship of service providers, progressive farmers and youths; facilitating formation of Peer Support Groups to enhance counseling services to difficult to reach vulnerable groups;
- Development and dissemination of user friendly Social Behavior Change and Communications Materials, conducting nutrition campaigns and Village Health and Nutrition Days to create awareness for gender sensitive nutrition actions at the community and household level.

More than 3 million people have been reached through the above interventions as shown in Tables 2, 3, & 4.
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Annual Target</th>
<th>Annual Achievements</th>
<th>Achievement (%) and Reasons for Achievement (±10%) below</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.9 (1) (S) Number of people trained in child health and nutrition through USG-supported programs</td>
<td>9,976</td>
<td>13,881</td>
<td>139%</td>
</tr>
<tr>
<td>3.1.9. (15) (S) Number of children under the age of five years reached by USG-supported nutrition programs</td>
<td>1,092,402</td>
<td>1,111,268</td>
<td>102%</td>
</tr>
<tr>
<td>3.1.9 (3) (S) Number of children under the age of five years who received Vitamin A from USG-supported programs</td>
<td>1,092,402</td>
<td>1,276,244</td>
<td>117%</td>
</tr>
<tr>
<td>5.1.1.1 (C) Number of beneficiaries with home gardens/small livestock as a proxy for access to nutritious foods and income</td>
<td>481,094</td>
<td>388,317</td>
<td>81%</td>
</tr>
<tr>
<td>7.1.1.2 (C) Number of women of reproductive age reached by USG-supported nutrition programs</td>
<td>1,360,290</td>
<td>1,451,413</td>
<td>107%</td>
</tr>
<tr>
<td>3.1.1.1 (C) Number of districts with plans and budgets that include 3 nutrition actions</td>
<td>30</td>
<td>30</td>
<td>100%</td>
</tr>
<tr>
<td>6.1.1.1 (C) Number of people reached through community awareness supported by MBNP</td>
<td>1,360,290</td>
<td>1,572,549</td>
<td>116%</td>
</tr>
<tr>
<td>8.1.1.1. (C) Enhanced human and institutional capacity development for increased sustainable nutrition program implementation for TFNC, COUNSENUTH, PMO, District Nutrition on Multi-Sectoral Steering Committees and CSOs (disaggregated by institution &amp; activity)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of LGAs trained in monitoring nutrition budget</td>
<td>30</td>
<td>12</td>
<td>40%</td>
</tr>
<tr>
<td>Number of CSOs assessed to determine maturity and capacity gap identification</td>
<td>18</td>
<td>18</td>
<td>100%</td>
</tr>
<tr>
<td>Number CSOs trained in strategic planning and resource mobilization</td>
<td>12</td>
<td>3</td>
<td>40%</td>
</tr>
<tr>
<td>CONSENUTH support to execute transition plan after 30th September 2016</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>TFNC trained to review Tanzania Food and Nutrition Strategic plan to align it to Government priorities</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>LEVEL OF ACTION</td>
<td>TUNDURU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>Life of Project Targets</td>
<td>Y3-(2016)</td>
<td>Targets</td>
</tr>
<tr>
<td>Division</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Wards</td>
<td>39</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>Villages</td>
<td>157</td>
<td>117</td>
<td>117</td>
</tr>
<tr>
<td>Households with (pit latrines, tippy tap, vegetable gardens, small livestock)</td>
<td>70,142</td>
<td>42,085</td>
<td>13,795</td>
</tr>
<tr>
<td>Population</td>
<td>298,279</td>
<td>149,140</td>
<td>66,216</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>11,931</td>
<td>5,966</td>
<td>2,937</td>
</tr>
<tr>
<td>Lactating women</td>
<td>17,854</td>
<td>12,927</td>
<td>8,153</td>
</tr>
<tr>
<td>Children &lt; 5 years</td>
<td>45,338</td>
<td>16,107</td>
<td>7,737</td>
</tr>
<tr>
<td>Health facilities</td>
<td>49</td>
<td>49</td>
<td>49</td>
</tr>
<tr>
<td>Hospitals</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Health centre</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Dispensary</td>
<td>41</td>
<td>41</td>
<td>41</td>
</tr>
<tr>
<td>Health Facility Workers trained</td>
<td>348</td>
<td>20</td>
<td>26</td>
</tr>
<tr>
<td>Village Health Workers trained</td>
<td>314</td>
<td>146</td>
<td>143</td>
</tr>
<tr>
<td>Extension workers and community leaders sensitized</td>
<td>1,028</td>
<td>511</td>
<td>428</td>
</tr>
<tr>
<td>Primary schools</td>
<td>145</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>CSOs</td>
<td>35</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Community groups formed &amp; supported seeds</td>
<td>1,570</td>
<td>100</td>
<td>590</td>
</tr>
<tr>
<td>Number of Villages reached in VHNDs Annually</td>
<td>157</td>
<td>40</td>
<td>113</td>
</tr>
</tbody>
</table>
Table 4: Summary of ASRP Performance against Target

<table>
<thead>
<tr>
<th>Category</th>
<th>Year 1 Targets</th>
<th>Totals (cumulative)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Councils</td>
<td>3</td>
<td>3</td>
<td>100%</td>
</tr>
<tr>
<td>Wards</td>
<td>23</td>
<td>23</td>
<td>100%</td>
</tr>
<tr>
<td>Villages</td>
<td>139</td>
<td>139</td>
<td>100%</td>
</tr>
<tr>
<td>Pregnant women reached</td>
<td>9,637</td>
<td>8087</td>
<td>84%</td>
</tr>
<tr>
<td>Mothers of children 0-23 months</td>
<td>15,825</td>
<td>16,605</td>
<td>104%</td>
</tr>
<tr>
<td>Children 0-23 months</td>
<td>15,825</td>
<td>12,016</td>
<td>76%</td>
</tr>
<tr>
<td>Children 24 to 59 months</td>
<td>23,739</td>
<td>18,024</td>
<td>76%</td>
</tr>
<tr>
<td>Children under five years</td>
<td>39,563</td>
<td>30,040</td>
<td>76%</td>
</tr>
<tr>
<td>Progressive Farmers trained on good agricultural and livestock rearing practices</td>
<td>8</td>
<td>24</td>
<td>300%</td>
</tr>
<tr>
<td>Other farmers trained on good agricultural and livestock rearing practices</td>
<td>1,000</td>
<td>1,217</td>
<td>122%</td>
</tr>
<tr>
<td>Community Health Care Providers Trained</td>
<td>278</td>
<td>286</td>
<td>102%</td>
</tr>
</tbody>
</table>
2 Implementation Progress

2.1 Mwanzo Bora Nutrition Program

The Mwanzo Bora Nutrition Program (MBNP) is a USAID-supported program which supports the Government of Tanzania’s goal to bring about significant and measurable changes in the nutritional status of Tanzanians. The overall goal of the program is to improve the nutritional status of children, and pregnant and lactating women in Tanzania, with specific focus on reducing maternal anemia and childhood stunting by at least 20% in Dodoma, Iringa, Manyara, Mbeya, Songwe and Morogoro Regions between 2011/2012 and 2015/2017. The program also supports community and health facility-level interventions in three districts in Zanzibar.

In achieving this goal MBNP collaborates with regional and district authorities, NGOs and CSOs and other partners in nutrition to develop a vibrant national platform for nutrition emphasizing on the first 1,000 days of the life of a child. COUNSELEUTH is part of the MBNP consortium partners and its main role is to provide technical expertise on nutrition focusing on improvement of maternal and child nutrition with special emphasis in the 1000 Days. The other Consortium partners that are continuing with the programme are Africare, and Deloitte.

Among the planned results to be achieved by the programme through COUNSELEUTH were:

- IR 3: Improved Investment in Agriculture and Nutrition Related Services
- IR 5: Improved Access to Diverse and Quality Foods
- IR 6: Improved Nutrition related behaviors
- IR 7 Improved use of maternal and child health, and nutrition services

Major strategies to achieve these are application of social behavior change communication, capacity building for LGAs And service providers at the health facilities and community level, working with Tanzanian national and community based CSOs to ensure sustainability and facilitating linkage between nutrition and agriculture activities as well as other ongoing programmes.

During the 5th Year of the program’s implementation (2015/16) COUNSELEUTH contributed to the program’s achievement as follows:-

- **Support Local Government Authorities (LGAs) to integrate nutrition activities into their district comprehensive plans and budgets**

  The program provided technical and financial support to all 34 (or 100%) Local Government Authorities (LGAs) in the program areas to integrate nutrition activities in their district comprehensive plans and budgets. This was done by developing their capacity to plan and manage nutrition programs and advocacy to enhance their commitment and accountability towards improving nutrition of their people in their localities. MBNP program staff participated in Council planning and budgeting sessions and helped to
prioritize relevant nutrition interventions in the Action planning and budgeting. In addition, the program trained 24 planning and finance officers from 12 LGAs (or 35%) out of the 34 LGAs on tracking implementation and expenditure of planned and budgeted nutrition interventions. The target was to train 60 officers from all 34 LGAs. Despite invitations in advance, 22 LGAs did not send participants to the training due to government restructuring meetings. Remaining LGAs will now be trained in the coming year which is Year 6 of the program.

2.1.1 IR 5 Improved Access to Diverse and Quality Foods

Under this IR, the following activities were implemented:

- **Support CSOs and Extension Workers to Conduct Field Demonstration Days at Each Demonstration Site**

  MBNP in collaboration with CSOs and Extension Officers conducted 583 field demonstration days that drew a total of 48,051 community members (7,002 males and 41,049 females) during the fifth year of the project. The community members were trained through demonstrations on nutrient conserving cooking methods in preparing diversified complementary foods. The participants were also shown basic techniques in food preservation, household production of nutrient rich vegetables and fruits; and small livestock keeping as a source of animal protein for better nutrition.

  The demonstration days are accompanied by street theater dances and songs. Feed the Future (FtF) mid-term performance evaluation report highlighted dances and songs as strategies that produced the biggest impact, especially engagement of men and the ability of songs and dances in building widespread support for pro-nutrition novel behaviors.

  The same report has also reported an added benefit of cooking demonstrations. “Women in several PSGs reported that, because they are preparing more vegetables and in tastier ways (due to MBNP cooking demonstrations), their husbands are eating more often at home and the marriages are happier.”

  Table 5 indicates the number of people reached through demonstration days per region.
Table 5: Number of Beneficiaries Reached through Demonstration Days per Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of People Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dodoma</td>
<td>8,419</td>
</tr>
<tr>
<td>Iringa</td>
<td>2,063</td>
</tr>
<tr>
<td>Manyara</td>
<td>15,201</td>
</tr>
<tr>
<td>Morogoro</td>
<td>11,973</td>
</tr>
<tr>
<td>Mbeya</td>
<td>10,395</td>
</tr>
<tr>
<td>Total</td>
<td>48,051</td>
</tr>
</tbody>
</table>

- **Promote and Support Households to Establish Home Gardens and Raise Small Livestock for Household Consumption**

During this reporting period, MBNP, in collaboration with extension workers, facilitated and provided technical support to CHWs/VANuPs, PSG members and other community members in strengthening adoption of home gardens and small livestock keeping for household consumption and household incomes. In year 5 a total of 338,317 (81% of 481,094 targeted) beneficiaries established home gardens and young livestock keeping as a proxy for access to nutritious food in the five MBNP regions.

In the reporting period, the program introduced a "Pay it Forward" Model for small livestock multiplication and distribution to PSGs and other members of the community. The model provides a detailed process on how the project can reach its goal of promoting adoption of small livestock rearing by "paying it forward." The process begins at the MBNP Regional Office Multiplication Unit and selected lead farmers in Councils. The plan is to establish one site for each ward in each project council; where by small livestock are continuously multiplied and breeding pairs of small livestock are given to lead farmers who are PSG members, for multiplication. Their first three pairs of siblings that reach breeding age are passed on to other households, who continue to pass on new small livestock pairs to more households. This creates an effective "pay it forward" process, as it provides households with sustainable and affordable sources of animal protein and Vitamin A for improved nutrition. Additionally, surplus production is sold to augment household income. Figure 2 shows the Mwanzo Bora's Pay-It-Forward Model.
Collaborate With Pamoja Tuwalee Most Vulnerable Children (MVC) Program to Provide Skills on Income Generation Activities (IGA) to Community Groups Involved in the Management of Demonstration Plots

Income generating activities (IGAs) for Peer Support Groups (PSGs) are aimed at increasing incomes, expected to improve household nutrition and health care. During the reporting period, MBNP in collaboration with the Pamoja Tuwalee Program, trained 5,914 community members. These included 5,774 members (1,808 males and 3,966 females) in Morogoro Region, 40 (10 males and 30 females) in Dodoma Region, 42 (11 males and 31 females) in Manyara Region, and 58 (3 males and 55 females) in Iringa Region on how to manage IGA projects through PSGs. Training sessions conducted by Pamoja Tuwalee included establishment of Saving and Internal Lending Cooperatives (SILC) to enable members to save and borrow money for expanding their own enterprises. Some of the examples of established IGAs include production and sale of vegetables and merchandizing, while others wove and sold straw baskets.

Discussions in communities show strong evidence that PSGs formed from the existing SILC/IGA groups are more stable, with a common purpose and use incomes earned to purchase nutritious food they do not produce themselves and adopt learned good nutritional practices, as compared to PSGs formed from other groupings that did not have income generation component.
2.1.2 IR 6 Improved Nutrition related behaviors

The following activities were conducted under IR 6

- **Training of Community Health Workers and Village Agriculture and Nutrition Promoters**

  CHWs and VANuPs are critical in the implementation of the program as they are the immediate link between the program and the beneficiaries and serve as mobilizers and supporters of the PSGs at community level. During the reporting period, MBNP trained a total of 1,462 CHWs and VANuPs from regions in the program areas. The CHWs and VANuPs were oriented on the causes, and prevention of maternal anemia and childhood stunting through adoption of the essential nutrition practices; how to transfer the skills and knowledge gained during the training to the communities they serve; and on implementation of MBNP planned activities in the communities. The main tools used for training the CHWs/VANuPs have been the 1000 Days and Dietary Diversity Kits. The 2015 FtF Mid-Term Evaluation report echoed the usefulness of the MBNP training sessions in increasing CHWs’ focus on aspects of maternal/child health promoted by the activity. Table 6 shows the number of complete kits distributed per region.

  Table 6: SBCC Kits Distributed as of September 2016

<table>
<thead>
<tr>
<th>Region</th>
<th>1000 Days Kit</th>
<th>Dietary Diversity Kit</th>
<th>Radios</th>
<th>1000 Days Kit Memory Cards</th>
<th>Dietary Diversity Kit Memory Cards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dodoma</td>
<td>1,069</td>
<td>812</td>
<td>2,436</td>
<td>1,547</td>
<td>838</td>
</tr>
<tr>
<td>Iringa</td>
<td>345</td>
<td>351</td>
<td>840</td>
<td>528</td>
<td>387</td>
</tr>
<tr>
<td>Manyara</td>
<td>361</td>
<td>306</td>
<td>1,529</td>
<td>974</td>
<td>595</td>
</tr>
<tr>
<td>Mbeya</td>
<td>703</td>
<td>306</td>
<td>1,403</td>
<td>1,435</td>
<td>332</td>
</tr>
<tr>
<td>Morogoro</td>
<td>1,163</td>
<td>306</td>
<td>2,610</td>
<td>1,846</td>
<td>336</td>
</tr>
<tr>
<td>Zanzibar</td>
<td>16</td>
<td>-</td>
<td>16</td>
<td>16</td>
<td>-</td>
</tr>
<tr>
<td>Total Delivered</td>
<td>3,657</td>
<td>2,081</td>
<td>8,834</td>
<td>6,346</td>
<td>2,488</td>
</tr>
</tbody>
</table>

- **Orient community leaders on the Nutrition SBCC concepts**

  Community leaders are critical for community sensitization and mobilisation in collective response to various developmental issues including achieving good nutrition status for both children and pregnant women. MBNP’s key strategy is to focus on community leaders first to gain their buy-in on the activities that will follow. According to the 2015 FtF Mid-Term evaluation report, workshops conducted with community leaders had the biggest impact, especially for engaging men and building widespread support for pro nutrition behaviours.

