REACH
ACCELERATING THE SCALE-UP OF FOOD AND NUTRITION ACTIONS

Scaling Up NUTRITION
UN Network

UN NUTRITION AGENDA FOR TANZANIA 2016-2021

APRIL 2018

Table of contents

UN NUTRITION AGENDA FOR TANZANIA 2016-2021

APRIL 2018

REACH
ACCELERATING THE SCALE-UP OF FOOD AND NUTRITION ACTIONS

Scaling Up NUTRITION
UN Network

Preamble

1. This document, developed through an inter-agency consultative process, with support from the UN Network/REACH secretariat, defines the UN's strategic agenda for nutrition in Tanzania covering the period 2016-2021. The UN Nutrition Network in Tanzania is composed of six agencies with mandates around nutrition. These are: Food and Agriculture Organisation (FAO), International Atomic Energy Agency (IAEA), International Fund for Agricultural Development (IFAD), United Nations International Children's Emergency Fund (UNICEF), World Food Programme (WFP), and the World Health Organisation (WHO). These agencies have agreed to work together more collaboratively in nutrition to support national efforts to address malnutrition in all its forms. This is in line with the UN's global UN Nutrition Network vision of bringing together United Nations agencies working in nutrition to support governments and partners in an efficient, effective and coordinated way, to accelerate the scale-up of efforts to improve nutrition, ensuring that no one is left behind

2. The UN Nutrition Network agenda for Tanzania aims to present a collective vision on how the UN will contribute to national nutrition outcomes and identifies strategic opportunities for enhancing its impact given its strengths and comparative advantages. The agenda and its timeframe are aligned to the National Multi-sectoral Nutrition Action Plan (NMNAP-2016–2021), the National Five-Year Development Plan (FYDP II) of 2016/17-2020/21, and the United Nations Development Assistance Programme (UNDAP II) and UN Development Assistance Framework (UNDAF). These documents reflect national and UN efforts to achieve the global Sustainable Development Goals (SDGs), including for nutrition, to which Tanzania is a state party.

3. Recognizing that nutrition is both an input to and an output of sustainable development, the 2016 Global Nutrition Report[1] noted that at least 12 of the 17 SDGs include indicators that are highly relevant to nutrition. The global target on nutrition has been enshrined in SDG 2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture. Specifically, *Target 2.2 aims to "By 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed World Health Assembly targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons".* The NMNAP provides the national anchor to achieve these targets in a multisectoral approach that captures the different aspects of the multisectoral nutrition system[2].

4. The UN Nutrition Agenda for Tanzania summarizes the current nutrition situation, describes how the Government is addressing the situation including setting up a good nutrition governance system, summarizes how the UN is currently supporting national nutrition efforts and lastly elaborates a future agenda for the UN that ensures more efficient and effective ways of supporting national efforts for addressing the nutrition challenge.

5. The UN Nutrition agenda's internal audience are the UN agencies involved in its development as well as to the broader UN family in Tanzania. Its external audience are the various government ministries, departments and agencies working on nutrition, stakeholders including the donors, civil society organisations and the private sector.

1 International Food Policy Research Institute (IFPRI). 2016. Global Nutrition Report.

2 A multisectoral nutrition system is composed of *multiple sectors* (e.g. agriculture, health, WASH (water, sanitation and hygiene), education, social protection, environment); *multiple levels* (national, regional, Local Government Authorities and importantly the community); and *multiple partners* (Government, development partners – UN/multi-laterals, bilaterals, NGOs, CSOs, academia and the private sector).

1 The Nutrition situation to address

6. Although Tanzania has experienced a steady decline in the rates of undernutrition over the years[3], the most recent information shows undernutrition rates to be unacceptably high and of severe public health significance according to WHO classification. Despite declining from 50% in 1992 to 34% in 2015 (TDHS 1992, 2015/16) the prevalence of stunting still leaves Tanzania above Africa's average of 30%, which is the cut-off level of "severe" in public health significance. In absolute terms, the number of stunted children under five years of age increased from 2.7 million in 2010 to about 3.0 million in 2015 due to the rapid population increase. In addition, although the prevalence of acute malnutrition or wasting among children 6-59 months declined from 8% in 1992 to 4.5% in 2015 (TDHS), an estimated 600,000 children under five years of age suffer from acute malnutrition, with about 100,000 of these severely acutely malnourished.

600,000

children under five years of age suffer from acute malnutrition, with about 100,000 of these severely acutely malnourished.

7. Moreover, progress in nutrition is uneven, with some regions with high levels of stunting showing little or no change, while others had up to 10-20 percent points drop in just five years (2010 -2015 TDHS). The geographical distribution of stunting for example shows that about 58% of stunted children live in only 10 out of 30 regions. These high stunting burden regions are Dodoma, Morogoro, Dar es Salaam, Ruvuma, Mbeya, Tabora, Kigoma, Kagera, Mwanza, and Geita. Additionally, pockets of wasting persist, with about half of the children suffering from acute malnutrition living in only five regions: Dar es Salaam, Rukwa, Mwanza, Simiyu and Kilimanjaro. The drivers of the trends and the geographical patterns in stunting and wasting is poorly understood and the UN will support studies towards this direction. As will be shown later in figure 1, at least one UN agency (UNICEF) has a presence in these high stunting and wasting burden regions.

8. National efforts towards preventing and controlling micronutrient deficiencies have significantly reduced the prevalence of micronutrient deficiencies especially of the severe clinical forms.

3 Source: WHO Global database, Tanzania Demographic Health Survey 1992-2015/16 and Tanzania National Nutrition Survey 2014

I. Progress in the prevention of iodine deficiency disorders (IDD) through salt iodation has improved the median urinary iodine concentration for women of reproductive age from 160ug/l in 2010 to 180ug/l in 2015 (TDHS), a level categorized as adequate.

However, the challenge in IDD control is to achieve and sustain universal salt iodation (USI) in all regions given the presence of about 7,000 small-scale salt producers scattered along the Indian Ocean Coast and inland foothills. The challenge is reflected in the fact that 8 of the 26 regions in mainland Tanzania do not consume adequately iodated salt (TDHS 2015/16). With the participation of the UN, TFNC has developed a five-year USI action plan focusing on consolidation of the salt industry which requires mobilization of resources to implement.