  During this reporting period, MBNP in collaboration with CSOs and District Nutrition Technical Facilitators (DNTFs) oriented 2,297 community leaders in the expansion area of Mbeya Region. Participants included Ward Councilors’, Ward Executive Officers (WEOs), Village Executive Officers (VEOs) and Villages Chairpersons.

  The community leaders were sensitized on MBNP and the GoT’s focus priority interventions to reduce maternal anaemia and childhood stunting; raising awareness on
basic causes, magnitude and effects of maternal anaemia and childhood stunting in communities and the country at large; their roles and responsibilities in addressing maternal anaemia and childhood stunting through “SBCC Siku 1000” community initiative in their respective communities; and the importance of taking steps to include nutrition activities in their community development plans.

- **Formation of Peer Support Groups**

  During this reporting period, MBNP worked with the DNuOs, DNTFs, Extension Workers, community leaders and CHWs/VANuPs to mobilize Siku 1000 parents into Peer Support Groups (PSGs). The program supported the formation of additional 8,190 PSGs with 92,628 members (27,748 males and 64,880 females).

  The groups are formed at hamlet level with gender specific modules. Men and women meet in separate groups, however they are also encouraged to meet together to discuss key behaviors, norms, and other cross cutting gender and cultural concerns. Community members with similar interests come together to share their experiences regarding pregnancy and childcare practices while promoting and supporting each other to adopt positive pro-nutrition behaviors and practices. Examples of positive pro-nutrition behaviors and practices include the establishment of tippy-taps at household level for hand washing with soap. Overall, over 91,000 households have tippy taps and are using them in program areas.

- **Participation in the NaneNane and World Breastfeeding Week**

  During the reporting period, MBNP participated in exhibition activities during the NaneNane Day at regional levels in Arusha for Manyara Region, Dodoma for Dodoma Region, Mbeya for Iringa and Mbeya Regions, and Morogoro for Morogoro Region. The general objective was to demonstrate to the public how MBNP works in supporting the community in reducing anemia and stunting. A total of 2,220 people visited MBNP display booths in the four centers.

  Among the demonstrated skills and materials displayed in MBNP booths included:

  - Siku 1000 Parent and Dietary Diversity Kits
  - Infant and young child feeding practices
✓ Home gardening, small livestock keeping, usage of tippy taps for complementary food preparation, assessment of nutritional status using anthropometric measurement (Weight for height and MUAC) for children aged 6-59 months.

✓ Highlights of the key nutrition actions and related behaviors that reduce maternal anemia and childhood stunting and linkage between agriculture and nutrition to the public while focusing on the first 1,000 days of the life of a child.

Furthermore, during August 2016, MBNP joined other stakeholders to commemorate the World Breastfeeding Week (WBW) by promoting and supporting breastfeeding, which is a key intervention that improves child survival. The 2016 WBW theme was on raising awareness of the links between breastfeeding and the Sustainable Development Goals (SDGs). MBNP Regional Offices collaborated with LGAs, CSOs, CHWs, Home Based Care Providers (HBCs), PSGs and communities at large. Banners displaying breastfeeding messages were showcased at the booths along with conducting nutrition counseling sessions, and distribution of Information Education Communication (IEC) materials on nutrition. During this year’s WBW, MBNP interventions focused on:

• Informing the public about the Sustainable Development Goals and how they relate to breastfeeding and Infant and Young Child Feeding (IYCF)
• Firmly anchoring breastfeeding as a key component of sustainable development
• Galvanizing a variety of actions at all levels on breastfeeding and IYCN in the new era of SDGs
• Engaging and collaborating with a wider range of actors around promotion, protection and support of breastfeeding.

A total of 32,471 people (3,998 males and 28,473 females) were reached directly during the WBW.

2.1.3 IR 7 Improved use of maternal and child health, and nutrition services

• Improved Quality of Maternal and Child Nutrition Services at the Health Facility and Community
  i) Provision of Nutrition Services to Children

In this year of program implementation, Health Facility Workers (HFWs), Community Health Workers (CHWs), and Home Based Care (HBCs) providers trained under MBNP continued to play an important role in the prevention of malnutrition and mitigation of poor nutrition outcomes to children. Some of the indispensable services provided at the health facilities and community levels included education packages, promotion of knowledge and skills in health workers for support of exclusive breastfeeding for infants 0-6 months and complementary feeding for children 6-23 months, and promotion of children attendance to health services.
A total of 1,111,268 children under five years old (102% of target of 1,092,402) were reached with nutrition services promoted through behavior change communication activities focusing on reduction of maternal anemia and childhood stunting.

ii) **Vitamin A Supplementation to Children Under Five Years of Age**

Vitamin A is an essential fat-soluble vitamin necessary for healthy growth of children. While the requirements for Vitamin A in children can be obtained through consumption of animal and plant sources, most households in poor rural settings do not obtain sufficient quantities of Vitamin A solely from food consumed at home. Therefore, MBNP works collaboratively with health facility workers and the community based work force to sensitize parents to take their children to clinics and create demand for Vitamin A supplementation to children. During this reporting period, 1,276,244 (117% of target of 1,092,402) children aged 6-59 months received Vitamin A supplementation through Health Facility Workers who have been trained on child nutrition by MBNP.

Access to Vitamin A supplementation by children of age 6-59 months has improved partly through promotion initiatives from MBNP. Reports from Regional Medical Officers show an increase in Vitamin A uptake from 98% to 102% (Manyara Region), 89% to 96.2% (Morogoro Region) and 92% to 96% (Morogoro Region) comparing June 2014 to December 2015.

The MBNP Mid-Term Evaluation analysis showed that 94% of children aged 6-59 months were given Vitamin A supplements in the six months before the survey, compare to a total of 61% of children aged 6-59 months given Vitamin A supplements reported 2010 TDHS during a similar period. In addition to the Government led campaigns, which are conducted every six month, these results could be attributed to the education and SBBC promotion that is done by trained personnel from MBNP in health facilities and communities.

iii) **Provision of Nutrition Services to Women of Reproductive Age**

During this reporting period, Lot Quality Assurance Sampling (LQAS) estimate of 1,451,413 women of reproductive age (107% of the targeted 1,360,290) were provided with quality nutrition services by HFWs and CHWs/ HBCPs trained under MBNP. The services included promotion of early booking for Antenatal Care (ANC) for pregnant women and utilization of antenatal and post-natal care services, use of Iron Folic Acid (IFA) tablets for the prevention of anemia, consumption of iron rich foods and consumption of diversified diets to improve their nutrition status.

- **Advocating for Increased Availability of Iron Folic Acid, De-worming Tablets, Anti-Malaria Drugs and Vitamin-A Tablets at Health Facilities**

MBNP continued advocating for increased availability of IFA, de-worming tablets, anti-malaria drugs for Intermittent Preventive Treatment (IPT) of Malaria in pregnancy, Vitamin A tablets and anemia testing machines at health facilities. The advocacy is implied to have
increased availability of the supplies in clinics and the uptake of the same by pregnant women. For example, the MBNP Mid-Term evaluation report indicated an increase in uptake by 47% of IFA tablets for 90 or more days from 4% of the 2010 TDHS Report to 51% in 2014 MBNP Mid-Term evaluation report. However, timely availability of essential supplies is still a challenge in some health facilities. MBNP intends to strengthen sensitization of the health facilities to improve forecast, estimates and timely orders.

- **Support Health Workers on Nutrition SBCC Approach for Reduction of Maternal Anemia and Childhood Stunting**

Health Facility Workers (HFWs) are among the front liners in the delivery of nutrition and related services to MBNP beneficiaries. Therefore, these individuals are very critical in providing services and promoting uptake of pro-nutrition practices that are geared towards improved maternal and child nutrition outcomes.

MBNP in Mbeya Region organized a one-day workshop for health care providers from 264 health facilities (14 hospitals, 20 health centers and 228 dispensaries) in seven districts served by the program. A total 326 health facility workers and district nutrition officers received the training.

### 2.1.4 Activities Implemented In Zanzibar

In an attempt to cascade the Agriculture-Nutrition interventions in the community, MBNP supported district and wards extension workers in the establishment of integrated demonstration plots at shehia levels. In this reporting year, 111 demonstration plots were established. Food Security and Nutrition Committee (FSNC) members at Shehia level were oriented on management of demonstration plots which includes making organic insecticides in order to manage and control pests and disease that affect vegetable and fruit production. Through those demonstration sites 308 households have been influenced to establish homestead gardens and small livestock keeping.

About 6,938 Siku 1,000 beneficiaries (1,224 pregnant women, 341 non-pregnant women, 2,613 lactating women and 2,760 children) from three MBNP supported districts in Unguja and Pemba were reached with nutrition education, counselling, home gardening and advocacy in joining peer support groups. Reports from the field periodically indicate increased awareness and adoption of nutrition actions.
Capacity building is crucial in ensuring that quality services are provided to program beneficiaries. In Year 5, MBNP trained 108 Shehia FSNC members in three districts on nutrition related topics reflecting reduction of maternal anemia and childhood stunting.

During WBW 2016, MBNP collaborated with Zenji FM to air nutrition related programs, which discussed the promotion of breastfeeding among communities. During programs, approximately 10 community members including four (4) female and six (6) males were able to participate directly by asking questions; contributing and sharing ideas using direct call and short messages services on the importance of exclusive breastfeeding practices.

A study on the factors hindering exclusive breastfeeding among lactating women was conducted in 3 districts of Zanzibar (North A Ungula, Micheweni and Chakechake Pemba), covering a sample of 303 mothers from 13 shehias. The overall prevalence of exclusive breastfeeding to six months was 20.8%. Initiation of breastfeeding within one hour after delivery was 58.7%.

2.1.5 Monitoring and Evaluation

MBNP is supported by a monitoring and evaluation system that feeds into the FtF system. Monitoring, Evaluation and Learning aims at collecting information about program implementation to inform the program on changes (intended or unintended) taking place in the target communities. With this kind of information, the program is able to measure positive changes attributable to the program, as well as initiate actions to ensure the program remains responsive to the needs of its beneficiaries and has a lasting impact on the reduction of anemia and stunting.

MBNP continues to strengthen its Monitoring and Evaluation (M&E) approach to ensure effective data collection, report writing and evidence based decision-making. Following below are updates of efforts being carried to improve the program performance.

- **Non-Invasive Anemia Testing:** After conducting a pilot study for non-invasive anemia testing application incorporated in mobile phones, MBNP procured 220 mobile phones in Year 5 to start implementing this method of anemia testing. The mobile phones will be calibrated and distributed to select health facilities in the ZOI during Year 6.

- **Lot Quality Assurance Sampling (LQAS) Survey:** In order to estimate the number of individual community members (specifically women between the ages of 15-49 and children under 5 years old) served by each of the different types of services, as well as to provide overall numbers in terms of coverage, the MBNP regional teams, with Sokoine University of Agriculture and TFNC staff, implemented a Lot Quality Assurance Sampling Survey in FY 2015. A follow-up LQAS survey was conducted in Aug-Sept 2016. Key findings include:

  - Across all five mainland regions in the FtF program areas 376 people (77.5%) within the 485 households interviewed were reached by MNBP services from Oct 2015 to
Sept 2016. Extrapolated to the entire program areas, this would mean MBNP reached approximately 1.4 million children under five years of age and over two million women of reproductive age.

- Of a total of 362 children aged 7 to 59 months old assessed for stunting using the WHO measuring board, 105 children (29%) were stunted and 33 children (9.1%) were severely stunted.

The MBNP team conducted a dietary diversity survey based on 24-hour recall for a qualitative measure of food consumption that reflects household access to a variety of foods, and is also a proxy for nutrient adequacy of individuals’ diet. The following are the key results:

- Out of 398 children, 44% were still breastfeeding. Out of these breastfed children, 52.1% were given food from three or more food groups in the 24 hours before the survey.
- Out of 302 children older than 24 months, 43.7% were exclusively breastfed in the first six months.
- Among breastfed children aged 6-23 months, 52% were given foods from three or more food groups.
- 48% non-breastfed children were given milk or milk products, 32% were given food from at least four food groups, and 11 percent were fed four or more times per day.

Dietary diversity consists of a simple count of food groups that a household has consumed over the preceding 24 hours. Overall, the survey showed that:

- Only about 37% of women and children consume meat, poultry, offal, fish and sea food
- 96% of all children under five and of women aged 15-49 years interviewed in the five regions, consume food from grain, roots/tubers, and plantains (ugali, bread, rice noodles, or any other foods made from millet, sorghum, maize, rice, sweet potatoes, yams, manioc, cassava, and cooked bananas/matoke).
- Only 48% of women of reproductive age consumed milk or milk products.
- 84% of the children 0-23 months (breastfed and non-breast fed) were given breast milk, prepared milk or other dairy products.
- The most common food groups eaten by the majority of WRA and children are cereals, vegetables and legumes.
- 67% of respondents in 485 households had fruit with their meals 24 hours prior to the survey

**Stunting Level Significantly Improved in MBNP Original Regions**

The recently released Tanzania Demographic and Health Survey (TDHS) and Malaria Indicator Survey 2015–16 data reveals a significant reduction of stunting since the 2010 TDHS in three MBNP regions. Figure 5 shows reduction in percentage terms: 35% in Dodoma Region (56% to 36.5%), 22% in Manyara Region (46% to 33.6%), and 24% in Morogoro Region (44% to 33.4%), thus surpassing the objective of the project of reducing the prevalence of stunting by 20% in the three regions. In comparison, non-MBNP
implementing regions such as Kilimanjaro, stunting prevalence increased by 4% in 2015 against 2010.

Figure 3: Analysis of Childhood Stunting Prevalence between 2010 and 2015 in Selected Five Regions in Tanzania Mainland

- Training of trainers (ToT) to DNTFs on the Parent and DD Kits
- Orientation for community leaders
- Training for Village and Ward Extension Officers on the use of both kits
- Training for VANuPs and volunteers on childhood stunting and maternal anemia
- Training for CSOs on their roll out of MBNP activities for reducing maternal anemia and childhood stunting
- Training on finance and grants management for their institutional strengthening

MBNP Transition Plan 2015-2016

In Year 4, USAID granted a two-year extension for MBNP implementation from September 2015 to August 2018, which included an expansion to Iringa and Mbeya Regions. As a result of the expansion and extension in geographical coverage and program duration, Africare Tanzania (as the prime partner) started to review its mode of operation for the project in collaboration with its consortium partners—Deloitte, COUNSENLUTH, and the Manoff Group—in order to operate through 2018 and continue to serve the first MBNP regions of Dodoma, Manyara and Morogoro; as well as, the expanded regions of Iringa and Mbeya.

In Quarter 1 of Year 5, Africare Tanzania and consortium members produced a transition plan outlining specific activities/actions, outputs and timeline for exit and close out. Consortium members agreed to implement the following by the end of FY5:

- MBNP to close offices in Manyara and Morogoro Regions; and, operate from Dodoma for the Manyara Region, and Dar es Salaam for the Morogoro Region
- COUNSENLUTH to reduce their staff and level of effort/staff time working on MBNP
✓ Deloitte to conduct a maturity assessment of all 18 CSOs in the zone of influence to determine organizational competence levels and identify capacity gaps
✓ MBNP to reduce the number of CSOs to 12 and maintain those, which have the capacity to provide services and able to intervene in multiple councils.

2.1.6 Other Activities

- **Nationalization of the MBNP 1000 Days Kit**

MBNP participated in a 5-day National SBCC Consultative Committee Task Force Meeting conducted by the Tanzania Food and Nutrition Centre (TFNC) in May 2016. The objectives of bringing the task force together again were to finalize the guide to operationalize the National Nutrition SBCC Kit and discuss how to re-brand the kit, including review of the materials in the kit. The weeklong meeting included members from the President’s Office, Prime Minister’s Office, Ministry of Health, and Ministry of Agriculture, Food Security and Cooperatives and Ministry of Education and Vocation Training.

Following this meeting, a final draft of the National Nutrition SBCC Kit Guide was presented to the National Consultative Group for review. In Quarter 4, MBNP and TFNC worked closely together to rebrand the SBCC Parents Kit as a national tool and plan the logistics of the launch. The launch event took place in October 2016 and the 1000 days Kit was adopted by the Government of Tanzania as the national tool for Nutrition behavior change at community level.