II. With regards anaemia, there has not been improvements in its prevalence during 2010-2015. In that period, the prevalence of anaemia remained at 58% for children below five years of age and increased from 40 to 45% for women of reproductive age (15-49 years). A recent analysis of the anaemia situation[4] concluded that in 2018, about 18.3 million people (31% of the Tanzanian population) are affected by anaemia with highest prevalence seen in adolescent girls (60%), children underfive (58%), and women of reproductive age and adolescent boys (45%). Thus, the prevention and control of anaemia remains a very high national priority.

The UN is supporting TFNC efforts to develop Guidelines for the prevention and control of anaemia, which will provide guidance to health facility, community healthworkers and agricultural extension staff on specific actions they can take to address the problem.

III. Though much still needs to be done, the achieved high coverage of vitamin A supplementation in children under-five years (72% -TNNS 2014), is expected to have improved the vitamin A situation. A major challenge in discerning trends for micronutrients is that although the 2010 TDHS had very good indicators and even issued a separate report on micronutrients, the 2015/16 TDHS did not include biomarkers for micronutrients. A UN agenda on nutrition must support the monitoring of all forms of malnutrition.

9. Evidence is emerging of a nutrition transition, with a double burden of malnutrition where over-nutrition in children and in adults as manifested by overweight, obesity and diet related non-communicable diseases (DRNCDs)[5] are rising rapidly, while problems of undernutrition persist. Overweight in children under five years increased slightly from a prevalence of 4% in 2010 to 5% in 2015 (TDHS), a trend that must be watched carefully given the increase in the risk factors for childhood obesity.

The prevalence of overweight/obesity in women of reproductive age (15-49 years), nearly trebled from 11% in 1991 to 28% in 2015/16, close to the 34% stunting prevalence in children below five years of age (TDHS 2015/16). This double burden requires “double duty” action as done in the NMNAP, which addresses malnutrition in all its forms.

10. The causes of poor nutrition outcomes are complex and interconnected. Immediate causes are related to a synergetic link between poor dietary intakes and diseases, while underlying causes are related to food insecurity, poor care of children and women and inadequacies in the basic services especially those related to health, water and sanitation. With regards food insecurity, a recent analysis in Tanzania[6] found great potential to improve the affordability of a nutritious diet through context specific interventions. The key messages that came from the analysis were (i) food is generally available, but not necessarily accessible (ii) crop diversification amongst smallholder farmers is critical to improve nutrition, but not all rural poor are small holders; (iii) markets are important for access to nutritious foods, even for smallholders; (iv) diets that meet the nutrient needs of different household members are often unaffordable; (v) complementary feeding for infants and young children is a major issue country-wide because of poor access to diverse foods; (vi) because of the high nutrient needs of adolescent girls and women in their reproductive ages, it is costly to meet those needs.

11. Basic or root causes are an intricate interplay between economic, social-cultural, educational and political structures that determine the social conditions in which malnutrition develops: they include awareness, attitudes, behaviour and practices, resource allocation and systems for delivery of services. All surveys done show that income and education are critical determinants of malnutrition. Moreover, the strong link between the nutritional status of the child and that of the mother/care taker emphasizes the importance of addressing the nutrition needs of these groups together and ensuring that adolescents and young women have optimal nutritional to prevent intergenerational transfer of malnutrition.

The process for developing the NMNAP not only identified these issues, but also developed a shared understanding of the context, solutions and actions required to address them. The UN will continue its advocacy efforts with Government, Parliament, Political Parties and Civil Society Organizations to put nutrition high on their agenda.

4 Guidelines for the prevention and control of anaemia with special reference to nutritional anaemia. TFNC (2018). Calculations made by Dr. Festo P. Kavishe, one of the experts in the development of the Anaemia Guidelines.

5 The trend towards overweight, obesity and DRNCDs in Tanzania is attributed to preventable lifestyle factors related to changes in eating habits and physical activity levels. The key driver is urbanization. People are shifting from traditional diets to consumption of processed foods which are high in carbohydrates, fat, sugar and salt, and low intake of fruits and vegetables. Such lifestyle eventually lead to changes in body composition depicted as overweight and obesity accompanied by elevated levels of blood pressure, lipids and sugar. These are the known risk factors for hypertension, coronary heart disease, stroke, type 2 diabetes and some forms of cancer.

6 WFP (2017): Fill the Nutrient Gap: Nutrition situation analysis framework and decision tool.

2 How is the government addressing nutrition issues?

2.1 The NMNAP as the blue print

12. Recognizing malnutrition in all its forms as a serious and intergenerational problem, the Government of the United Republic of Tanzania developed the NMNAP (2016-2021) to supersede all other previous strategies and action plans on nutrition. An evidence-based double duty action plan, the NMNAP was launched by the Prime Minister in September 2017. Zanzibar developed its Multi-Sectoral National Nutrition Strategy and Implementation Plan in 2013, which is currently in operation. Using a Multisectoral community-centred approach, and categorizing interventions into nutrition specific, nutrition sensitive and enabling environment, the NMNAP defines specific time-bound scaled-up interventions in seven Key Result Areas as shown in table 1.

Table 1: The NMNAP Key Result Areas (KRAs)

NMNAP Priority Key Result Areas (KRAs)

1. Scaling up maternal, infant, young child and adolescent nutrition (MIYCAN)
2. Scaling up prevention and management of micronutrient deficiencies
3. Scaling up integrated management of acute malnutrition (IMAM)
4. Scaling up prevention and management of diet-related non-communicable diseases (DRNCDs)
5. Scaling up multi-sectoral nutrition sensitive interventions – MNSI (agriculture and food security; health and HIV; water sanitation and hygiene, education, social protection, and environment and climate change)
6. Strengthening multi-sectoral Nutrition Governance (MNG)
7. Establishing multi-sectoral nutrition information system (MNIS)

13. The NMNAP Key Result Areas (KRAs) define the national priorities for nutrition actions, which stakeholders, including the UN are invited to contribute to. Since the NMNAP is results-based, the KRAs and the expected outcome results that the UN Nutrition Agenda will contribute to are shown in table 2.

Table 2: Expected outcome results of the NMNAP by June 2021

Intervention area	Key Result Area	Expected outcome Result
Nutrition Specific Interventions	1) MIYCAN	Increased proportion of adolescents, pregnant women and mothers/caregivers of children under two years who practice optimal maternal, infant and young child nutrition behaviours
	2) Micronutrients	Increased micronutrient consumption by children, adolescents and women of reproductive age (15-49 years)
	3) IMAM	Increased coverage of Integrated Management of Acute Malnutrition
	4) DRNCDs	Communities in Tanzania are physically more active and eat healthier diet
Nutrition Sensitive Interventions	5) MNSI	Increased coverage of nutrition sensitive interventions from i. Agriculture and Food Security; ii. Health and HIV; iii. Water, Sanitation and Hygiene; iv. Education and Early Childhood Development; v. Social Protection and vi. Environment and Climate Change
Enabling environment interventions	6) MNG	Improved effectiveness and efficiency of nutrition Governance (including coordination and leadership) and response across all sectors, actors and administrative levels
	7) MNIS	Increased access to quality nutrition related information to allow Government of Tanzania and partners to make timely and effective evidence informed decisions

14. To achieve the expected outcomes of the seven NMNAP priority key results areas, the government has adopted a community centred multi-sectoral approach, embracing nutrition specific interventions at the level of immediate causes and nutrition sensitive interventions at the level of underlying and basic causes of malnutrition. The overall multi-sectoral approach is being achieved through several other cross-cutting strategies. Social and behaviour change communication promote adoption of appropriate practices, while advocacy and social mobilisation ensures sustained political will and stakeholder commitment at all levels. Already the central government has developed compacts with Regional Commissioners to ensure they bring down the levels of malnutrition in their regions through effective use of resources and tools developed. The government is also developing functional human resource capacity to build strategic leadership and management of the NMNAP at all levels.

15. All stakeholders are expected to align with government nutrition policies, strategies and plans. Delivery of quality and timely nutrition services that ensures equality of women, children and adolescent girls remains at the centre of the efforts. A resource mobilisation strategy is planned to be developed to advocate for resource mobilisation by both government and development partners. To enhance lessons learning and evidence based decision making, the government is tracking progress and promoting operational research. The government is also strengthening overall planning and coordination to ensure all sectors and stakeholders align their implementation with the NMNAP.

2.2 Multisectoral Nutrition Governance

16. Since Tanzania joined the Scaling-Up Nutrition (SUN) in 2013 as an early riser, with leadership taken at Presidential level, the country has made considerable progress in putting in place a good system of nutrition governance. A SUN focal point is placed in the Prime Minister's Office, who is also the Coordinator of Govern-

ment Business, to emphasize the importance of multi-sectoral coordination. The initial nutrition governance structures developed in response to the SUN process, faced challenges with regards to functionality and clarity of purpose, so as part of the process for developing the NMNAP, these structures were updated and new ones established with clear terms of reference. The current nutrition governance structure consists of 10 national multisectoral coordinating structures and one structure at the sub-national levels replicated at the regional and district/Council levels.

17. At the national level, a High-Level Steering Committee (HLSC) for nutrition at the Prime Minister's Office (PMO) coordinates nutrition interventions amongst a wide range of stakeholders across multiple sectors. The HLSC includes 12 Permanent Secretaries from nutrition sensitive ministries, the Managing Director of the Tanzania Food and Nutrition Centre (TFNC), development partners (UN and donors), civil society organisations (CSOs), private sector and the academia, all at Chief Executive level. The HLSC is chaired by the Permanent Secretary in the PMO responsible for Policy and Coordination of Government Business with Secretariat provided by the SUN Focal point with the support of the Managing Director of TFNC. A Multi-sectoral Nutrition Technical Working Group (MN-TWG), co-chaired between the PMO SUN focal point and Managing Director of TFNC coordinates eight thematic technical working groups[7] that review progress of nutrition based on the Key Result Areas of the NMNAP. The TFNC provides secretariat functions to the multi-sectoral coordination system at the national level, as well as the overall strategic and technical leadership and support to the government and all sectors and actors.

18. At the regional level the multisectoral steering committee on nutrition (MSCN) is chaired by the Regional Administrative Secretary (RAS) and at the district/council level by the Executive Directors. Members of the MSCN are heads of departments at both the regional and district/council levels and the Secretariat is provided by the respective Nutrition Officers. In Zanzibar, the multi-sectoral coordination is overseen by the office of the second Vice President, with technical support by the Ministerial-level Food Security and Nutrition Committee with Ministry of Agriculture and Natural Resources as secretariat. The stakeholders have organised themselves into functional SUN Networks - CSO, Private sector, United Nations and a Development Partners group (DPG) and are represented in all the national coordination structures.

19. Progressively, the country is experiencing more sector specific strategies or plans, with strong nutrition components. These include the Health Sector Strategic Plan IV and the National agricultural policy. However, according to the policy and plan overview report[8] , only about 55% of the policies and plans analysed acknowledged that nutrition is an issue and included it as a key objective. In addition, only 12 out of 27 policies and plans included more than 25% of the relevant sectoral nutrition actions. As a cross cutting issue, nutrition is affected by decisions and actions undertaken by all sectors. It is, therefore, important that nutrition is mainstreamed across sectors.

20. With regards to legal and regulatory environment, International standards for breast milk substitutes have been domesticated through the Tanzania Food, Drugs and Cosmetics Act; marketing of foods and designated products for infants and young children and mandatory large scale fortification of maize and wheat flour with iron folate, initiated in 2013. The TFDA act also includes salt iodation regulations. Major programmes relevant to nutrition are the World Bank Funding Program for Results, the Agriculture Sector Development Programme-II (ASDP-2) and the One Plan on Maternal and Child Health (MCH).

21. The government is committed to financing nutrition interventions in the plans and budgets of regions and all Local Government Authorities (LGAs), calculated based on the number of children under five years in each council. These efforts to decentralize public financing for nutrition have resulted in a steady increase in funds for nutrition with financial spending for nutrition per district/municipal council increasing from TZS 58 million in FY 2011/12 to TZS 125 million in FY 2015/16.

    In the 2016/17 financial year Local Governments were instructed to budget for Tsh 500 (US$ 0.25) per child underfive years and this was increased to about Tsh 1,000 (US$ 0.5) during the 2017/18 financial year, when the total budget for nutrition for Local Government grew to Tsh 11 billion (US$ 5 million). The government plans to progressively increase the allocation per underfive year child to reach the US$ 8.0 recommended by the World Bank by 2030.