- **Capacity Building with NAFAKA**

In order to make a larger impact in nutrition, there is a need to strengthen linkages between nutrition and agriculture. Agriculture is a key input for good nutrition outcomes. To strengthen this linkage, as well as, establish collaboration among Feed the Future Partners, MBNP trained 34 NAFAKA project staff from Dar es Salaam, Dodoma, Iringa, Manyara, Mbeya and Morogoro Regions in Quarter 1. The objective of the training was to build the capacity of NAFAKA staff on issues pertaining to nutrition as well as introducing
possible linkages between MBNP and NAFAKA since both programs supplement each other in promoting good nutrition behaviors among communities they serve. Annex 2 provides a report on this activity.

**Collaboration with EngenderHealth**

The MBNP in Iringa Region met with Engenderhealth three times during Quarter 1. The main objective of these meetings was to identify areas of collaboration. These meetings resulted in joint supportive supervision visits to two dispensaries in Kilolo District (Lyasa from Image ward and Ukumbi from Ukumbi ward). The team met with four CHWs and three health facility staff in Ukumbi during the visit. The purpose of the visits was to encourage CHWs to integrate family planning education and provide family planning referrals during PSG meetings for access to family planning services at facility level. During the visit, health facility staff together with CHWs jointly prepared a farm demo site at Lyasa dispensary as a place to learn new skills for sack gardening (an economic and water saving gardening technology) which they can replicate in their households.

**Participation in International Conferences**

MBNP’s abstract on the “Assessment of the Mwanzo Bora Nutrition Program SBCC Kit” was selected for a poster presentation at the inaugural SBCC Summit in Addis Ababa, Ethiopia in February 2016. Two MBNP staff members presented the poster for one full day during the three-day event. Additionally, the MBNP staff members had an opportunity to attend several informative sessions on the best practices of SBCC / lessons learned from other programs and organizations. A full report is provided in Annex 3, as well as the actual poster which was presented at the summit.

### 2.2 Lishe Ruvuma Programme

Lishe Ruvuma Program is a 5 year integrated community based nutrition program implemented by COUNSE nutrition in collaboration with TFNC and LGAs in Ruvuma Region in an effort to scale up innovative evidence based essential nutrition actions to improve nutrition in the first 1000 days as part of the National Nutrition Strategy. The overall goal of the program is to reduce childhood stunting in the region by 10% through emphasis on the 1000 days and accelerated community actions for nutrition. To achieve its objectives the programme uses a multi-sectoral approach in scaling-up proven high impact nutrition interventions that are selected and implemented with active citizen participation in the assessment and analysis of the causes of malnutrition at the direct and underlying levels; and aligning the interventions to the local needs. During the year 2016, the programs expanded to 100% full coverage in Tunduru, Songea and Madaba DCs. The program supported the LGAs with a number of activities described as follows based on the key expected results:

#### 2.2.1 Key Result 1 Capacity of LGA enhanced for gender sensitive planning and implementation of nutrition policies, and programs.

The following activities were conducted on Key Result 1:
• **Facilitation of Quarterly meetings of Councils in the districts**

The Lishe Ruvuma program staff continued to advocate for councils to hold quarterly district multi sectoral nutrition committee meetings to monitor progress and coordinate nutrition activities in the region. Under this reporting period, the program facilitated two quarterly meetings for Tunduru and Songea and one for Madaba, making a total of 5 meetings.

• **Facilitation of Council Planning for nutrition meetings**

Multisectoral Nutrition Committee meetings in Tunduru and Songea DCs reviewed 2017/2018 drafts of districts development plans and through the process Lishe Ruvuma plans were integrated in the council plans. In addition a number of nutrition interventions were identified and incorporated into the council plans as COUNSENUTH had always done and as per national guidelines for planning and budgeting for nutrition.

Lishe Ruvuma program staff participated in meetings planned by TFNC to support planning and budgeting for nutrition for financial year 2017/2018 in Ruvuma region.

The effects of capacity building in LGAs in planning and budgeting for nutrition has been observed in that attention to nutrition needs is now evident in sector specific strategies and plans of departments of Health; Agriculture, Livestock and Fisheries; Community Development, gender, elderly and children; Education; and Water, Sanitation and Hygiene. Implementation of planned sectors’ nutrition activities has also improved in the 2015/2016 plans. There is a significant increase in budget for nutrition activities and there is greater alignment between budget and actual expenditure in the Council’s plans in Tunduru DC, e.g. the expenditure for nutrition activities has increased from 384,050,000 in 2014/15 to 932,364,390 in 2015/16.

• **Facilitation of District Nutrition Technical Team of facilitators’ (DNTF) meetings**

COUNSENUTH organized DNTFs meetings in Songea and Tunduru DCs as part of quality assurance and to identify challenges met during implementation of nutrition activities in their respective districts in the year. A total of 12 DNTFs in Songea/Madaba DCs (6 males and 6 females) and 11 DNTFs in Tunduru DC (5 males and 6 females) attended the meetings. Several challenges were highlighted, among them the vastness of the region and geographical layout which makes it hard to reach some communities, lack of transport, shortage of equipment and high illiteracy level among the community members. As a strategy to reach our beneficiaries who cannot read or write with nutrition information, the program introduced radio programs and virtual facilitated meetings using radios.

The meeting also discussed the third year Lishe Ruvuma programme’s activities and technical members were allocated tasks and responsibilities related to their respective sectors and were required to prepare budgets for implementation of those activities.
The DNTFs have been very valuable in the implementation of nutrition activities in their respective districts.

- **Orientation for DMNSC in Madaba on Lishe Ruvuma Programme interventions for reducing maternal anaemia and childhood stunting**

  The program in collaboration with TFNC and Songea DNuO conducted a 2 day orientation meeting for the newly formed Madaba DC which had just formed a DMNSC. A total of 12 members (all males) from the Departments of Education, Health, Agriculture, Planning, Water, Livestock and Community Development as well as religious organizations and CSOs representatives attended the meeting. The gender imbalance was pointed out and the region promised to do something about it.

  The DMNSC members were oriented in nutrition basics, the nutrition situation at National and Regional level and on Lishe Ruvuma priority interventions and progress made so far.

  Finally the meeting developed a draft district council plan for 2017/18, adapting some activities from the Lishe Ruvuma project and latest national plan of action. The Council leaders requested for the National Plan of Action and TDHS 2015/16 report.

- **Supported LGA’s sectors in Ruvuma to prioritize, plan and budget and conduct progress review for multi-sectoral nutrition actions based on targets**

  In collaboration with TFNC, COUNSENUTH was one of the key trainers who conducted the regional training for planning and budgeting in Ruvuma region to facilitate development of Council Nutrition Action Plans for 2017/18. In this training partners’ plans working in Ruvuma were also integrated into council plans. All together 40 people participated including COUNSENUTH program staff.

  **2.2.2 Key Result 2 The performance of health facility and community level providers improved to deliver quality care and integrated nutrition services for beneficiaries**

  In order to deliver quality care and integrated nutrition services for pregnant and lactating women, and infants and young children, performance of health facility and community level service providers need to be improved. COUNSENUTH working in partnership with the District Nutrition Technical Facilitators, DNuOs and TFNC conducted capacity building activities in Ruvuma region as follows:

  - **Training of new Health Facility Workers (HFWs)**

    A total of 63 HWs (16 males and 47 females) from 59 new targeted health facilities (i.e. 1 hospital, 2 health centers and 56 dispensaries) in the 3 districts were trained in Essential Nutrition Actions in the 1000 days to enable them integrate nutrition into the ongoing services (Table 7):
The HWs came from Reproductive and Child Health (RCH), Maternity/Labour and Pediatric sections of health facilities. The content covered included: registration of target clients, providing health and nutrition education on infant and young child feeding, important commodities for pregnant women and infants of below two years (1000 Days) and continuous provision of support services for the target groups including Growth Monitoring and Promotion.

- **Scaling up the Training of Village Health Workers to New Areas**

The training of village health workers was also scaled up to 117 new villages in Tunduru, 8 in Madaba and 16 in Songea DC. A total of 278 village health workers (137 females and 141 males) were trained on how to provide nutrition related services to pregnant women and mothers of children under two years; how to communicate and provide counseling services to the target groups and deliver key nutrition related messages which promote healthy behaviours at community level (Table 8). Other skills were on how to make follow up on the growth and development of children using the RCH 4 cards, and provide feedback to mothers/parents/care givers as well as community leaders; data collection and on how to initiate peer support groups for promoting targeted nutrition behaviours.

### Table 7: Summary distribution of HFs and HWs trained in year 3

<table>
<thead>
<tr>
<th>No</th>
<th>Council</th>
<th># of health facilities reached</th>
<th># of HFWs trained</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Dispensaries</td>
<td>Health Centres</td>
</tr>
<tr>
<td>1</td>
<td>Tunduru</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Songea DC</td>
<td>27</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Madaba</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>56</strong></td>
<td><strong>2</strong></td>
</tr>
</tbody>
</table>

*HW in Songea DC learning skills to support mothers to position and attach the baby to the breast for successful breastfeeding using one of the participants who had a new born baby.*

*The trained VHWs in Tunduru posing in a group photo after being given some of the job aids and T-shirts.*
VHWs are critical in the implementation of the program as they are the immediate link between the project, beneficiaries and health facilities; and serve as mobilizers and supporters of the PSGs at community level. The program has supported them with copies of job aids, service bags and other reference materials with key messages on: Breastfeeding, complementary feeding; maternal nutrition; Iron/folic acid reminder tools, and healthy eating and simple messages on WASH and how to support families with sack gardens.

Table 8: Summary distribution of new VHWs reached

<table>
<thead>
<tr>
<th>Council</th>
<th># of Villages</th>
<th># of VHWs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Madaba</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Songea</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Tunduru</td>
<td>117</td>
<td>113</td>
</tr>
<tr>
<td>Grand Total</td>
<td>141</td>
<td>137</td>
</tr>
</tbody>
</table>

- **Supportive supervision to district and community level implementers (CSOs, district authorities, HWS, VHWs)**

  The programme in collaboration with DNuOs and DNTFs provided technical support, mentorship and coaching to CSOs, health workers, community leaders, VHWs, and PSGs on the implementation of the nutrition interventions at community and health facility levels. During supportive supervision, the team was able to assess implementation progress, identify and address gaps on implementation conducted through the CSOs, district team of facilitators, health workers and village health workers. The team applauded the good relations that exist between VHWs and health facilities as well as community leaders and between District Multisectoral Nutrition Steering Committees and the different sectors. They also discussed what each sector can do to improve implementation of nutrition in the councils with reference to guidelines provided for planning and budgeting for nutrition in the coming year. The team also discussed ways to make the programme initiatives sustainable, and among the strategies suggested were increased linkages of beneficiaries with other services, improving health talks in health facilities to promote appropriate feeding practices including safe delivery, skin to skin contact between mother and child immediately after delivery, initiation of breastfeeding within the first hour, exclusive breastfeeding to 6 months, continued breastfeeding enhanced household level hands on support for continued breastfeeding, dietary diversity, increased frequency of feeding and improved production at household level of fruit, vegetables and small animals; as well as WASH practices.

- **Ward level monthly review meetings of village health workers, community workers and leaders to strengthen monitoring, referral and follow up of malnourished children to health facilities and households**

  The monthly meetings are platforms for leaders, extension workers and implementers in their respective wards to discuss outcomes of interventions, the use of community
monitoring tools such as the child growth chart, comparing results of child growth and uptake of interventions between villages and discuss challenges met in the implementation. The programme staff in collaboration with DNuOs and DNTFs facilitated monthly community meetings covering all villages at ward level in all 3 districts, namely Tunduru, Madaba and Songea DC.

During these meetings, the programme implementers were also capacitated to strengthen supportive supervision and linkages between communities and health facilities, while COUNSELEUTH and district teams provide technical backup to the community leaders, other extension workers, VHWs; and collect filled M&E forms for data compilation and analysis. Compiled reports from these exercises are shared with community and district level government leaders to facilitate provision of update, assess progress, taking relevant actions about any reported challenges and facilitate further planning.

Generally all wards are doing well and the following are some of the recommendations made during the meetings:

- Men to increase support to pregnant women so as to report early to ANC services; take IFA tablets daily throughout pregnancy as well as prevent malaria using ITNs.
- Every leader to work closely with hamlet leaders to encourage households to have improved toilets, hand washing gadgets and backyard animal keeping and gardens.
- Health facility support was seen as not quite adequate especially in terms of breastfeeding support. The facilitators promised to follow up on this.
- PSG members to increase their efforts to support each other and neighbouring families to encourage pregnant women to report early to ANC for check up and IFA uptake.

- Supportive supervision, Internal & External Assessment and follow-up of the 4 hospitals for BFHI status

Exclusive breastfeeding is critical in ensuring that a young baby has a good start to life. One of the ways this can be achieved is by promoting skilled support to pregnant women and to mothers during and immediately after delivery. The Baby Friendly Hospital Initiative and community initiative can ensure this. Lishe Ruvuma programme aims to strengthen infant feeding practices and especially exclusive breastfeeding using the Baby Friendly Hospital Initiative approach in key health facilities in the three programme districts. This is because the Ten Steps to Successful Breastfeeding contained in the BFHI are evidence based for achieving successful exclusive breastfeeding (an increase of up to 50%) in children 0-6 months (WHO).
During this reporting period first supportive supervision was conducted in the 4 prepared hospitals in Songea and Tunduru as well as in other 9 health facilities to continue strengthening of breastfeeding in health facilities. Internal assessments of the 4 selected facilities were carried out in order to evaluate progress made in the 4 facilities since the first training of the facilities. The internal assessment is meant to correct any observed challenges in the support provided to pregnant women, newly delivered mothers and infants. The district facilitators from the health sectors in Tunduru and Songea DCs conducted the assessment plus supportive supervision and follow-up in their respective hospitals.

In addition, a team of national BFHI facilitators from TFNC and COUNSENER also conducted external assessments in the hospitals to observe their readiness for declaration for Baby friendly status. They found out the facilities were not ready, therefore provided extra support to 76 health workers (Table 9) in all the 4 facilities. A meeting was held in each health facility to provide a feedback to the health facility management teams.

Table 9: Health workers reached with BFHI technical support in each hospital

<table>
<thead>
<tr>
<th>District</th>
<th>Hospital Name</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Males</td>
</tr>
<tr>
<td>Tunduru</td>
<td>Tunduru district</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Kiuma</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Mbesa</td>
<td>6</td>
</tr>
<tr>
<td>Songea &amp; Madaba</td>
<td>Peramiho</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>31</strong></td>
</tr>
</tbody>
</table>

**Observations from the 4 hospitals**

i. There was very high commitment of staff and health facility management in all the 4 health facilities earmarked to be models of “Baby Friendly Facilities”.

ii. Some initial steps have been taken such as having hospital policies and action points at some key contact points such as reproductive and child health (RCH), maternity and postnatal areas.

iii. However, due to reported shortage of staff, very low skilled support has been given to mothers in these facilities. Support to HIV positive mothers on infant feeding that earlier posed a particular challenge has now improved.
iv. It was observed that the “Steps” which the hospitals scored lowest were the ones which require greater knowledge and skills, efforts and commitment from health care providers in implementing them. These were step number 1, 2, 3, 4, 5, 8, and 10. More training was given and it is expected that this will improve the situation. But all staff need more training on the International Code of marketing and this has been reported to TFNC.

**Conclusion:**

i. Out of the 11 steps assessed, only three steps were well implemented and meet the global BFHI criteria: Step 6-Do not give food or drink to the baby; Step 7: Promote rooming in; and Step 9: No artificial feeds or dummies. In the second assessment, Peramiho did a bit better with 66 out of 110 marks

ii. The hospitals did badly on all the other steps but there were some improvements in most facilities in the second assessment done after 6 months. To be declared Baby Friendly, the hospital must score at least 80 over 110 and above.

iii. Health facilities must make efforts to orient their health staff on skilled support to mothers in health facilities and support community groups formed to refer mothers after discharge.

iv. The TFDA has now enhanced training of health workers on the International Code of Marketing and National Regulations as a result of our advocacy.

v. A feedback was provided to the TFNC to inform national policies.