22. Despite this continuous increase in domestic financing for nutrition, several challenges have been identified. The Public Expenditure Review (PER) for Nutrition (2014) indicated that expenditure was inadequate to achieve the stated nutrition goals. Furthermore, of the budget allocated for 2011/2012 and 2012/2013 financial year, only 22.9% and 23.1% respectively was disbursed. In addition, more than three quarters (77%) of nutrition spending was funded by donors, while the Government only contributed 23%. The review also concluded that nutrition expenditure was not targeted at the most vulnerable groups (children under age two and pregnant women). The 2018 PER for nutrition underway will provide the most recent situation. Moving forward, more efforts are needed to cover the NMNAP budget of $268 million. The total resources available from government and partners is $ 70.4 million, leaving a funding gap of $197.6 million, which is equivalent to 73.7% of the total cost.

23. Implementing a multi-sectoral response certainly faces challenges. For instance, not all relevant sectors are fully engaging through the multi-stakeholder platforms. This presents a challenge when defining and promoting strategic priorities, mobilising and allocating necessary resources to deliver nutrition interventions at scale. The District/Council Steering Committees are also not functional in all districts. Furthermore, Nutrition focal points often lack the expertise and skills to carry out their responsibilities effectively, and even when they do, they lack the authority to make important decisions.

24. The Tanzania multi-sectoral information system is made up of a series of large scale national surveys which are more evaluative in nature and best used for policy and strategy development and not tracking operational progress nor assessment of critical bottlenecks constraining effective delivery of interventions. The surveys provide information that is statistically representative only at the regional and national levels without data relevant to districts/councils. Sectors have information systems that are relevant for tracking operations such as the Food Security Information System, Health Management Information System. TFNC is also the institutional base for the multi-sectoral nutrition information system for tracking and reporting on progress, and its capacity will be strengthened to fulfil this function. The NMNAP Common Results, Resources and Accountability Framework (CRRAF) will serve as the basis for developing and aligning sectoral nutrition plans. The CRRAF reports will inform discussions and decisions of the multi-sectoral nutrition steering committees at all levels and all SUN platforms. Specific M&E milestones will be tracked through: the annual Joint Multi-sectoral Nutrition Review (JMNR), mid-term review, PER on nutrition, national nutrition survey, Tanzania DHS and end of NMNAP evaluation. A national nutrition score card is being to help track nutrition indicators and its first reporting was in the 2017 Joint Multisectoral Nutrition Review, where the CRRAF was also used to report on the first year of implementation of the NMNAP. Stakeholder and action mapping and the bottleneck analysis have also played a key role in monitoring progress.

7 The 8 thematic working groups (TWG) are: (1) Maternal, Maternal, infant, young child and Adolescent Nutrition –MIYCAN, (2) Micronutrients (3) Integrated Management of Acute Malnutrition –IMAM, (4) Prevention and Management of Diet Related Non-Communicable Diseases –DRNCDs, (5) Multisectoral Nutrition Sensitive Interventions (MNSI). (6) Multisectoral Nutrition Governance –MNG, (7) Multisectoral Nutrition Information Systems –MNIS, and (8) Resource mobilization

8 Tanzania Food and Nutrition Centre (2016): Policy and Plan overview.

3 What are the key areas supported by the UN Network?

25. The current UN support to nutrition is strategic, aligned with the National Multisectoral Nutrition Action Plan (NMNAP) 2016-2021 and mainly upstream with sub-national support given to regions with high burden of malnutrition. The support can be categorized into three: -

I. **Formulation of policy, strategy and action plans: T**his includes financial and technical support to the updating of the 1992 Food and Nutrition Policy, inclusion of Nutrition in the National Five Years Development Plan (FYDP II) 2016-26 in the National Health Sector Strategic Plan (HSSP IV) 2015-20, and in the Agriculture Sector Development Plan (ASDP II) 2017-21, and the formulation of the NMNAP 2016-2021, which is now the blueprint for nutrition work in Tanzania.

II. **Development of technical guidelines and guidelines for multisectoral nutrition coordination at national and sub-national levels for the implementation of the NMNAP:** UN provides financial and technical support to develop terms of reference (TOR) for the national and regional/district/council multisectoral steering committees on nutrition and the NMNAP Thematic Working Groups (TWG) at the national level. In addition, the UN support the development of supportive supervision tool for the President's Office – Regional Administration and Local Government Authority (PO-RALG) and - together with other partners - the development of micronutrient guidelines to provide guidance on the implementation of the Micronutrient Key Result Area of the NMNAP. The UN also support development and implementation of the National Food Based Dietary Guideline. The UN also support development and roll-out of the National Growth Monitoring and Promotion Strategy.

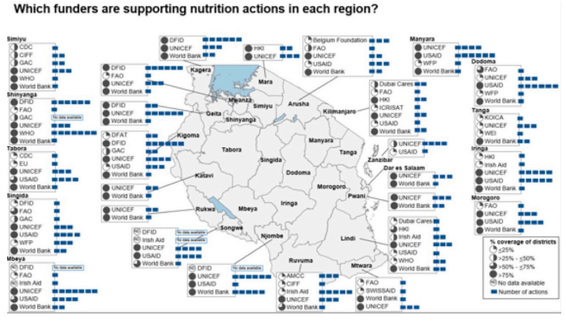
III. **Nutrition monitoring system and tools:** The UN supports the annual Joint Multisectoral Nutrition Reviews (JMNRs), the annual SUN joint assessments (2014-2018), Bottleneck Analysis (BNA) of specific nutrition interventions and Multisectoral Nutrition Scorecard. The UN also support the University of Dar es Salaam on operationalisation of the multisectoral nutrition information system in an online platform connected to DHIS II and other sectoral information systems. Moreover, the UN supports the Tanzania Health and Demographic Surveys (TDHS), the Tanzania National Nutrition Survey (TNNS) with SMART methodology to track progress towards key nutrition indicators every two years. In food insecure regions, Vulnerability Assessment Mapping (VAM) and Food Assessment Missions help identify pockets of vulnerability. The UN also support assessment of drivers of food insecurity through Integrated Phase Classification (IPC) analysis.

IV. **Nutrition research and learning:** In order to enable evidence based decision making, the UN supports research on the determinants of changes in the nutritional status among women and children in Tanzania, with focus on child stunting, women anaemia and women overweight and obesity the drivers of stunting. The UN also support Public Expenditure Review (PER) on Nutrition to generate information on domestic and donors' spending on nutrition and provide evidence to address the gaps. The UN also support the development of methodologies for identification of barriers to adequate nutrient intake (Fill the Nutrient Gap – FNG) to assist in making decisions on the nutritionally most cost- beneficial diets in specific contexts. An important study proposed in the NMNAP is the relationship between nutrition and climate change, with a view to developing a strategy on "Nutrition and Climate Change".

V. **Capacity development:** UN financial and technical assistance supports TFNC, PMO-SUN focal point, PO-RALG, RS, LGAs and other institutions to develop human and technical capacity to implement the NMNAP. Both in their focus regions in Tanzania mainland and Zanzibar, and at the national level, the UN support delivery of nutrition services at community and facilities, as well as implementation of high-impact nutrition interventions, including nutrition-sensitive interventions. The UN are increasing their support to capacity building for multisectoral nutrition coordination at all levels, for example through recent establishment of a catalyst team at TFNC to support national capacity to galvanise momentum in the implementation of the NMNAP.

VI. **Nutrition advocacy:** The UN support advocacy for increased domestic resources for nutrition, using evidence generated through studies, researches and monitoring of NMNAP implementation. High-level government commitment for nutrition recently resulted in the development of a Nutrition Compact between the office of the Vice-President and Regional Commissioners to ensure minimum budget allocations for specific nutrition interventions and improve nutrition results for children, adolescents and women. The UN supports the implementation and monitoring of this compact as part of the NMNAP monitoring.

Figure 1: Geographical distribution of nutrition funders in Tanzania (2016)



26. The UN support government's efforts in collaboration with several development partners, the private sector and civil society organizations implementing nutrition programmes. These programs are complemented by UN through provision of technical expertise, logistic capacity, procurement of supplies, policy formulation, development of guidelines, nutrition information system, monitoring and evaluation and advocacy. The field presence of some of the UN agencies complements the implementation efforts of the nutrition partners. Regions with at least three UN field presence include Dodoma, Kigoma, Singida, Shinyanga and Zanzibar (Figure 1). However, lack of geographic convergence of UN Agencies is an area that needs to be further addressed.

27. Although overall there has been good coordination of UN support through the UN Netwrok and the Development Partners Group on Nutrition (DPG-N) as well as participation in other DPGs like health, agriculture and social protection - which have a contribution to nutrition - the UN is seeking better efficiency and effectiveness. This can be done through better joint programming, joint targeting, better use of the national M&E framework and wherever possible common delivery mechanisms. In addition to the DPGs, the UN play a key role in all the NMNAP coordinating structures as defined by their terms of reference.

4 UN Vision on Nutrition in Tanzania

28. The UN vision for Tanzania is consistent with nation's aspired desired change of the NMNAP that states that "children, adolescents, women and men in Tanzania are better nourished, leading to healthier and more productive lives, that contribute to economic growth and sustainable development."

29. Through the multi-sectoral and multi-stakeholder approach of the NMNAP, the UN Network envisions to contribute to the achievement and monitoring of the specific nutrition targets of the NMNAP, which have been adopted as shown in table 3.

Table 3: NMNAP Key targets by June 2021

Planned prevalence (%) key targets for the NMNAP by 2020/21		
Planned target on selected Indicators[1]	**Baseline**	**NMNAP target**
1. Reduction in the prevalence of stunting in children underfive years *(WHA Target 1)*	34 TDHS 2015/16	28
2. Reduction in the prevalence of anaemia in women of reproductive age (15-49 years) *(WHA target-2)*	45 TDHS 2015/16	33
3. Reduction in the prevalence of low birth weight (<2.5 kg) *(WHA target 3)*	7 (TDHS 2010)	5
4. Increased rate of exclusive breast feeding (0-<6 months) to 50 percent *(WHA target 4)*	43(TNNS 2014)	50
5. Maintain prevalence of overweight in children underfive years below 5 percent *(WHA target 5)*	5 TDHS 2015/16	<5
6. Maintain prevalence of global acute malnutrition (wasting) in children underfive years below 5 percent *(WHA target 6)*	5 TDHS 2015/16	<5
7. Maintain prevalence of diabetes among adults below 10 percent (Global target)	9 (STEPS 2012)	<10
8. Maintain prevalence of obesity among adults below 30 percent (Global target)	10 (TNNS 2014)	<30
9. Maintain median urinary iodine of women of reproductive age (15-49 years) between 100-299 µg/L by 2021;	100-299 (TDHS 2010)	100-299
Possible additional targets in 2018/19		
10. Reduction in the prevalence of anaemia in children 6-59 months	58 TDHS 2015/16	50
11. Reduction in the prevalence of Vitamin A Deficiency in children aged 6-59 months	33 (TNNS 2014)	26
12. Reduction in the prevalence of underweight in children underfive years of age	14 TDHS 2015/16	<10

5 Looking Forward:
UN Nutrition Agenda 2016-2021

30. The NMNAP identifies the role development partners in its implementation thus: *"Development Partners, including the UN agencies, multilateral and bilateral organizations will advocate for, promote and place implementation of the NMNAP high on their global and national agenda. Their role will include mobilizing for technical and financial resources for implementation, capacity development, monitoring and evaluating the NMNAP. Development partners can also bring in international experience, norms and standards, evidence-based guidance and insights to adjust strategy and promote international cooperation in the implementation of the NMNAP including global reporting".*

31. To play the assigned role effectively, efficiently and with synergy, the UN use the comparative advantages of its six UN SUN Network agencies and the wider UN family at large to implement its nutrition agenda. Based on UN global and country level nutrition strategies, table 4 summarizes these comparative advantages and possible Key Result Areas of the NMNAP that each agency would best be effective. It should be noted that emergency response and preparedness is a strong element of the UN agencies' (particularly WFP, UNICEF and WHO) comparative advantage as exemplified by the joint programme for refugees in Kigoma.