• **Dissemination of social behaviour change communication materials to new districts.**

During this reporting period various information materials and job aids were disseminated to trained village health workers in new areas. The materials and job aids (Table 10) aim at promoting performance and pro-nutrition behaviours

**Table 10: SBCC materials provided to the 143 trained Village Health Workers**

<table>
<thead>
<tr>
<th>Type of IEC material</th>
<th>No of copies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Brochures for Maternal Nutrition, breast feeding and complementary feeding</td>
<td>1430 (each received 10 copies)</td>
</tr>
<tr>
<td>2 Reminder tool for pregnant women to take iron tablets (calendar to remind mothers at household level)</td>
<td>143</td>
</tr>
<tr>
<td>3 Wall calendars 2016</td>
<td>143</td>
</tr>
<tr>
<td>4 Guide on making home visit (Job aid)</td>
<td>143</td>
</tr>
<tr>
<td>5 Community care provider kit (Kitendea Kazi cha Mtoa Huduma Katika Jamii)</td>
<td>143</td>
</tr>
<tr>
<td>6 Guide on how to conduct village health and nutrition days</td>
<td>143</td>
</tr>
<tr>
<td>7 Different handouts on basics of nutrition e.g. food groups, important nutrients, VHND, WASH</td>
<td>143</td>
</tr>
<tr>
<td>8 T-shirts and Bags with Lishe Ruvuma branding (as a means of communicating messages to the community they serve. They also serves as an incentive and assist in being recognised as service providers)</td>
<td>143</td>
</tr>
</tbody>
</table>
• **Preparation of radio programs, radio spots and SMS messages**

A rapid formative research was conducted to further identify barriers and motivators to observed low retention of knowledge and change in practices. The formative research was carried out by Archbishop James University College (AJUCO) in Songea. The data is now being analyzed and the results will be reported in the coming quarter.

Scripts for radio programmes and radio spots about pro nutrition behaviors were developed for transmission in local media houses. SMS messages were also drafted for texting to health workers and village health workers. These were modified based on results of formative studies and pre testing; and were validated in a one day workshop by a team of experts from TFNC, Ministry of Health and media houses. The scripts have now been recorded ready for transmission in local media houses. They will be broadcasted in the local radios in Ruvuma region as well as in national radios from January 2017. SMS messages have been finalized for texting to health workers and village health workers. They will be disseminated on monthly basis. The text messages are modified to reflect the recommendations from the formative studies. The mobile phone contacts of all actors have been compiled.

• **Virtual Facilitation Kit**

Virtual Facilitation Kits which are being used in Mwanzo Bora Nutrition Programme and found to be useful in effecting behaviour change were pre-tested in the 40 starter villages in Tunduru district and results showed that the kits needed adaptation to the local situation in order to respond to the unique local challenges and add more behavior messages which were not covered in the Mwanzo Bora kit. Only the radio and memory card were seen ov value to the southern region and therefore this is what was adopted from the large Kit from the Mwanzo Bora in order avoid use of print. The radio has a memory card pre-loaded with digital campaign materials and key messages. Under this reporting period the program managed to purchase 600 radios and 400 memory cards for recording virtual facilitated meetings materials

The distribution of the virtual facilitated kits is going on in every health facility and every village. This is the main communication innovation at community level since the VFK has an advantage in passing messages to the beneficiaries many of who are illiterate. The advantages of VFK are:

- It does not require reading of scripts;
- The messages will be standard and consistent;
- There will be no need for memorization by health or village health workers;
- The tool can be used at convenience by target women, PSGs or VHW because it does not need a facilitator, but makes discussion better when there is facilitator in some sessions.
- Is affordable; the radios can be charged using solar as well as electricity; and
The method is interesting and therefore enhances continued formation of PSG from 1000 days beneficiaries of both men and women.

2.2.3 Key Result 3 The capacity of households to produce and access nutrient–dense foods improved through increased linkages to agriculture and livestock sectors

The following activities have done under KR 3

- **Select CSOs/other community groups in Songea and orient them on skills to support communities on food processing, storage and estimation of annual food needs to enhance household food availability**

As the programme continued to expand, more CSOs needed to be identified in Songea and Madaba district councils. Therefore, during this reporting period COUNSENUTH started a process of establishing partnerships with local CSOs capable and highly motivated to work on the project in Songea and Madaba DCs. The process of identifying potential CSOs was done in collaboration with the district authorities.

**Identification of CSOs**

A total of 60 CSOs were listed initially and sensitized on nutrition and the project. From the 60, ten (10) were short listed and visited. Going through the set criteria, the programme finally further shortlisted 4 CSOs (ROA, PADI, CARITAS, TMMTF) for more detailed assessment in order to select 2 who will be oriented and contracted to implement some nutrition activities in Songea and Madaba DCs respectively. The criteria for detailed assessment included Governance, Management, Program management, Human resources capacity and Infrastructure and logistics. On this basis two CSOs namely PADI and CARITAS were selected to support the programme in Songea and Madaba respectively.

**Orientation of the selected CSOs**

The two CSOs were further comprehensively assessed on financial systems management and standard procedures. After this the key staff from each CSO were trained on key issues on the Lishe Ruvuma Programme such as: the aim of Lishe Ruvuma project; nutrition interventions aimed at the reduction of childhood stunting; planning, budgeting and financial management; project implementation; data collection and reporting, coordination with DNUO and the Council plans and roles and responsibilities of CSOs and COUNSENUTH in the contracts. Those trained included: The accountant, coordinators, directors, social workers and M & E officers from the two contracted CSOs.
Sub grant selected CSOs in Songea DC to provide technical support on food processing, storage and estimation of annual food needs

COUNSENUTH works with CSOs both as a way of building the capacity of community based organizations as well as benefiting from their social mobilizations skills. In the second year of implementation of Lishe Ruvuma programme, COUNSENUTH established partnerships with three civil society organizations (CSOs) to work together in the implementation of the programme in Tunduru. The organizations selected were: Tufae Education Aid Trust (TUFAE), Organization Tumaini Lipo (OTLI) and Tunduru Women Advancement Trust (TUWAT).

In this reporting period two CSOs were sub-granted in Tunduru instead of the former three. Tufae Education Aid Trust (TUFAE) was dropped due to their internal conflicts that resulted in resignation of their managing director and other implementers. The conflict also resulted in delayed implementation of Lishe Ruvuma tasks that were assigned to them. COUNSENUTH management in consultation with the district authorities broke the contract with this CSO amicably and with all funding disbursed accounted for. The two remaining CSOs are good at supporting communities in their specialty areas which are home gardening, WASH, post-harvest improvements and food storage management. Due to their low resource capacity, their terms had to be revised so that they now meet fewer targets than earlier assumed and their capacity development by our finance staff is ongoing to ensure proper financial management and accounting and record keeping.

- Orient and support with seed grant the peer support groups per village that are well motivated on how to manage IGAs for family income.

In regard to promoting access to diversified diets, Lishe Ruvuma Programme in collaboration with extension workers, community leaders, DNuOs and VHWs continued to promote and support peer support groups (PSGs) to establish gardens, raise small livestock and fish farming sites. Keeping of small livestock and home gardening has been initiated for the purpose of improving the animal source intake, income and nutritional status of children and families. Previously, vegetables and meats were used only in minimal quantities in the
families’ diets, and gardening and small livestock keeping had no measurable impact on the food intake of children after introduction of other foods.

The PSGs are informal local networks formed by 1000 days parents. The PSGs act as care group model where community members with similar interests come together to share their experiences regarding pregnancy and childcare practices while promoting and supporting each other to adopt pro-nutrition practices and behaviours like intake of IFA, early booking and diet diversification; and plan for income generation activities (IGAs). The income generated is expected to increase the family’s purchasing power especially if the woman is empowered to make decisions about child care, health services and feeding.

The group’s activities also serve as learning sites for project households. They also help cultivate positive gender and social norms regarding attitudes, values and relations as relates to maternal and child caring and nutrition.

Emphasis and encouragement given to the PSGs is meant to establish home gardens, fish ponds and raise small livestock for family consumption and surplus for improving family income. Currently, the programme encourages the raising of small livestock such as rabbits, chickens, duck, and dove; and varieties of vegetables both indigenous like pumpkin leaves and sweet potato leaves, night shade, okra, and modern types such as cabbage, Chinese, spinach, amaranth, tomatoes, and African egg plant. Majority of PSGs were interested in developing vegetable gardens (Table 11).

During the reporting period, Lishe Ruvuma Programme in collaboration with DNuOs, DNTFs, community extension workers, community leaders and VHWs, oriented and supported with seeds 1,011 PSGs each with about 10 to 12 members on various income generation activities in Tunduru, Songea and Madaba councils as seen in Table 4.
Table 11: Summary distribution of New PSGs formed between April and August that manage income generation activities

<table>
<thead>
<tr>
<th>Council</th>
<th>Group Members</th>
<th># of PSGs supported with seeds for horticultures</th>
<th># of PSGs supported with seed for small livestock keeping</th>
<th># of PSGs supported seed for fish farming</th>
<th>Grand total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tunduru</td>
<td>Females</td>
<td>375</td>
<td>2</td>
<td>0</td>
<td>377</td>
</tr>
<tr>
<td></td>
<td>Males</td>
<td>198</td>
<td>13</td>
<td>2</td>
<td>213</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>573</strong></td>
<td><strong>15</strong></td>
<td><strong>2</strong></td>
<td><strong>0</strong></td>
</tr>
<tr>
<td>Songea</td>
<td>Females</td>
<td>273</td>
<td>0</td>
<td>0</td>
<td>273</td>
</tr>
<tr>
<td></td>
<td>Males</td>
<td>129</td>
<td>10</td>
<td>0</td>
<td>139</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>402</strong></td>
<td><strong>10</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
</tr>
<tr>
<td>Madaba</td>
<td>Females</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Males</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>9</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td></td>
<td><strong>984</strong></td>
<td><strong>25</strong></td>
<td><strong>2</strong></td>
<td><strong>1,011</strong></td>
</tr>
</tbody>
</table>

Anecdotal observed changes from training of VHW

During this reporting period, the programme in collaboration with DNUSOs, DNTFs and VHWs conducted a quick data quality assurance and assessment to determine the effect of training of VHW in formation of PSGs and improving spread of interventions at household levels. This was conducted 6 months after VHW training on diet improvements and income generation. Table 12 highlights results of sampled villages in Tunduru, Madaba and Songea DCs.

Table 12: Summary of the sampled villages where small studies were conducted

<table>
<thead>
<tr>
<th>Council</th>
<th>Ward</th>
<th>Village</th>
<th># of active PSGs</th>
<th># of PSGs with small livestock sites</th>
<th># of PSGs with vegetable garden sites</th>
<th># of PSGs with both -gardens and livestock sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tunduru</td>
<td>Mchoteka</td>
<td>Njenga</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mchoteka</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mnemasi</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mkolola</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mtina</td>
<td>Azimio</td>
<td>2</td>
<td>1 on process</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Angalia</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
|         | Namasakata | Mchengamot o | 3 | 1 | 2
|         |        | Amani   | 2                | 1 on process                        | 1                                    |                                               |
|         |        | Namasakata | 2 | 0 | 2
|         |        | Mkasale  | 2                | 1                                   | 1                                    |                                               |
|         |        | Naikula  | 4                | 3 on process                        | 1                                    |                                               |
|         | Majengo | Majengo | 2                | 1                                   | 1                                    |                                               |
| Songea  | Kilagano | Mgazini | 3                | 1                                   | 2                                    |                                               |
|         |        | Lugagara | 2                | 2                                   |                                       |                                               |
| Madaba  | Mutyangimbo | Likarangilo | 2 | 2 |
| **Grand Total** |       | **15** | **15**           | **16**                              | **2**                                |                                               |
Some anecdotal feedback on how Peer support Groups use income from their model backyard gardens

Peer support groups are formed by project target groups (pregnant women and mothers of children under the age of two years and male partners). Anecdotal findings from a small sample of peer support group (PSGs) members shows that PSGs formed are able to use incomes earned to purchase other nutritious food they do not produce themselves. Some groups report weekly earnings of up to Tsh. 35,000. A close look at household income and expenditures reveals that PSG members were able to earn some income from vegetable sales for purchasing what they don’t produce in their homestead

2.2.4 Key Result 4 Community ownership strengthened and capacity to invest in nutrition focused and sensitive interventions

- Mass media campaign on improving maternal and child nutrition. In collaboration with consulting agency campaign messages will be prepared and the campaign will be conducted in the 3 districts.

Mass media campaigns are the best strategies for reaching out to big numbers of people in communities so that the program creates popular support for nutrition. The mass media campaign started in Tunduru, followed by Songea DC then Madaba DC. Each district opened the campaign with training of district nutrition team, followed by mid media activities including a mini launch, road shows, cultural shows and distribution of print materials to bring visibility to the campaign and educate the public.

The target audience for this campaign were pregnant women and their birth attendants and supporters; caregivers of children under two years of age, including mothers, fathers, and grandmothers, outreach workers, such as the district nutrition officer, community health workers, agriculture extension officers and community development officers; other healthcare providers; older siblings of children under two years of age, such as primary school children; religious leaders; and village and ward leaders. Direct targets are whole communities. Studies have shown that when a topic is being discussed by whole communities and especially leaders the impact is higher.
Mid-media activities included district launches, roadshows and cultural shows were designed to reach large group of people in rural communities of Tunduru, Songea and Madaba Districts and interactive and entertaining approaches were applied. Each district had a mini launch followed by roadshows and cultural shows in selected wards and villages. District launches included performances from national and local level music artists, exhibition and health service booths and speeches important guest speakers. All district launches were also attended by community members, adult and children. About 30,458 people were reached during mass media campaign.

- Orientation of community Leaders from new wards and villages in Songea, Tunduru and Madaba on the importance of increasing investment in nutrition of mother and child in 1000 Days

The experience gained from the starter villages is that when community leaders are well sensitized they can play an important role in mobilizing communities and therefore helping VHWs to carry out community interventions more effectively.

During this reporting period a total of 441 community leaders (349 males and 92 females) from 31 new Wards and 98 new villages were sensitized on the importance of nutrition for families and how to prioritize nutrition interventions at community level focusing on the first 1000 Days to reduce childhood stunting.

The main objective of this activity was to advocate for increased commitment and support of leaders to district efforts in improving maternal and child nutrition. The leaders oriented included Councilors, Ward Executive Officers, religious leaders, village chair persons, village executive officers; extension workers, teachers and hamlet leaders from programme villages.

The orientation is expected to enhance awareness of community leaders on the ill effects of malnutrition to their children and the consequences thereof. This will motivate the new leaders to mobilize communities and enhance uptake of services provided by the programme. It will also increase the leaders’ understanding about vulnerability of women and children and the need to commit to improving their nutrition; enhance their participation and that of community members especially men in health and nutrition activities. The leaders promised to work closely with Village Health Workers in delivering
their responsibilities which are to mobilize communities, ensure that the CHW are doing their work, encourage males to participate in the programme, and attend the quarterly meetings.

- **Conduction of village health and nutrition days in villages**

Village Health and Nutrition Days have the purpose of getting target beneficiaries including men to designated stations where various nutrition activities take place. One such important task is to measure the growth of children every quarter using W/A and every six months using H/A. The results of these measures are shared with community leaders and care givers so that those with healthy children are encouraged to maintain the standards and those in the grey are followed up and supported at home except when they have complications while those in the red part of the growth chart are referred to health facilities and later followed home for further support. Health education and information materials and demonstrations are also conducted to pass on a number of pro-nutrition behaviours during these meetings, the most popular being meal planning demonstrations. Communities support supplies for these demonstrations.

During this reporting period, the programme facilitated 3 quarterly VHNDs per village where assessment of nutritional status of children under the age of 5 years was done in the targeted villages, and a total of 40,737 children, 2,514 pregnant women, 20,178 lactating women, 10,681 women of reproductive age who are neither pregnant nor lactating and 2,429 adult males in Tunduru and Songea / Madaba DCs attended the events (Table 13).