Table 4: Comparative advantages of the six UN SUN network agencies and NMNAP KRAs for significant contribution

AGENCY IN UN SUN NETWORK	AREAS OF COMPARATIVE ADVANTAGE	KEY AREAS OF NMNAP THAT CAN ADDRESS
1) Food and Agriculture Organization (FAO)	FAO Nutrition Strategy seeks to improve diets and raise levels of nutrition through a people-centred approach that takes full account of the potential of food and agricultural systems.	KRA 5- improve household food security, improve food safety and quality, improve biodiversification, Development of a national strategy on climate change & nutrition.
2) International Fund for Agricultural Development (IFAD)	Combat malnutrition through investing in nutrition- and gender-sensitive agriculture, and support actions that reshape food systems and improve nutrition security.	KRA 5- improve food technological methods for production and storage for small-scale farmers, agro-industries.
3) United Nations International Children's Emergency Fund (UNICEF)	Programming at scale for children, adolescents and women. UNICEF's new Strategic Plan 2018-21 addresses all forms of malnutrition among young children, school-age children, adolescents and women. Gender-responsive programming, generation of evidence and leveraging of resources are among the key strategies to improve nutrition.	KRA 1- MIYCAN KRA 2- Micronutrients KRA 3- IMAM – especially severe acutely malnourished children KRA 4- DRNCDs

		KRA 5- Health & HIV, WASH, Early childhood development, social protection, KRA 6- Nutrition governance (Support coordination at all levels, milestone reviews of NMNAP (annual JMNRs, BNAs, and mid-end term reviews, human resource capacity strengthening, LGAs planning and budgeting) KRA 7- nutrition information system (routine data, nutrition surveys), Emergency preparedness and response
4) International Atomic Energy Agency (IAEA)	Complement other UN agencies and nutrition partners through use of nuclear techniques to develop and evaluate interventions to combat malnutrition in all its forms.	KRA 7- Support determination of biomarkers in key surveys to measure impact.
5) World Food Programme (WFP)	WFP's new nutrition policy (2017-2021), places the promotion of healthy diets that meet nutrient needs at its core and aims to contribute to the elimination of all forms of malnutrition – including overweight and obesity – in line with Sustainable Development Goal target 2.2.	KRA 1- MIYCAN-improvements in complementary feeding KRA 2- improve food fortification KRA 3- IMAM- WFP takes care on Moderate Acute Malnutrition KRA 4- DRNCDs KRA 5- small-scale farmer support to provide food and nutrition security in humanitarian situations KRA 6- Nutrition Governance- Support functioning of NMNAP coordinating structures Emergency preparedness and response KRA 7- Support tracking of food security and operationalisation of nutrition information system
6) World Health Organisation (WHO)	WHO's Ambition and Action in Nutrition 2016-2025 aims for "A world free from all forms of malnutrition where all people achieve health and well-being". It defines the unique value of WHO for advancing nutrition: the provision of leadership, guidance and monitoring and proposes a theory of change. Finally, following a set of guiding principles, it proposes priority actions for WHO, the delivery model and a clear allocation of roles across the Organization. WHO's Ambition and Action in Nutrition 2016-2025 is anchored in the six global targets for improving maternal, infant and young child nutrition and the global diet-related NCD targets.	KRA 1- MIYCAN KRA 2-Micronutrients KRA 4- DRNCDs KRA 5- Health and HIV KRA 7- Tracking WHA targets Emergency preparedness and response

32. Thus, the UN Nutrition Agenda for Tanzania should embrace a strategic perspective that brings the totality of the comparative advantages of the UN to support the implementation of the NMNAP in ways that ensure adherence to human rights, equity, gender equality and focusing on most vulnerable populations and geographical locations. Below we elaborate three UN Nutrition Agendas in the next five years (2016/17–2020/21) based on UNDAP II theme of a healthy nation, which intends to ensure increased coverage of equitable, quality and effective nutrition services among children under five years old.

Agenda 1:

Ensure increased coverage of equitable, quality and effective nutrition services among children under five years old, adolescents and women

33. *The expected outcome is that nutrition specific services for women, children under five and adolescents are improved and available*. Under this agenda, the UN will support the government to strengthen nutrition services for women, children under five and adolescents.

Service providers will be enabled to promote appropriate Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) through counselling and supplies provision, promotion of iron-folic acid supplements before pregnancy, during pregnancy and for adolescent girls. Moreover, exclusive breastfeeding for infants under six months and provision of vitamin A supplements and deworming for those between 6-59 and 12-59 months respectively will be supported. Support will also be given to achieve universal salt iodation to prevent iodine deficiency in women of reproductive age, adolescents and school children.

34. Additional support will be afforded for the treatment of moderate and severe acute malnutrition (MAM & SAM) by health workers and Community based Workers (CHWs). It is anticipated that the number of children with MAM treated in districts supported by the UN will rise from 5,000 in 2014 to 30,000 by 2021, whilst those treated for SAM will increase from 7,000 to 80,000 over the same five-year period. Moreover, small and medium scale producers will be facilitated to provide food fortified with micronutrients specifically Vitamin A, Iron and Iodine.

35. Specific actions will include: -

- *Train service providers (Health Staff and CHWs) and provide supplies for MIYCAN promotion (TFNC, MOHCDGEC, zMOH, LGAs, NGOs)*
- *Train service providers (Health Staff and CHWs) and provide supplies to treat Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) (TFNC, MOHCDGEC, zMOH, LGAs, NGOs)*
- *Provide supplies and train small and medium scale producers of micronutrients supplementation and fortification (vitamin A, iron, folate, iodine) (TFNC, MOHCDGEC, zMOH, LGAs, NGOs, TFDA, TBS, MEM, TASPA, AZASPO)*

Agenda 2:

Support a functional and coordinated multi-sectoral nutrition response at all levels

36. *The expected outcome is that: "Relevant MDAs and select LGAs are better able to realize a multi-sectoral nutrition response at national, regional and district level.* The UN will support duty bearers to realize a multi-sectoral nutrition response at national, regional and district levels, supported by adequate resources and an effective nutrition information and surveillance system. The quality and coverage of services for those most at risk of poor nutritional outcomes, namely women and children under five, will be enhanced. Key government institutions and select LGAs will be supported to effectively integrate nutrition in their planning and budgeting processes, with emphasis given to a multi-sectoral approach with concomitant resources for coordination. It is anticipated that >80% of all LGAs on the mainland will implement nutrition plans and budgets that include at least five nutrition specific or sensitive interventions integrated in their Medium-Term Expenditure Frameworks (MTEFs) by 2021. Regional and district nutrition officers plus health workers will be given regular technical and supervisory training to ensure they meet the highest professional standards whilst agricultural extension workers will be afforded supplies and technical expertise to mainstream nutrition in their food security interventions. The UN will also support functioning of the Regional and District/Council Multisectoral Steering Committees on Nutrition and operationalization of PO-RALG's supportive supervision tool in select LGAs.

37. In addition to supporting Government-led multisectoral coordination and response mechanisms, the UN will also support joint advocacy efforts, joint UN-programming and where there is geographical overlap like in Dodoma, convergence in targeting. Moreover, the UN will seek to leverage significant opportunities/pro-

grammes with other actors like CSOs and the private sector and maximize alignment with other initiatives e.g. SUN and AGIR.