**Table 13: Distribution of Village Health and Nutrition Days & people reached**

<table>
<thead>
<tr>
<th>Council</th>
<th>No. of VHNDs conducted in each Village</th>
<th>Women of Reproductive Age</th>
<th>Children U5</th>
<th>Adults</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Pregnant</td>
<td>Lactating</td>
<td>Neither pregnant nor lactating</td>
<td>Boys</td>
</tr>
<tr>
<td>Tunduru</td>
<td>63</td>
<td>2,175</td>
<td>16,718</td>
<td>4294</td>
<td>15,304</td>
</tr>
<tr>
<td>Songea &amp; Madaba</td>
<td>25</td>
<td>1,108</td>
<td>10,108</td>
<td>8034</td>
<td>11,129</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>88</strong></td>
<td><strong>3,283</strong></td>
<td><strong>26,826</strong></td>
<td><strong>12,328</strong></td>
<td><strong>26,433</strong></td>
</tr>
</tbody>
</table>

Village governments coordinated these events by setting dates for the event, planning and mobilizing people to attend; while the DNFT members provided backup to the village health workers, and health facility
care providers to deliver services to the beneficiaries.

Demonstrations are conducted to talk about different behaviours and show beneficiaries positioning / attachment of a baby during breastfeeding, how to prepare nutritious porridge, construct tippy taps; prepare a sac garden and shown proper hand washing with soap. Promotion of small livestock keeping is also done. The process is interesting because the community leaders are very proactive and committed. They make an effort to follow up activities including children who are noted to be stunted and or underweight, with Village Health Workers.

- Program Beneficiaries reached during this reporting period.

**New Under two Year Olds (1000 Days children) reached with nutrition messages in home visits and PSGs**

Table 14 shows the number of children reached with nutrition messages and actions through PSG contact with their care givers at community level. During this reporting period, village health workers in the targeted areas, provided nutrition services to 11,338 new children in home visits and through PSGs. The services include nutrition education, counselling and demonstration of best practices such as breastfeeding, complementing a child of 6 months old, hand washing, taking IFA tables daily and backyard gardens.

**Table 14: Number of New Children Reached through PSG /home visits**

<table>
<thead>
<tr>
<th>No.</th>
<th>Council</th>
<th>Under 2 children reached</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tunduru</td>
<td></td>
<td>3,684</td>
<td>4,053</td>
<td>7,737</td>
</tr>
<tr>
<td>2</td>
<td>Songea &amp; Madaba</td>
<td></td>
<td>1,782</td>
<td>1,819</td>
<td>3,601</td>
</tr>
<tr>
<td></td>
<td><strong>Grand Total</strong></td>
<td></td>
<td>5,466</td>
<td>5,872</td>
<td>11,338</td>
</tr>
</tbody>
</table>

**New Women of reproductive age reached at community level**

During this reporting period, the Programme through village health workers provided nutrition services to women of reproductive age, including pregnant, lactating and women, and those neither pregnant nor lactating. The services included promotion of early booking for Antenatal Care (ANC) for pregnant women and utilization of antenatal and post-natal care services, use of Iron Folic Acid (IFA) tablets, consumption of iron rich foods to respective women and using the reminder tool to remind women to take IFA daily. A total of 16,250 new women were reached, where, 429 were pregnant; 11,466 lactating and 355 women aged 15 – 49 (neither pregnant nor lactating) (Table 15)
Table 15: Number of New women reached by the programme in home visits & through PSGs

<table>
<thead>
<tr>
<th>No.</th>
<th>Council</th>
<th>Women of reproductive age reached at community level</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Pregnant women</td>
<td>Lactating women</td>
<td>Women aged 15 – 49 (neither pregnant nor lactating)</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Tunduru</td>
<td>2,937</td>
<td>8,153</td>
<td>220</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Songea &amp; Madaba</td>
<td>1,492</td>
<td>3,313</td>
<td>135</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Grand Total</td>
<td>4,429</td>
<td>11,466</td>
<td>355</td>
<td></td>
</tr>
</tbody>
</table>

- Program accomplishments promoting hygienic practices

  *Promotion of hand washing with soap using tippy tap technology at household level*

Tippy tap – an easy technology to promote hand-washing is one of the core health practices which aim at ensuring hygiene in handling food and child feeding. The programme in collaboration with the district technical facilitation teams, CSOs, village health workers and community leaders conducted advocacy and demonstrations on construction and use of tippy taps to improve hand washing practices in households in Tunduru, Songea and Madaba DC’s. During this reporting period a total of 6,444 beneficiary households established tippy tap stations (Table 16)

Table 16: Summary of households with tippy taps established during this period

<table>
<thead>
<tr>
<th>No.</th>
<th>Council</th>
<th># of households with tippy taps established</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tunduru</td>
<td>5,678</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Songea &amp; Madaba</td>
<td>1,685</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Grand Total</td>
<td>7,363</td>
<td></td>
</tr>
</tbody>
</table>

Tippy Tap is highly accepted in communities and many express their appreciation and have adopted the technology because they find it easy to make, easy to use and many people are now conscious about hand-washing. As a result the target groups feel that the incidence of diarrhoea and other water-borne diseases has reduced in the villages.

The technology has attracted areas surrounding households including Primary Schools. The village health workers aim at promoting hand-washing practice in every school in the locality as means of reaching all households. However, challenges include goats pulling down the structures that hold the Tippy Taps, or the wood being eaten by termites or the containers being moved or stolen by playing children or by households that do not have containers, when families
go the farms during farming seasons. During farming seasons, the numbers of tippy taps go down because families remove their tippy tap containers from their locations or collect rain water using other means for washing hands. The families are being advised to build more permanent structures.

**Promotion of construction and use of improved toilets**

The programme also promotes improved toilets by encouraging construction of toilet covers to reduce the risk of disease and encouraging care givers to dispose children’s tools properly. This initiative has taken root among target households and whole communities. District authorities, VHWs and community leaders have helped to scale up skills for construction of improved pit latrine covers and proper use of toilets as a way of promoting good hygiene and sanitation practices. In some villages, the village governments were given seed grants as revolving funds to purchase basic materials and each household would purchase the toilet rims and covers from their village work smiths and the money earned would be used to buy more basic materials for the work smiths.

During reporting period 4,822 households in Tunduru, Songea and Madaba DCs managed to cover their toilets and made concrete floors (See Table17). The effort was very much appreciated by community leaders and seen as a great success. These efforts continue to be promoted by community leaders and village health workers.

**Table 17: Distribution of households with improved pit latrines in each council**

<table>
<thead>
<tr>
<th>No.</th>
<th>Council</th>
<th># of households with improved pit latrines</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Tunduru</td>
<td>3,507</td>
</tr>
<tr>
<td>2.</td>
<td>Songea &amp; Madaba</td>
<td>2,641</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>6,148</strong></td>
</tr>
</tbody>
</table>

- **Program accomplishments promoting consumption of diversified diet**

  **Promotion of vegetable gardens and small livestock keeping at household level**

  We asked a development officer to find out from Ramji Ally (left), why he was tending to a home garden. Ally happily responds:” After receiving home gardening skills and the knowledge about the importance it has on child feeding; from Lishe Ruvuma Programme, I now get all my family vegetables from my own garden and on the side I also earn an income of about Tsh. 27,000 every week from this garden for other family needs”

  Household gardens and small animal keeping are some of the ways to increase household food security and especially micronutrient
intake. The programme sensitized the Ward and district extension workers, CSOs, VHWs, the peer support groups, community leaders and the district nutrition facilitation teams to support beneficiary households to scale up home gardens and small animal keeping in the target villages of Tunduru, Songea and Madaba DCs. In year three many new households have adopted the initiative for household consumption and income generation (See Table 18 & Photo below).

The types of vegetables grown include indigenous types such as “kisamvu”, “mnafu”, pumpkin leaves, sweet potato leaves and okra as well as more commercial ones such as amaranth, Chinese cabbage, carrots, and lettuce. The types of small livestock kept include chicken, rabbits and fish.

Table 18: Summary of new households with home gardens and small livestock

<table>
<thead>
<tr>
<th>No.</th>
<th>Council</th>
<th>Established home gardens</th>
<th>Keeping small livestock</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tunduru</td>
<td>4,480</td>
<td>3,145</td>
</tr>
<tr>
<td>2</td>
<td>Songea &amp; Madaba</td>
<td>3,098</td>
<td>2,214</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>7,578</strong></td>
<td><strong>5,339</strong></td>
</tr>
</tbody>
</table>

- **Participatin in NaneNane Exhibitions**

COUNSENUTH through LISHE – RUVUMA Programme participated in NaneNane events in Ruvuma Region. During the event the demonstration of some of the program interventions such as tippy tap technology and sack gardens as well as assessment of nutritional status to the public was done. In addition nutrition information and IEC materials were disseminated to the public.

A total of 1,577 beneficiaries, including 362 under five children, 225 adolescents 659 women of reproductive age (61 pregnant; 279 lactating and 318 non pregnant) and 332 men passed though Lishe Ruvuma booth during the event. COUNSENUTH received a certificate of participation from the Tanzania Agriculture Society (TASO)
2.2.5 Key Result 5 Gender relations and the situation of women and girls enhanced and gender equality is mainstreamed into the program

- Pilot a new intervention to promote learning on gender, social norms and nutrition to include teenage pregnancy and school drop-outs in Tunduru

During this reporting period, COUNSEFUTH engaged facilitators from UZIKWASA civil society organization with a mission to facilitate communities to take charge of their own development through participatory programme approaches, promotion of gender justice, strengthening transformative reflective leadership approaches and strategic partnerships for a transformed and self-aware society where mutual respect, gender and human rights prevail. The piloting process involved the following activities:

- Train technical facilitation team on gender, social norms and nutrition in relation to teenage pregnancy and school drop-out

The facilitators from UZIKWASA and COUNSEFUTH formed and trained technical facilitation team. The facilitation team trained village Leadership Alliances per each of the seven villages on how to identify and address gender disparities in their villages using a participatory approach. The aim of this training was to:

- Promote positive socio norms and gender related practices through sensitization and awareness creation to important leaders in communities and significant community members on gender equality, effects of gender abuse and reducing disparities.
- Involve men in order to increase their consideration of women in regard to family care, education, reduction of women’s workload, equal opportunity in girls schooling, elimination of childhood pregnancies and childhood marriages with the aim of improving nutrition status.

The leadership alliance comprised of selected District officials, Ward and village leaders in Namiungo and Msufini villages, Namiungo Ward in Tunduru district.

A total of 52 participants (28 males and 24 females) among whom 7 participants were from the District level, 2 from CSOs, 41 from ward level, 2 from villages and 2 from COUNSEFUTH were oriented on reflective leadership and gender relations.

The UZIKASA facilitators initiated a participatory training on reflective, transformative leadership and gender relations to the team.

The geographical coverage was just one Ward- Namiungo Ward, and two
villages which are Namiungo and Misufini in Namiungo Ward.

Various tools and emotional intelligence approaches were used to enhance skills on the reflective leadership and identification of gender based challenges.

At the end participants were facilitated to develop an action plan which set out strategies for addressing all gender disparities that they identified and prioritized as negatively causing gender based violence, girl child abuse, deprive girls of education and women of participation in decision making and owning resources, factors that they felt also contributed to high malnutrition in many families in the respective communities.

- **Gender disparities identified in Namiungo village**

During this training process power orientation was used as a central tool to comprehend and surface gender disparities. This method enhanced and enabled participants to fully engage and come up with true stories or cases from their communities about gender based differentials or abuses and disparities as listed here:

- General lack of attention to children that leads to Children lacking basic rights such as food, clothing, housing and education
- Child beatings and child labour especially if living with step parents
- Girl child sexual abuse by fathers/mature male partners or older male
- Low value for girl child, which lead to discrimination in education and division of labour between male and girl child to the extent of girls being viewed as source of income for family
- Lack of maternal care; heavy workload; lack of rest during pregnancy & after delivery which leads to risky pregnancies/deliveries, increased maternal mortality; LBW and short EBF
- Women’s lack of resources and control over resources in the family
- Lack of decision making, negotiation power over sex; number of children or timing of pregnancies, hence children born too close and too many in number
- Women not valued as men, not listened to, not expected to argue or negotiate and not involved much in decision making in the society.
- Women not brave enough to prevent abuse; lack voice, do not have courage to question/demand their rights; not reporting abuses to the relevant government bodies in case of GBV by men
- Abusive traditional practices such as “jando na unyago” “msondo, chipatu and ndindi”, which focus young girls minds on sex and away from school, encouraging childhood sex, early pregnancies before 18 years and childhood marriages that lead to short lived marriages, many early divorces of pregnant young girls & poor health for the young mother and child
- Lack of equal division of labour and non involvement of men in household work and child care
✓ Family abandonment by men especially in very poor households.

At the end of the training the experts guided the participants to develop a community theatre where some of the key identified gender abuses and disparities were presented in a form of community theatre to sensitize and inform the community about the harmful social norms, gender roles and inequalities existing in their communities.

**Achievements**

✓ About 52 people were sensitized on social norms and gender roles and nutrition through transformational leadership training approach.

✓ A list of gender based challenges and violence and existing cultural norms and gender roles were identified

✓ Participants were able to reflect on leadership practices and identify gaps on leadership in community and government

✓ Significant sensitization and awareness of gender based violence, challenges and the role of traditional beliefs and practices against women and children was achieved in participants and the community members through theatre performance

✓ About 300 people at Misufini and 200 at Namiungo Villages participated during theatre performance and therefore were reached with key gender equality messages.

✓ A village gender and nutrition committee was established to address gender disparity gaps based on the developed plans

✓ The Leadership Alliance came up with an Action Plan to address gender based challenges and cultural norms undermining women and child nutrition

✓ Follow up will be made through quarterly meetings to evaluate progress of the Village Committee and training will be conducted in more 10 villages (5 in Tunduru and 5 in Songea) to make a total of 12 villages.
• **Follow up activities in the project villages by the gender and nutrition committee in targeted communities**

After the transformative reflective training on gender and nutrition, the Village Gender and Nutrition Alliances in the 2 villages of Misufini and Namiungo in Namiungo ward, continued to hold meetings to discuss progress made on the Action Plans developed during the training. These meetings were facilitated by the District gender committee in Tunduru. About 27 (8 women & 6 men – Namiungo and 7 women & 6 men – Misufini) members participated in the first meeting. The teams planned 3 months activities and decided on strategies that will be used to address the challenges in their villages. The meetings and theatre activities are an ongoing activity while back up support continues from COUNSENUUTH staff.

After all training has been concluded, a baseline will be conducted in all 12 villages to benchmark KAP of all community members-men, women, boys and girls in terms of attitudes, values and practices on social and gender norms and the values of each community member will be scored on a value of 10. From then there will be quarterly follow up of all the actions taken and changes observed in attitudes, values and practices regarding social norms and gender roles in all the villages. A report will be compiled on these quarterly to document best practices and changes. Further learning from UZIKWASA for COUNSENUUTH and district officers will continue in the coming period to further their newly gained skills on participatory approaches and this will include a visit to UZIKWASA project community in Tanga.

By July 2017, the methodology and any documented best practices will form the basis for a new project on Social norms, gender and nutrition with a strong adolescent component, which will take place in a region to be identified later.

2.2.6 **Key Result 6 District Councils empowered to establish district nutrition surveillance and knowledge management systems**

• **Support the district councils to establish Data Base for Nutrition**

During this reporting period, the programme in collaboration with LGAs, DNuOs, and CSOs continued to monitor quality of community data collected by VHWs. There was also discussion in the Multisectoral Committee meetings on how to establish surveillance and knowledge management systems, at the Council level for effective planning for nutrition interventions. The Centre has requested TFNC for facilitation of training on Score Card in the next quarter. Because the training has to be done for the whole region, CUAMM has also been sensitized to pit some budget into the training so that staff from the whole region can be trained on how to set up a minimum data bank from the Score Card, in Ruvuma. In the new budget this component of training has been added so that the programme data aligns with national level requirements.

Meanwhile the following steps are in place:
The community monitoring system for U5yrs children and pregnant women has been established. The system includes data collection tools, registers, M&E tools, data quality assessment, and wall chart used to track malnourished <2 years children and put in place a follow up system. Monthly meetings are also conducted to assess progress of interventions at community level and a feedback is provided to community leaders while VHW are coached periodically for data quality assurance.

Compilation of M&E data from the community is ongoing in the 3 districts (Songea, Madaba & Tunduru councils).

District Nutrition Officers have been sensitized on management of nutrition data, analysis and use in district planning.