38. Specific actions will include:

- *Support LGAs to plan and budget for multi-sectoral nutrition interventions (TFNC, MOF, PO-RALG, LGAs)*
- *Mainstream nutrition in agricultural interventions through provision of supplies and training of extension workers (MOA, TFNC, LGAs, NGOs)*
- *Support PMO, TFNC and LGAs to ensure adequate functioning of multi-sectoral coordination system at national (HLSCN and MN-TWG) and select LGAs*
- *Strengthen supervisory, coordination and technical capacity of district and regional nutrition officers and health workers through regular training sessions (TFNC, LGAs, MOHCDGEC, zMOH, PO-RALG)*
- *Develop resource mobilization strategy to support the National Multi-sectoral Nutrition Action Plan (2016/17-20/21)*
- *Develop UN joint programmes and convergence in geographical areas of overlap (e.g. Dodoma) – (FAO, WFP, WHO, UNICEF)*

Agenda 3:

Support establishment of a multisectoral nutrition information system

39. ***The expected outcome result is "Multi-sectoral nutrition information and surveillance systems operationalised".*** The UN will support the operationalization of the multi-sectoral nutrition information and surveillance systems. LGAs will be supported and equipped to scale up the national nutrition score card, which will provide routine nutrition data to districts, regions and the national multi-sectoral nutrition information system. The UN will support the government to strengthen national surveys (e.g. the TDHS, the national house hold survey, TNNS, SMART) to ensure that data on relevant nutrition indicators are correctly collected and reported. The United Nations will also support the JMNR to provide evidence of the progress of the implementation of the NMNAP using the Common Results, Resources and Accountability Framework (CRRAF). Support to the SUN Joint assessments will also be provided. All this information will be crucial not only in tracking progress of the NMNAP, but also in supporting reporting on the SDGs and World Health Assembly 2025 targets on nutrition.

40. The UN will also support TFNC to conduct a study on the drivers of stunting reduction in Tanzania, using TDHS data from 2010 and 2015 surveys and provide technical and financial support to TFNC to conduct chronic food insecurity analysis. This entails following the Integrated Phase Classification (IPC) core principals to determine the extent of severity and underlying factors of food insecurity in the country (mainland and Zanzibar). This information, together with the information generated by the annual JMNR and PER Nutrition will be constantly used to inform decision making.

41. Specific actions will include:
    - *Conduct regular nutrition surveys at national, regional and district level to increase timely and quality nutrition data availability for decision making and programming (TFNC, NBS, LGAs, SUA)*
    - *Implement nutrition scorecards to improve nutrition accountability and stimulate multi-sectoral actions (TFNC, PMO, PO-RALG, MDA, LGAs, NBS, SUA)*
    - *Monitor progress of implementation of the national nutrition action plan through the regular JMNRs (TFNC, PMO, PO-RALG, MDAs, LGAs, PANITA, NGOs)*
    - *Carry out Public Expenditure Review on Nutrition for 2013-2016*
    - *Analyse drivers of change in nutrition status of children and women in Tanzania*
    - *Conduct a Chronic Food Insecurity Analysis*
    - *Conduct annual SUN Joint Assessments.*

6 Measuring Success

42. To measure success in the implementation of this five year UN nutrition strategy, the UN will leverage on existing internal and national mechanisms in place to track progress in nutrition interventions, nutrition specific, nutrition sensitive and the enabling environment. This will reduce the need for additional human and financial resources. The Chair of the UN Network will provide oversight to ensure that UN nutrition agenda is implemented while UN nutrition focal points will support the implementation of activities on a day-to-day basis. The Chair will also be responsible for updating the UN Country Team regularly. The mechanisms for tracking progress will include: -

(i) **External to the UN**

- **Regular Bottleneck Analysis** of key specific nutrition interventions (Promotion of IYCF, Treatment of SAM, Vitamin A supplementation, Household access to iodized salt)
- **Multi-sectoral nutrition scorecard:** The scorecard will allow quarterly monitoring of progress, of key nutrition indicators including in nutrition sensitive sectors (health, agriculture and food security, WASH, education and social protection) at both a national and sub-national level.
- **Joint Multi-sectoral Nutrition Review:** The JMNR will be conducted annually, to monitor implementation and expenditure on direct and sensitive nutrition interventions at the national, regional and district level, against the NMNAP.
- **National surveys:** The Tanzania Demographic and Health Surveys (TDHS), planned every five years, Tanzania National Nutrition Surveys (TNNS) using SMART methodology, 2016 and 2018. The surveys will provide data disaggregated by gender and by region in 2018 and 2020.
- **Annual SUN Self-Assessment exercise:** It aims to assess progress in SUN Countries, supported by key documents and evidence. It is an opportunity for nutrition stakeholders to reflect on progress and challenges and to identify where support is needed to realise joint goals in-country.

(ii) Internal to the UN

- **UNDAP reports:** The UN nutrition agenda outcomes and outputs are aligned to UNDAP II. The Joint Work Plans (JWPs), for each of the UNDAP II outcomes, with predefined indicators and annual targets will form the basis of biannual monitoring reports to assess progress. The financial section of the JWPs will provide details of planned budgets and expenditure including the percentage committed and by whom, to enable tracking of funding gap. Each agency will also produce a biannual narrative report explaining results, constraints, lessons learned and proposed remedial action. A mid-term and end term assessment of the UNDAP II will be conducted to assess results.
- **Programme and Project evaluations:** The midterm review of the project 'Accelerating stunting reduction in Mbeya, Iringa, Njombe and Songwe regions' (co-funded by Irish Aid and DFID) will be done in 2017 and an end line evaluation conducted in 2019.
- **Programme and project regular reports:**
- **UN Network annual reporting exercise:** The annual UN network report tracks the UN collective support to nutrition governance in line with the five UN Network global outcomes. This will be against the UN Network annual planned activities.