- **Documentation of lessons, best practices and challenges from the programme**

During this year 2016 the Centre contracted the Sokoine University of Agriculture and IAGRI to conduct snap shop visits to the programme areas in Tunduru and provide us with independent opinion on the progress made of activities and changes, lessons, best practices observed as a result of the programme, document challenges in order to improve project delivery.

Key areas the University was asked to focus on were: (i) Working with LGAs (ii) Village Health and Nutrition Days, (iii) IYCF practices (iv) Maternal Health and nutrition practices and (v) Challenges and lessons learnt. Four villages in Tunduru were sampled for the exercise. With regard to key questions informing the documentation activities the following is a summary of findings:
A detailed report is being finalized by SUA but here are summary observations from their report:

**Qn. 1 What is the perception of LGA on their involvement and engagement of other stakeholders in the Lishe Ruvuma project?**

The perception of LGAs of the Lishe Ruvuma Programme and their engagement in the project was very good. They stated that they were involved from the planning stage. They had a positive view of the formation of multisectoral nutrition committees, saying the attendance to meetings had improved from different sectors. They also perceived that the, mind-set of people about nutrition has improved. The LGA stated that although funding for nutrition has improved across sectors, by about 140% between 2014/15 and 2016/17 they still faced challenges in making community visits due to lack of transport despite the fact that Lishe Ruvuma program has played a great part in facilitating linkages to communities.

The LGA particularly appreciates the awareness created by the program on the need for increased investments and the results brought about by the program in communities in Tunduru.

The challenge presented by the LGAs is the high turnover of LGA staff and therefore the need for frequent refresher orientation of leaders.

**Q2. What was the community perception of the Village Health and Nutrition Days (VHNDs)?**

The researchers reported that stakeholders had very positive perception of VHNDs and understood the value of these days. According to the nutrition officers the value of the quarterly village health and nutrition days lies in the tracking of child growth and promotion, public education and the publicity it provides for the programme to whole communities. The use of growth monitoring chart and visual aids were found to be very effective in increasing knowledge and awareness of nutrition outcomes of the programme across low, medium and high uptake sites and among both male and females especially in communities where illiteracy rates are high. The use of the growth monitoring chart has also helped service providers and beneficiaries as well as community leaders in identifying children with nutrition problems in communities and targeting follow up. Both male and female beneficiaries interviewed were invariably able to describe the relevance of the colour coded growth monitoring and promotion (GMP) chart and were able to read them and seek additional assistance from clinics and improve on child feeding.

**Here are some individual responses:**

- **Nutrition officer** – “Because of the VHNDs many children have progressed from the danger zone of grey to green. Many pro-nutrition practices were promoted during these days such as: exclusive breastfeeding, value of
introduction of other food at six months, feeding a variety of foods to children especially to increase animal food, WASH, improved toilets, hand washing, clean environments for children, backyard gardens and income generation”.

- **Planning officer** – “Data from VHNDs helps guide the programme on where to place emphasis”

- **Village Education Officer** – “I have noted an overall improvement in the health of the children because of the education sessions”

- **Health Worker** - in two districts -Children referred to them have improved growth and moved from red to green. The only challenge is getting supplies.

- **Target mothers and fathers**-“VHNDs provide opportunity for community based learning in open forums”.

- **Focus Groups**- “We have noted overall improvement in health of children and communities have benefited but especially children. We have learned how to breastfeed better, to give our children diverse diet, about the importance of 1000 days, risk of anaemia and iodine deficiency and how to prevent these. Male participation in VHNDs and health and nutrition care in the home has improved because of the program”

Q3. How did Lishe Ruvuma programme influence child feeding practices?

The snapshot studies looked at the following:

- **Exclusive Breastfeeding (EBF):**

  In terms of behavioural changes since the implementation of the project, beneficiaries reported increased awareness on the importance of exclusive
breastfeeding for six months, diversified diets for children and increased meal frequencies. They stated that it was previously considered acceptable to feed infants porridge after two months. Most find exclusive breastfeeding for six months difficult but say that despite challenges, they view exclusive breastfeeding positively and adoption rates have continued to increase since the inception of the programme. Female beneficiaries described learning important breastfeeding recommended practices. They state that they learned about the importance of skin-to-skin contact between mother and baby; breastfeeding within the first hour of birth; proper attachment to the breast, breastfeeding on demand, exclusive breastfeeding and the introduction of complementary foods.

The majority of respondents reported that prior to the project they were unsuccessful practicing exclusive breastfeeding for the recommended first six months. The main reasons were cultural factors and beliefs as they felt the urge to introduce pre-lacteal feeds and other foods; but also farm work away from home.

**According to VEOs,** prior to the start of the project, women would introduce supplemental foods after two to three months introducing tea and porridge rather than continue exclusive breastfeeding.

**Key informants estimated** that in high-uptake project areas, about 75% of beneficiaries in their communities have now improved child feeding practices and especially exclusive breastfeeding.

- **Complementary Feeding Practices:**

  It was reported that there was an increase in consumption of foods that were previously neglected or less consumed. These included citrus fruits such as lemon, pumpkin seeds and fruits as essential part of the baby meal. “Previously, we never thought fruits are important part of the family meal and essential for children. We now mash pawpaw and feed our children. During this season, our children eat oranges. We also believed that lemon and lime addition in foods lead to anemia. After nutrition education, we now understand that these fruits contain vitamin C which is important nutrient” (FGD in Mchengamoto).

  Female beneficiaries reported that before the project, they thought the most essential food for the infant is thin porridge made from cassava flour. They described positive changes such as introduction of porridge after six months, adding other foods to the porridge such as groundnuts, vegetables; and including animal sources and vitamin A rich foods such as pumpkin following the introduction of solid foods. They also increased meal frequencies to more than three meals per day as opposed to one or two meals.

**Qn.4. Has there been any changes in attendance by pregnant women and/or men for early ANC booking and other maternal health and nutrition practices?**
To achieve positive maternal health and nutrition outcomes, several interventions have been implemented under Lishe Ruvuma program. These include strengthening performance of health facilities and there were three major objectives for this:

To increase the incidence of breastfeeding initiation within one hour, increase uptake of health services & support to mothers during pregnancy and delivery and referral of mothers to support groups after delivery.

The second was to increase number of pregnant women booking at ANC by 3 months of pregnancy for check-up & to begin taking iron and folic acid supplements early to prevent risks to pregnancy;

The third objective was to improve availability of IFA in health facilities and to increase IFA uptake and compliance for at least 90 days during pregnancy.

To achieve this, interventions included: Introduction of baby friendly initiative that would increase skilled support to mothers; training of health workers on estimation of IFA requirement and on methods to encourage women to take daily supplements of IFA; and distribute reminder tools encouraging mothers to report early to ANC and take IFA daily for the duration of pregnancy and 3 months after delivery; and promote all other health care services for women;

The snapshot study followed up these activities to ascertain if there have been positive changes. Unfortunately most responses could not be validated by data as health facility data systems were under review during the study.

- **Early ANC Booking:**

Interviewed health workers and mothers reported that ANC booking by pregnant women has improved. Before the project, most women were attending clinic at their third trimester or not attending at all. Of recent, early initiation of ANC has increased gradually, where majority start at 12 to 16 gestation weeks. Unfortunately, researchers could not access data to see the trend and document the changes. Respondents in medium and high uptake communities described a shift in attitudes since the start of the program stating that a large family size was preferred in the past; however, recently there has been more of an emphasis on preparing children for schooling and increased child spacing.

- **Improvement in Supply of Safe Motherhood Commodities:**

Women reported receiving anti-malarial and de-worming treatments services during clinic visits. Home deliveries have decreased due to increased awareness and generally increased cultural acceptance of the need to access health care during child birth, this was reported by both female beneficiaries and male respondents.
• **Use of IFA by pregnant women:**

According to health workers and focus group discussion (FGD) compliance to IFA has been reported to have increased after the programme. This was attributed more to the advocacy done in the community and especially home visits. Women in focus groups in Nchengamoto and Njenga villages reported that the changes were contributed by regular home visits by the CHWs who remind women about ANC visits and taking the supplements.

• **Reminder Tools:**

The use of reminder tools was viewed favourably by beneficiaries. The reminder tools were described as a way for men to be involved in improving their understanding of maternal health and the requirements of the 1,000 days. In addition to the reported improvements in health care services, the beneficiaries described the reminder tools as a source of women’s empowerment in gaining confidence about discussing their health with their families and particularly their spouses.

• **Family Support and Involvement of Men:**

Each of the villages visited reported an increase in the amount of tasks and time spent by men in assisting women in their household chores such as gathering firewood, fetching water and in agricultural activities. There has also been a positive change in the number of men who view it as a priority to assist pregnant and lactating women to clinic visits. Prior to the start of the project, male focus group discussants stated that they had not seen a role for men in clinic visits and that they were seldom involved. However, following the awareness building during VHNDs and advocacy of District Health Officers, RCH workers and CHWs, where men have been involved in the programme activities and in the PSG groups, there has been a significant and welcome change in attitudes and perceptions of the role of men in the support of pregnant and lactating women. Male participants’ report that they have realized the importance of accompanying their wives to the first antenatal care visits and helping them in the home.

2.2.7 **Lessons Learnt and Best Practices from the field in the process of implementation**

• **Lessons Learnt**

In the course of implementation there are a few lessons that have been learnt and can be scaled up to new programme areas, for example:

✔ During village health and nutrition days using public announcement system, contemporary songs /music shows and nutrition messages have been shown to be efficient and preferred methods of communication to cultural groups’ performances because communities love music especially by young men and women, school children
supported by facilitators and village health workers develop some nutrition songs and perform during some VHNDs.

✓ If LGAs are involved from the inception of the project, as done in this project they tend to be supportive & own the project. Participation in budget planning meetings improved their investment in nutrition

✓ Men’s involvement is seen as benefitting the programme since men are more authoritative and are quicker to take action especially when finance is involved. This is also expected to contribute to long term transformation of gender relations in project districts (see the case of men involvement in support groups). However, men involvement is still low.

✓ Attaching income generation activities to beneficiary peer support groups helps to motivate the groups to keep together and maintain their regular educational meetings and provide nutrition education and support to fellow beneficiaries, the factor that will eventually contribute to the achievement of Programme’s objectives.

✓ Involvement of influential people or people with authority in the programme at all levels enhanced intervention outputs especially as relates to gender relations. In the new district of Madaba, identification of influential people will be done as one of the first exercises.

✓ PSGs are very useful in spreading messages and encouraging positive behaviours as they increase reach of pregnant women who do not like attending quarterly meetings

✓ Men get involved better when there are some income generating activities or involved in own groups

• Best Practices

✓ The Integrated approach used by COUNSENUTH in the delivery of nutrition services to Pregnant and Lactating Women, was greatly appreciated by women respondents in the SUA snapshot study. The combination of the growth monitoring sessions, VHNDs, referral to health facilities and peer support groups at households were credited with achieving most of the improvements in terms of maternal health practices, infant and young child feeding practices and water and sanitation practices observed. Beneficiaries described that there were a greater community to clinic integration of services, promoting women to be accompanied to the health clinic by men, provisioning of iron folic acid supplements, anti-malarial pills and de-worming medicine.

✓ There has been a significant uptake in the consumption of vegetables and animal protein. Respondents reported that home based production of green leafy vegetables in particular in backyard gardens and sack or keyhole gardens has been the contributing factor to improvement in the family diet. Small-scale livestock production such as chicken, rabbit and fish has also been reported.

✓ Awareness of proper hand washing practices, the use of tippy tap and improved latrines were observed in the sites visited at households, clinics and schools. In individual households, there has been more substantial acceptance and use of the tippy taps than in
schools and clinics. The VEOs noted that communities that demonstrated medium and high uptake of tippy tap and improved hand washing practices exhibited general improvements in community health particularly in the reduced incidence of diarrhoea and cholera.

✓ The feedback mechanism used to relay stakeholder experiences as well as the ability of COUNSENU TH to inform stakeholders especially leaders, of progress, were seen as successful practice incorporated into engagement with LGAs. Further, efforts to document and communicate results of all activities of the programme in terms of implementation and changes taking place in child growth, are having positive results such as seen in increased ownership by the district officials and Council members and commitment to investing more in nutrition, as well as community action (SUA 2016)

2.3 Accelerating Stunting Reduction Project in Mbeya Region

Accelerating Stunting Reduction Project (ASRP) is a 4 years project addressing reduction of childhood in six districts of Mbeya region. The project is supported by UNICEF and implemented by COUNSENU TH and Catholic Relief Services (CRS). The overall goal of the project is to contribute to reduction of the prevalence of stunting among young children under five years of age in Mbeya, Iringa and Njombe from 44% in 2013 to 35% in 2019.

The following are the projects achievements under the reported period:

2.3.1 Output 1.1 Increased participation of pregnant women and care givers of children under two years old in counseling on IYCN, WASH, ECD and health practices.

• Training of supervisors:

A total of 9 supervisors were trained for 10 days in order to build their capacity to enable them train, supervise and provide technical support to the community health workers in the provision of quality services to pregnant, lactating women/care givers of children under 2 years in matters pertaining to nutrition-optimal maternal and infant and young child feeding; ECD, WASH and Health practices. Seven out of the trained supervisors were provided with working gears and motorcycles. Each supervisor is required to manage about 15 villages i.e. 30 CHWs by providing supportive supervision, monitoring meetings and CHWs trainings as well as compiling monthly reports.

• Training of community health care providers

About 276 community health care providers from the identified villages were trained to enable them provide quality services to pregnant, lactating mothers/caregivers of children under 2 years old in matters pertaining to optimal maternal and infant and young nutrition; ECD, WASH and health practices so as to contribute to the reduction of stunting. The trained CHWs were equipped with appropriate IEC materials to support them cascading the knowledge and the acquired skills to the targeted beneficiaries in the community.
• **Group counseling with pregnant women, lactating/care givers of children under 2 years at community level**

The CHWs trained by the project have reached 25,826 beneficiaries with social behavior communication messages on IYCF, ECD, WASH and health practices where pregnant women were 8,087 (84% of 9,637) women/caregivers of children under 2 years 16,605 (104% of 15,825) and local leaders were 1,134 (79% of 1,430). In all the three start up districts about 595 counseling groups have been established. They have also conducted home visits to 66 households to support needy beneficiaries. Some of the beneficiaries supported include woman with triplets, a single mother from Igurusi who was referred to social welfare offices for further support, a woman at Mjele who delivered a premature baby at home was referred to Ifisi hospital in Mbeya DC and women with moderate acute malnourished children were referred for further management in their respective health facilities.

**Supportive supervision to CHWs**

The project staff in collaboration with the respective District Nutrition Officers and community development officers conducted supportive supervision to 276 trained CHWs so as to identify areas that need to be strengthened and the type of support needed for the delivery of counseling group sessions as well as filling in the reporting forms. A checklist was used to guide the exercise. Among the issues identified which could support smooth implementation of the planned activities were: the importance of involving trusted influential people in the community, working closely with health workers, using various public platforms to enhance information delivery and participation of the targeted groups. In addition, the reporting tools were found to be too bulky for the CHWs hence the need to simplify them and continue with the provision of technical support regularly.

**The CHWs were also able to share their achievements**

- Village health days and monthly outreach clinics have been a great avenue for the CHWs to conduct counselling sessions to the targeted beneficiaries. This set-up is effectively done due to close linkage between health facility staffs and community health workers.
- A nurse from Jojo village in Santilya ward also commended the CHWs for helping out during the monthly outreach clinics and constantly educating the caregivers on nutrition and prevention of stunting.
- Beneficiaries’ turn-up in the counselling groups was high in some areas where the CHWs managed to integrate counselling sessions with nutritional assessments like measurements of weight, length and MUAC. This integration is effectively done in areas where the CHWs have been equipped with weighing machines, MUAC tapes, and length board by the government.
In some areas the CHWs bought scales for growth monitoring. ‘As means of attracting and motivating beneficiaries to attend counselling groups we have decided to buy our own weighing scale’ said one of the CHWs in Muwale village, Chimala ward.

**Quarterly monitoring meetings with CHWs**

Quarterly monitoring meetings were conducted with the CHWs in the 142 villages where a total of 273 (149Females, 124Males) CHWs, 75 of which were from Mbeya City Council, 114 from Mbarali DC and 83 from Mbeya district council were reached. The aims of the meetings were to observe how counseling groups are being conducted, identify challenges encountered by CHWs when making referrals to health facilities as well as strengthening linkages between health facilities and the community. The meetings were conducted in collaboration with the respective DNuOs involving the health facility staff and the CHWs. The referral forms were shared and discussed during the meeting. After discussions the health facility in-charges appreciated the work being done by the CHWs and promised to work closely with them. The names and contacts of CHWs were posted in relevant place so as to facilitate a two way referral.

Issues noted:

- Still some groups have small number of beneficiaries 8-9, effort are needed to sensitize more beneficiaries to join the groups
- In some areas the CHWs have not completed the beneficiaries mapping exercise.
- The CHWs complained that the size of the flip chart is small especially when showing the pictures to the target beneficiaries, in addition the quality of material used is not good as, the pictures especially on the top cover are fading out.
- Still CHWs use notebooks to collect data before it can be transferred in the reporting forms this affects the validity of data collected.
- Negligence of some of the CHWs to register beneficiaries during the counselling sessions results to under-reporting beneficiaries reached at the end of the month

**Commemoration of the World Breastfeeding Week**

ASRP staff in collaboration with Mwanzo Bora and Baylor nutrition teams commemorated the world breastfeeding week by assessing the nutritional status of children under 5 years and provided nutrition counseling to mothers at the Isyesye dispensary in Mbeya City Council. A total of 702 (213Females; 489Males) children were assessed using weight for age. The results showed that 493 (123Females, 370Males) had a normal nutritional status; whereas 193 children (82Females, 111Males) were overweight and 16 (8Females, 8Males) had moderate malnutrition.

**Nanenane Exhibition 2016**

The ASRP staff participated in the Nanenane exhibition in Mbeya by providing information on nutrition on maternal nutrition, breastfeeding and demonstrated how to prepare
improved complementary foods using locally available ingredients. About 4,025 (3012 Females; 1013 Males) people were counseled on health lifestyle including healthy eating behaviors and were assessed on their nutritional status using BMI. The results showed that 750 people had a normal nutritional status, 250 people were undernourished while 375 were overweight and 2650 were obese. In addition, 10 progressive farmers; 9 supervisors and 13 CHWs were supported and participated in the exhibition in order to learn from other organizations as well as assisting them in the provision of counseling to beneficiaries who visited ASRP boot as had been required.

2.3.2 **Output 1.2 Increased participation of key community members and local leaders in supporting pregnant women and caregivers of children under two years old practicing nutrition relevant behaviors**

- **Group orientation sessions with community leaders and influential family members.**

The main objective of the group counseling sessions with the Community Leaders and Influential Family members who included Village Chairpersons, the Village Executive Officers, the Chiefs, the Pastors/priests and Sheiks was to create awareness among them on the key interventions to reduce stunting that are within infant and young child feeding practices (IYCF), Water, Sanitation and Hygiene (WASH), Early Child Development (ECD) and health practices. These are recommended behaviors to reduce stunting. A total of 1134 (Mbarali DC 402, Mbeya CC -355 and Mbeya Dc -377) community leaders and Influential family members from 115 villages were orientated on IYCF, WASH, ECD and Health practices. The participants included Ward Counsellors, Executive Officers (Ward and Village), the Village Chairpersons, Chiefs, the Pastors, the Imams Sheiks and traditional birth attendants.

Below are the issues raised:

- Some influential community leaders like chiefs known as Mwene in Mbeya rural have shown full commitment in ensuring that the coming generation is aware of stunting, its effects and how to prevent it. “I will only be at peace if I will be able to rule people who are not stunted, starting from family levels, hamlet, and ward level at large let’s join our effort to fight back stunting.” Said a chief from Utengule Usongwe area

- Village chairpersons from Ruiwa and Utengule Usangu wards in Mbarali District promised to establish By-Laws which will penalize men who abandon their families as well as those who leave their families unattended and/or do not do anything to help raise their children thus contribute to increasing women workload hence stunting.

**Agreed action points**

- To support the CWHs in making sure that the beneficiaries attend the counselling groups continuously.
To discourage the ideas of requesting payment to participate/attend the sessions among the project beneficiaries.

To make nutrition and stunting permanent agenda in the village council meetings and co-opt supervisors and CHWs as members of the meetings.

To support the project in making sure that the CHWs do the assigned tasks in the community.

- **Biannual social mobilization event at village level with community leaders and influential people to provide additional support to communities in practicing recommended behaviors.**

The project staffs, CHWs, Supervisors, Progressive farmers in collaboration with the District Nutrition Officers from the three startup districts organized the second biannual social mobilization events in 23 Wards. About 5750 (3450Females, 2300Males) including Pregnant mothers, Lactating mothers, Caregivers of children under 2 years, Community leaders such as Ward Councilors, Ward Executive Officers, Village Executive Officers, Village chairpersons, and other influential people participated actively. The main objective of these events was to sensitize the communities on the key messages on Stunting and its effects, Breastfeeding and its importance, Male involvements in child care, Care for pregnant women and lactating mothers, Sanitation and hygiene and the importance of attending the counseling groups as well as to create awareness of the ASRP project and its activities in Mbeya region.

In every Ward two cultural art groups were used to deliver key messages on stunting and its effects, breastfeeding and its importance, male involvement in child care, care for pregnant women and lactating mothers and sanitation and hygiene through songs, poems, drama and comedy. The groups were given the key messages by the CHWs and the supervisors several days prior the events so that they could prepare.

The cultural art groups proved to be the best strategy of getting people to attend the event and at the same time create awareness on stunting. The football match also proved to be successful in getting a lot of men to attend the event. The ward Counselor of Santilya addressed the attendees and insisted on male involvement in child care.

The Ward counselor of Mshewe Ward was very grateful for the lessons and said that ‘Today I have learned that it’s not that children especially U2 do not want to eat, it is may be because they are tired of being given the same type of food all day, every day. We mother do not put a lot of thoughts while preparing foods for our children. We make porridge all the time because it’s easy and it is what we are used to make. So as a mother myself and a leader, I promise to use this knowledge I have acquired today to promote better nutrition for the children in my ward and make sure by 2020 when I retire, stunting will be history here.‘

In Santilya ward the Councilor addressed the attendees and insisted on male involvement in child care by saying that ‘It is important for all of you my fellow fathers to know about nutrition and stunting and how you can make sure your child do not end up stunted. It is about..."
time that we men start to help our women to raise our children and not leave the entire burden to them. The culture of letting men handle everything to the women is now over. Let’s wake up and make sure that our children will grow up health, intelligent and live a much better life than ours.

Nurses and Clinicians of Mshewe, Igulusi, Ipwan and Utengule Usongwe wards attended the events and insisted on male involvement in child care, especially escorting their wives to pre and post-natal clinics.

2.3.3 Output 2.1 Increased availability of diverse nutrient-rich foods at the household level in the project area

- Training of Progressive Farmers on good agricultural and livestock rearing practices with focus on women

In collaboration with the District Agriculture, Irrigation and Cooperative Officers (DAICO) a two days training on good agriculture, livestock rearing practices, IYCF, WASH, ECD and health practices involving 24 Progressive Farmers (PF) and 5 Agriculture Extension Officers from Mbarali and Mbeya District Councils was conducted. The trained PF had been supported to establish 10 new Farmer Field Schools (FFS) and revived 14 FFS. Furthermore, they have mobilized farmers to form groups of 20-24 members and as a result 718 farmers have joined the Farmer Field Schools.

- Provision of supply inputs for nutrition rich plants with a focus on using Tanzanian OPV seed stock for households including progressive farmers

A total of 24 Progressive Farmers received inputs which included thirteen (13) different varieties of seeds, 24 watering cans, hand sprayer, fertilizer (winner and Super Gro) and insecticides. Prior to distributing inputs to farmers, the objectives of the ASRP project were explained to the Village Executive Officers (VEO), Extension Officers and the farmers. Furthermore, 24 pumps and kunde seeds were distributed along with two packets of insecticide (Actara 8mg) to each Progressive Farmer. For verification, the distribution list was signed by the VEOs, Extension Officers and the Progressive Farmers.

In addition, 414 (190 M, 224 F) farmers of which 121 are from Mbarali District Council; and 293 from Mbeya District Council; out of which 51 were beneficiaries from TASAF received seeds and managed to establish kitchen gardens. The distribution exercise was witnessed by Progressive Farmers, Extension Officers and Village Executive Officers, and all those who signed the inputs distribution form. About 213 out of 414 farmers have established kitchen gardens using different utensils such as buckets, baskets, viroba and bottles with some of them having established kitchen gardens 2 to 3 kilometers from their homes due to water scarcity.
• Setting-up of two farmer field schools in every target village for orientation of households and farmers on production of nutritious food and optimal IYCF, WASH, ECD and health practices

With the support of the village extension workers the Progressive Farmers were able to maintain the 24 Farmer Field Schools (FFS) which have all sprouted and the crops already been harvested. Most of the plots were planted with 7-8 varieties of seeds such as Amaranths, Sukumawiki, Chinese cabbage, Spinach, Figiri, Carrots, and Cucumbers. Through FFS about 672 (224 males, 448 females) farmers have been trained on production of nutritious rich foods and kitchen gardens; out of these 414 (190 Males, 224 Females) have established home gardens. In addition, 181 TASAF beneficiaries were mobilized to join the FFS. Progressive farmers have reported that most of the women fail to establish kitchen gardens as a result of being overwhelmed with household chores and farm activities while their men/partners spend their time on drinking alcohol. Efforts were made by the project staff visiting the Igumbilo market in Mbarali DC to sensitize women to establish home gardens for easy access of vegetables. A total of 89 women were reached of which 38 were target beneficiaries (i.e. 9 pregnant women and 29 women of children U2). After the sensitization, most of the women who are traders agreed to establish kitchen gardens using bottles and bag gardens.

In this year the project under support of Isangati Agriculture Development Organization (IADO) and fishery officers from Mbarali DC constructed 2 fish ponds at Kibaoni and Muwale villages for the purpose of raising fish. In the same villages 50 (32Females,18Males) farmers and 2 progressive farmers were trained on best management practices for aquaculture with the objective of addressing malnutrition through increased intake of animal-source protein and at the same time improving household food diversity. At the end of this training Isangati Agriculture Development Organization (IADO) supplied 2,550 free catfish and tilapia fingerlings to the two villages. Most of participants appreciated the training as it gave them technological knowledge and hands-on practices that will help them improve their fish operations.

Through FFS the trained Progressive farmers have trained 672(224 Males, 448 females) farmers in producing nutritional rich foods using alternative gardening techniques including bag gardens, IYCF, WASH, ECD and health practices such as construction of tippy taps. Out of the trained farmers 669 (223 Males, 446 females) managed to establish kitchen gardens using different utensils such as Buckets, Baskets, Sack bags and Bottles whereby 241 were pregnant women, 191 lactating mothers and 69(16 males, 53females) were TASAF beneficiaries.
• Provision of regular counseling through FFS to households and farmers on production, preservation and consumption of nutritious food and IYCF, WASH, ECD essential and health practices

Through FFS the trained Progressive farmers enrolled 788 (353 Males, 435 Females) farmers. The enrolled farmers have been trained on the production, preservation and the importance of eating nutritious food, while 108 (40 Males, 68 Females) received additional counseling on IYCF, WASH, ECD and health practices. To reach more beneficiaries with SBCC messages on IYCF, WASH, ECD and health practices the supervisors and CHWs should work closely in collaboration with the Progressive Farmers.

2.3.4 Output 2.2 Increased capacities of households to preserve nutrient rich foods

• Promotion and support to local food preservation practices at household level

Through Nanenane exhibition the project promoted and demonstrated local food preservation practices for vegetables and fruits using a mobile solar drier to farmers from six districts of Mbeya region.

A total of 200 participants were trained on methods of drying vegetable and were provided with dried food produce. Most of the farmers requested contacts of the carpenter from the project to avail a drier for their home use. Plans are under way for the project team to orient local carpenters in the project sites who will in turn construct driers for farmers in the community.

For sustainability of the project initiatives about 12 local carpenters from 12 villages were oriented to construct portable mobile solar driers for food preservation. The oriented carpenters have managed to construct 12 solar driers. In collaboration with horticulture officers the project further trained 193 (131 Females, 62 Males) farmers from Mbarali DC and 271 (168 females & 103 Males) farmers from Mbeya DC, 12 WEOs, 12 VEOs, 5 Supervisors, and 12 Extension Officers, on food preservation using Solar drying method to preserve fruits and vegetables, how to use the dried and processed food products, how to make homemade juice and tea using dried leaves of Roselle, packaging and storage of dried fruits and vegetables. The aim was to increase the availability of nutritious food to the beneficiaries throughout the year. Among the trained farmers 21 farmers from Kapyo, 30 from Njelenje and 10 from Santilya have started using solar driers to dry fruits such as mangoes and banana.

The process of solar drier construction is still on progress where 88 more driers will be constructed and 4 driers inherited from CWW will be refurbished, after completion of the construction activity more farmers will be supported with the solar driers.

2.3.5 Program Coordination

The CRS/COUNSENUTH consortium hosted a two-day coordination meeting at Mbeya City for the ASRP implementing consortia of Iringa/Njombe (CUAMM/TAHEA) and Songwe
(PACT/IRDO) regions. The meeting gave each consortium an opportunity to share its progress, challenges and success of the activities implemented in its respective regions. It was noted that all consortiums have successfully reached / surpass most of their targets so far and at the end of the meeting the team came up with action points and a way forward.

Coordinated quarterly meeting with other consortium implementing ASRP to review the progress of implementation, it was noted that all

Monthly coordination meetings between CRS and COUNSENUMTH teams have been persistent and teams have had the opportunity to discuss project progress, challenges encountered and jointly decide on the way forward.

2.3.6 Monitoring

Quarterly monitoring meetings were conducted with CHWs in 142 villages where a total of 273 (149 females, 124 males) CHWs from Mbeya City Council (75), Mbarali DC 114, and Mbeya district councils (83) were reached. The objectives were to observe the implementation of the counselling groups, identifying challenges encountered by CHWs in the beneficiaries mapping as well as delivery of sessions. Areas for improvements identified and rectified.

2.3.7 Supervision

The project received the technical support visit from the Regional Nutrition Technical Advisors, areas for learning for the ASRP project have been identified.

The project continues to receive technical support from Director of Health program from CRS and senior officers from COUNSENUMTH who frequently visit the project.

In collaboration with Nutrition officers, supervisors and Community Development officers conducted a supportive supervision visits to 276 (150 females, 125 males) CHWs trained by the project. The aim of this visit was to aim of providing additional skills and training that will enhance CHWs to perform quality work in terms of ASRP implementations with a sustainable impact. Areas and suggestions for improvement were shared to supervisors and CHWs.

Through ASRP supportive supervision activity, DNuO from Mbarali managed to integrate the activities of supervising health facilities around our project area, this was great chance for the project to visit health facilities and give more emphasis on how well project activities done by CHWs can be linked with health facilities.

2.4 Short Term Technical Assistance

2.4.1 TUNAJALI II Project

The TUNAJALI II program is supported by PEPFAR through the USAID and is managed by the Delloite consulting together with its technical partner the Christian Social Service Commission (CSSC). The program is providing a comprehensive maternal new born and child health (MNCH) including a significant component of maternal nutrition in Morogoro and
Iringa regions, to improve MNCH outcomes. The targeted districts are Kilosa DC, Morogoro MC and Iringa MC. COUNSENUTH was contracted to provide technical support in Nutrition Assessment Counseling and Support (NACS) and the following are the achievements:

- **Training of Community Health Care Providers in NACS in Morogoro MC, Iringa MC and Kilosa DC**

  COUNSENUTH in collaboration with the TUNAJALI II program conducted NACS training to 193 community health care providers (116 Females; 77 Males) from Kilosa DC, Morogoro MC, and Iringa MC (Table 18). The objective of the training was to build the capacity of the respective councils so as to enable them integrate NACS services in their health services delivery systems as well as strengthening community linkages for enhancement of continuum of care beyond the health facilities.

  Community care providers were trained and equipped with update information and skills in NACS to enable them provide nutrition information and support, identify people at risk, refer those already affected for proper and timely management and follow them to prevent relapse. Each participant was tasked to prepare a short implementation plan to enable them effect changes by applying the acquired knowledge and skills to improve nutrition services in their communities.