Appendix 1: UN Network Results Framework – 2016/17 – 2020/21

EXPECTED RESULTS	INDICATOR	MEANS OF VERIFICATION	BASELINE (2016/17)	TARGET 2021	GOVERNMENT INSTITUTION COLLABORATORS	UN AGENCY LEAD (S)
OUTCOME 1: INCREASED COVERAGE OF EQUITABLE, QUALITY AND EFFECTIVE NUTRITION SERVICES AMONG WOMEN AND CHILDREN UNDER FIVE						
Output 1: Health Staff and CHWs service providers trained and provided with supplies for MIYCAN promotion with UN support	% of regions heath and CHW staff trained with UN support	Project reports, BNA reports	5%	65%	*TFNC, MOHC-DGEC, zMOH, LGAs, NGOs)*	UNICEF, WHO
Output 2: Small and medium scale producers of micronutrient-fortified foods (vitamin A, iron, folate, iodine) are trained and provided with supplies including premixes and iodate with UN support.	% of small and medium scale producers trained and provided with supplies with UN support	Fortification Alliance reports	?	50%	*TFNC, MOHC-DGEC, zMOH, LGAs, NGOs, TFDA, TBS, MEM, TASPA, AZASPO*	WFP, UNICEF
Output 3: Health Staff and CHW service providers are trained and provided with supplies to treat Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) with UN support	% of health facilities providing treatment for SAM children	IMAM program reports	25%	50%	*TFNC, MOHC-DGEC, zMOH, LGAs, NGOs*	UNICEF
OUTCOME 2: RELEVANT MDAS AND SELECT LGAS ARE BETTER ABLE TO REALIZE A MULTI-SECTORAL NUTRITION RESPONSE AT NATIONAL, REGIONAL AND DISTRICT LEVEL						
Output 2.1 *LGAs supported to plan and budget for multi-sectoral nutrition interventions with UN support*	% of District/Municipal Councils holding at least 2 Council Steering Committees on Nutrition during the last fiscal year with UN support	LGA reports, JMNR reports, BNA reports	<10%	50%	*TFNC, MOF, PO-RALG, LGA*	UNICEF
Output 2.2 *Nutrition in agricultural interventions mainstreamed through provision of supplies and training of extension workers with UN support*	% of regions with agricultural extension workers trained and provided with supplies with UN support	LGA reports	?	50%	*MOA, TFNC, LGAs, NGOs*	FAO/IFAD
Output 2.3 *PMO, TFNC and LGAs supported to ensure adequate functioning of multi-sectoral coordination system at national and select LGAs with UN support*	% of Multisectoral Steering Committees on Nutrition (MSCN) holding at least 50% of required meetings with UN support	Reports of MSCN, LGA reports, JMNRs	?	50%	*HLSCN and MN-TWG, the 8 TWGs and Regional and Council MSCN*	UNICEF, WFP
2.4 *Strengthened supervisory, coordination and technical capacity of district and regional nutrition officers and health workers through regular training sessions*	% of supportive supervisory visits done with UN support Vs those required by PO-RALG supervisory tool.	LGA reports, JMNRs, BNA reports	?	50%	*TFNC, LGAs, MOHCDGEC, zMOH, PO-RALG*	UNICEF, WFP
2.5 *Resource mobilization strategy developed for the National Multi-sectoral Nutrition Action Plan (2016/17-20/21) with UN support*	Resource mobilization document available and disseminated	Resource mobilization document	0	1	PMO, TFNC, Resource mobilization TWG,	UNICEF, WFP
2.6 *Develop UN joint programmes and convergence in geographical areas of overlap (e.g. Dodoma)*	At least one UN joint programme on nutrition developed in one region	UN reports, Regional/LGA reports	0	1	PO-RALG, LGAs	*FAO, WFP, WHO, UNICEF*

OUTCOME 3: MULTI-SECTORAL NUTRITION INFORMATION AND SURVEILLANCE SYSTEMS OPERATIONALISED						
3.1 *Regular nutrition surveys conducted at national, regional and district level with UN support, to increase timely and quality nutrition data availability for decision making and programming*	– Regular frequency of collection of national nutritional data – % of councils carrying out at least one semi-annual and annual bottleneck analysis (BNA) of nutrition interventions	– TDHS, TNNS – BNA reports	– 5 years' interval – 75% (2015/16)	– < 3-yrs interval – 85%	*TFNC, NBS, LGAs, SUA*	UNICEF, WFP, WHO, IAEA (for biomarkers)
3.2 *Nutrition scorecard implemented with UN support to improve nutrition accountability and stimulate multi-sectoral actions*	% of councils producing at least one semi-annual or annual multi-sectoral nutrition scorecard report	Scorecard reports, JMNRs	0	40%	*TFNC, PMO, PO-RALG, MDA, LGAs, NBS, SUA*	UNICEF, WFP
3.3 *Progress of implementation of the NMNAP monitored through the annual JMNRs with UN support*	JMNR conducted annually with UN support	JMNR reports	Annual	Annual	*TFNC, PMO, PO-RALG, MDAs, LGAs, PANITA, NGOs*	UNICEF, WFP
3.4 *Public Expenditure Review on Nutrition (PER-N) for 2013-2017 carried out.*	One PER-N carried out between 2016-2021	PER-N Report	1	1	MOF, PMO, TFNC	UNICEF
3.5 *Drivers of change in nutrition status of children and women in Tanzania analysed*	Report on analysis of drivers of change for nutrition	Report on analysis	0	1	TFNC, PMO, SUA, MUHAS	UNICEF
3.6 *Chronic Food Insecurity Analysis conducted with UN support and recommendations on solutions on filling the nutrient gap made*	Institutionalization of analytical tools (Vulnerability Assessment Mapping (VAM) and Filling the Nutrient Gap (FNG)	VAM and FNG reports	Capacity to do analysis under development	Adequate capacity developed and information used for decision making	MOA, TFNC, LGAs	WFP, FAO
3.7 *Annual SUN Joint Assessments conducted with UN support*	One annual SUN Joint assessments done	SUN Joint Assessment Reports	1	1	PMO, TFNC	UNICEF, WFP

(Footnotes)

1 Indicators 1-6 are global indicators for tracking the 2025 World Health Assembly (WHA) targets; indicators 7-9 are NCD global targets for 2025; and indicators 10-12 are Tanzanian specific since they have been tracked for many years. Though the Tanzanian specific indicators 10-12 were left out of the final NMNAP document, they were adopted by the NMNAP validation workshop. They must be considered in the UN Nutrition strategy because specific interventions have been included in the NMNAP and progress must be tracked against specific targets.

REACH
ACCELERATING THE SCALE-UP OF FOOD AND NUTRITION ACTIONS

World Food Programme · Food and Agriculture Organization of the United Nations · unicef · World Health Organization

Scaling Up NUTRITION
UN Network

UN NUTRITION AGENDA FOR TANZANIA 2016-2021

APRIL 2018