  **Table 19: Number of participants by district and sex**

<table>
<thead>
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<th>Male</th>
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<tr>
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<td></td>
<td><strong>116</strong></td>
<td><strong>77</strong></td>
<td><strong>193</strong></td>
</tr>
</tbody>
</table>

- **Training for Health Service Providers in Kilosa District, Morogoro Municipal and Iringa Municipal**

  COUNSENUTH facilitated training on NACS to 151 (30 males & 121 females) health service providers in Morogoro and Iringa Municipal Councils and Kilosa District Council (Table 19). The objective of the training was to build the capacity of the respective councils so as to enable them integrate NACS services in their health services delivery systems as well as strengthening community linkages for enhancement of continuum of care beyond the health facilities. The primary target of the training was the health facilities service providers working in dispensaries, health centers’ and hospitals, drawn from Care and Treatment Clinics (CTCs), maternity, pediatric wards, OPD units and the Reproductive and Child Health Services clinics (RCH)/Prevention of Mother to Child Transmission of HIV (PMTCT). The training also included Regional and district nutritionists Officers. Others were nutritionists working in health centers’ and hospitals in Morogoro Municipal and Kilosa District Council. The total number of participants was 151. Facilitators for the
training sessions were drawn from the Tanzania Food and Nutrition Centre, the Centre for Counseling, Nutrition and Health Care, and Mbeya Referral Hospital

Table 20: Number of health facilities by Districts

<table>
<thead>
<tr>
<th>No.</th>
<th>Districts</th>
<th>Hospital</th>
<th>Health Centre</th>
<th>Dispensary</th>
<th>Total facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Kilosa DC</td>
<td>3</td>
<td>10</td>
<td>41</td>
<td>54</td>
</tr>
<tr>
<td>2.</td>
<td>Iringa MC</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>07</td>
</tr>
<tr>
<td>3.</td>
<td>Morogoro MC</td>
<td>2</td>
<td>7</td>
<td>13</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
<td><strong>19</strong></td>
<td><strong>57</strong></td>
<td><strong>83</strong></td>
</tr>
</tbody>
</table>

2.4.2 m-Nutrition Project

- **Support development of localized nutrition fact sheets and messages**

This is a one year project started in July 2015, when COUNSENutRUTH was contracted by Every1Mobile LTD (E1M) to support development of localized nutrition fact sheets and messages.

The general objective of the Project was to develop localized nutrition content targeting Health (Adolescent girls, WRA, Pregnancy, Postpartum, Newborn, Infants and Young Children), Food production and Food processing techniques to be disseminated through mobile technologies. The aim was to improve access to information on nutrition-specific behaviours as well as nutrition-sensitive health practices, which, through supporting behaviour change, will contribute to improving nutrition and food security of the poor, especially women and children under 5 years.

Under this project COUNSENutRUTH supported development and validation of a total of 62 factsheets (generating in total approximately 200 topics) as well as a total of 927 text messages on various nutrition and related topics targeting pregnant women and newborns. Topics covered included “Iron and iron-folate supplements during pregnancy; Promotion of a nutritious and diverse diet during pregnancy; Malaria prevention during pregnancy; Promotion of WASH practices during pregnancy; Promotion of iodized salt during pregnancy; Prevention of obesity during pregnancy; Promotion of fortified staple foods during pregnancy; Promotion of intermittent malaria treatment; Deworming during pregnancy; Preparation for breastfeeding; Postpartum Vitamin A supplements; and Postpartum Iron supplement; Promotion of delayed cord clamping; Early breastfeeding initiation; Exclusive Breastfeeding; Treat diarrhoea using zinc among children aged 1 – 6 months; Treat severe acute and moderate malnutrition among children aged 1 - 6 months; and Prevention of malaria among children aged 1 – 6 month.

The fact sheets and messages were validated by a panel of expertise from various key sectors.
2.4.3 Youth Skills Development to Improve Employability for New Graduates Project

- Development of Youth Skills to improve employability for new graduates

Youth Skills Development to improve employability for new graduates is COUNSENut's skill enhancement programme for young graduates to work with its projects as interns/volunteers which started 2010. The overall goal of this project was to improve employability among young graduates (aged 20 – 34) in the sector of Nutrition, Psychology, Community Development, Sociology, Public Health and related fields; through improving skills needed to integrate Tanzanian youth into the labour market.

Under this reporting period specific activities were funded by National Bank of Commerce (NBC). These include:

✓ Development of training materials in the form of training manual and power point presentation.
✓ Conducting training for enhancing youth life skills and employability of young graduates which took place at Sokoine University of Agriculture (SUA) in collaboration with SUA. A total of 181 young graduates (aged 20 – 34) from SUA from the sectors of Agriculture Engineering, Agriculture General, Human Nutrition, Food-Science & Technology, Agronomy and Family & Consumer Studies participated in the training.
✓ About 17 new graduates were attached at COUNSENut headquarters; others in COUNSENut programs in Mbeya, Songea, and Tunduru and at Ocean Road Cancer Institute for hands on experience. The target was to place 40 students. However, the project has just modest funding and continues to raise funds.

2.4.4 OVC – The Wasichana Leadership Program

- Education support to orphans

The overall objective of this project is to provide support to orphans and vulnerable girls by providing scholarships for attending secondary and higher education through donations from friends of COUNSENut. The support which started in 2011 with two girls extended the support in 2015 to 5 girls. However in 2016 the project supported only 4 girls since one girl dropped out.

The following are the progress made so far:

Girls attending high school

The two girls, Jovinatha Julias and Anastazia Jerome who completed form four at St. Joseph Millennium Secondary School got good results with both of them scoring Division one.
Annastazia has been supported to join Suji High School in Same DC where she started in July 2016 studying Physics, Chemistry and Math (PCM). Jovinatha joined Kanyigo High school in Kagera where she is studying Chemistry, Biology and Geography (CBG). Jovinatha was partly supported by relatives in the first term.

**Girls attending secondary school**

Salaam Semmes and Grace Sanga who are both in form three continued with secondary education at the Mwenyeheri Anuarite Secondary School in Dar es Salaam, after passing their form two examinations, in 2015. Savera John did not qualify to join form two in the year 2016. She refused to repeat form one and hence decided to drop out.

**Challenges:**

Donors provide only school fees and upkeep allowance therefore the program lacks funds for coordination such as transport and postage and communication to make follow up on the girls. For this staff contribute modest funds as part of their social responsibility.

2.4.5 Nutrition Education and counseling at the Ocean Road Cancer Institute (ORCI)

- **Nutrition care and support activities**

COUNSENUTH in collaboration with the Ocean Road Cancer Institute (ORCI) implements nutrition care and support project through which nutrition counseling, education, care and support services are provided to cancer patients, survivors and caregivers.

This is a voluntary project which started in 2011 with the goal of improving the quality of life of cancer patients and survivors through nutritional care and support and to provide information on prevention to their families and the public.

Ocean Road Cancer Institute serves over 3,500 new cancer patients per year and attends to over 10,000 follow-up cancer patients annually across the country. In 2016, COUNSENUTH continued to provide nutrition education, counseling and support. Over 6,000 cancers patients were supported with counseling services.

The services were provided to patients and guardians in eight (8) sections of the including screening, radiotherapy (inside and outside), chemotherapy, Insurance section, OPD, inpatient wards and resting areas.

The education and counseling is given mostly in groups, where patients are waiting for other services. In addition One-to-one counseling services were given only few times because it was difficult to cover a large number of patients that way.

Lack of funding to support the interventions under this project was the main challenge. Other challenges include:
✓ Lack of print materials and brochures for take home
✓ For inpatients, inadequate variety of foods provided at the facility.
✓ High number of patients at the ORCI, makes it difficult to cover them all
✓ Nutrition service providers are volunteers. There was a time that no volunteer was available to carry out the service.

2.5 Special national level activities and Other Partner activities

**National Level Actions**

At the national level, the Organization continues to be a close partner of the Tanzania Food and Nutrition Centre (TFNC), Ministry of Health, the Prime Minister’s Office and other development partners in collaborating to provide technical support in drafting of policies and guidelines, capacity building of service providers and development of information materials for the government. In 2016, the Centre supported TFNC to revise training manuals on Nutrition Assessment, Counselling and Support; drafting of the National Nutrition Policy and implementation plan, drafting of National Multisectoral Nutrition strategy and Plan of Action 2016-2021, review of Nutrition Score Card; supporting adoption of the Virtual facilitation kit on social behaviour change communication for national use. Together with TFNC, the Centre represented the nation in an International Conference on Breastfeeding that took place in Pretoria South Africa and brought back recommendations for national action.

The Centre continues to collaborate with Deloitte, Catholic Relief Services, Africare, in its key projects. The Centre would like to thank our donors-Irish Aid, USAID, Africare and UNICEF without whom we would not have achieved all we have.

COUNSENFUTH has also collaborated with the University of Sokoine, IAGRI project and AJUCO University in Songea to conduct several mini studies within the Lishe Ruvuma programme in Ruvuma. Sokoine and IAGRI helped to document best practices from which to learn and expand the experience to other projects; Ajuco conducted a formative study to help the project identify behaviours that need correction and therefore guide program interventions

**MBNP Featured in Weekly Radio Show**

During Quarter 1, MBNP office and field staff were interviewed for “Malinda Watoto,” a weekly radio show that airs on 19 different radio stations across the country, including Tanzania Broadcasting Corporation Taifa and Zanzibar Broadcasting Corporation. The production team was invited to the Dar es Salaam MBNP Office to interview senior management staff about the program goals and the impact in the country. The second half of the interview process took place in Morogoro Region where the production team interviewed several beneficiaries, CHWs and HFWs, along with the MBNP Morogoro team. The program aired on 6 consecutive Saturdays from November 21 – December 26, 2015.
MajiMaji Selebuka Festival in Songea

COUNSENMUTH participated in Majimaji Selebuka festival in Songea in July 2016, which was organized in Songea-Mississippi (SOMI) by an NGO whose mission is to build capacity in the Songea area by working to support meaningful efforts in the area of health, education, culture, sport, and small businesses. The festival sought to build relationships and exchanges between Tanzania and the United States by building direct linkages between Songea and Mississippi.

The first annual Majimaji Selebuka festival was held in Songea from 11 October 2015 to 17 October 2015. This was aimed at exhibiting cultural heritage and potential of the Southerners, opening doors and opportunities to local people in Songea and other neighbouring regions such as Mozambique, Malawi and Zambia. This year’s festival included competitions from partner’s who are working in Ruvuma region.

Several stakeholders participated in displaying their services. COUNSENMUTH’s Lishe Ruvuma programme took advantage of the audience to exhibit some of its works and conduct nutrition education. These included:

- Nutrition Education in the first 1000 days for sustainable development.
- Promote WASH practices including a demonstration of tippy tap technology to encourage communities to use this technology.
- Promotion of improved horticultural practices and small animal keeping, including a demonstration of sack gardens technology for establishment of backyard gardens at the households so as to enhance food security.
- Distribution of educational materials about nutrition
- Assessment of nutritional status of visitors (adults and children) by using anthropometric measurements (weight for age for children and weight for height for adults)

A total of 674 program beneficiaries (206 males and 165 females above 18 yrs), (90M and 175F under five children), (17 pregnant women) and (21 lactating women) from Songea MC, Songea, Madaba, Tunduru, Mbinga, Namtumbo, Njombe DC visited COUNSENMUTH
exhibition booth. In addition different officials such as District Commissioners for Songea MC and Mbinga DC as well as Japanese ambassador to Tanzania visited the exhibition booth.

COUNSENUTH won the first prize and received a trophy and certificate which was broadcasted live by Azam television (Azam II). As a result of the event COUNSENUTH formed cooperation with SOMI and other stakeholders including Muungani show an Ujasiriamali Vijijini (MUVI), and the Majimaji Memorial Museum. In addition COUNSENUTH was invited by Radio Jogoo fm and Radio Maria to broadcast activities that the centre implements in Ruvuma region.

2.6 Challenges observed during Projects Implementation

- The following are some of the common challenges in all projects being implemented by the centre
- Poor attendance in some areas during village health and nutrition days, establishment of demonstration plots, counseling groups, peer support group meetings as well as field demo days due to poor transportation especially during rainy and farming seasons
- Poor participation of men in community support group meetings especially when the support/ counseling groups do not have income generating component. Sensitization is done to encourage male participation through community leaders and important people.
- Tradition and normal seasonal migration of some PSGs members, CHWs and beneficiaries from one area to another resulted into poor access of nutrition services by the beneficiaries and made supportive supervisions difficult.
- The need for money to purchase other essential household needs besides food, forces some households to sell small livestock and vegetables produced rather than consuming them.
• Lack of basic supplies and equipment in the health facilities such as functional weighing scales for children and adults, RCH cards 1 and 4, cuvettes for Hb check and means of confirming pregnancy at early stages in some health facilities. There is a need to continue working with HWs to forecast the demand and submit requests in good lead time.

• High turnover of LGA staff, health workers and village health workers forces the programme to conduct repeat refresher sessions that may not be affordable within planned budget.

• Lack of transport in the Councils jeopardizes supportive supervision and technical back up of CHW by district technical team of facilitators and the District Nutrition officer.

• It has been difficult to collect nutrition data through health facilities. The LGA needs support to refine their data needs and systems for collecting the data.

• Stakeholders need different data using different forms. The TFNC needs to work with the Regions to streamline nutrition data needed from health facilities. This will be discussed during regional planning and budgeting training by the TFNC.

• Funding for some of COUNSENIUTH’s interesting projects has been a challenge. These include: Youth life skills development, NCDs, IYCF and support to Cancer project at Ocean Road Cancer Institute. Most of the centre’s programs and projects depend on donor funding and this is worrisome to the Centre’s sustainability.

2.7 Financial Summary

The following table provides a high level outline of the COUNSENIUTH 2016 financial performance.

Table 21: Financial Summary

<table>
<thead>
<tr>
<th>Revenue</th>
<th>PROJECTS FUNDING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016</td>
</tr>
<tr>
<td>Grants revenue</td>
<td>2,507,630,976</td>
</tr>
<tr>
<td>Other revenue</td>
<td>8,868,158</td>
</tr>
<tr>
<td>Total revenue</td>
<td>2,516,499,135</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditure</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program expenditure</td>
<td>2,517,154,174</td>
</tr>
</tbody>
</table>

| Surplus/(deficit) for the year | -655,039 | 45,618 |

2.8 Stories of Success

• The family the gardens together, grows together

During the rainy season, Chamoto village in Mbarali District is lush and green. It is a community of subsistent farmers who work tirelessly to produce as much rice as possible. Like most Tanzania farmers, the year’s harvest is a family’s main source of income and that money must be stretched as far as possible to ensure the family survives until the next rainy season. But without rain, Chamoto transforms into a barren desert. Money is tight, food is scarce, and gathering water takes up a majority of the day. The money from the
year’s harvest is quickly spent on home repairs, school fees, purchasing supplies for next year’s rainy season, etc. By the time the dry season sets in, most people have already spent the majority of their income and are left with little to no cash. This perpetuates the stunting epidemic as families see vegetables as a luxury, not a necessity. But not all of Chamoto’s residents are so easy discouraged by these hardships. Hoboreka Benson is a teacher at the local primary school. She along with her husband, Nicolas Mwangake, and their four children, have created an unprecedented garden that has not only allowed them to eat vegetables daily regardless of rain, but has produced enough for them to sell the extra for a sizeable income.

Food was not always so abundant for the Mwangake family. Buying vegetables had proved too burdensome for the family of six. They decided to try and start a garden in hopes of improving the nutrition of their children. The garden was small, low-yield and, since the family lacked any formal training, they were only able to eat vegetables once a week. Despite the lack of water and investment the family persevered for a year on their own.

ASRP arrived in Chamoto in May 2016 and quickly identified the Mwangake family as ideal candidates for gardening education. They had shown themselves to be motivated and hardworking people who only lacked assistance. Within a few months, their original garden has grown a hundredfold. Their house is surrounded by green when all the other houses are surrounded by sand. The entire family works together to farm, plant, and weed the garden. Even their youngest child, who is four, lends a helping hand in the garden while singing to him, “I love gardening so much! “Their house is located right across from the primary school so students get to observe how a proper garden is planted.

Nicolas and Hoboreka are beyond excited by their accomplishment