



# Tanzania Food and Nutrition Centre

## STRATEGIC PLAN

2005/2006 – 2009/2010

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TFNC Report No. 2006  
June 2006

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## **LIST OF ABBREVIATIONS AND ACRONYMS**

AIDS	-	Acquired Immune Deficiency Syndrome
ARI	-	Acute Respiratory Infection
AU	-	African Union
BAKWATA	-	Baraza Kuu la Waislamu Tanzania
BCC	-	Behavioral Change Communication
CBMIS	-	Community Based Management Information System
CBNR	-	Community Based Nutrition Rehabilitation
CBO	-	Community Based Organization
CCT	-	Christian Council of Tanzania
CHF	-	Community Health Fund
CHND	-	Community Health and Nutrition Directorate
CORPs	-	Community Owned Resource Persons
CSPD	-	Child Survival, Protection and Development
CSSC	-	Christian Social Services Commission
DFID	-	Department for International Development
DHS	-	Demographic and Health Survey
EAC	-	East African Community
ECSA	-	East, Central and Southern Africa
FBO	-	Faith Based Organization
FPAD	-	Finance, Personnel and Administration Directorate
FAO	-	Food and Agriculture Organization
FONATA	-	Food and Nutrition Association of Tanzania
FOSNNA	-	Food Science and Nutrition Network for Africa
FSND	-	Food Science and Nutrition Directorate
GTZ	-	Gesellschaft Fuer Techndische Zusammenarbeit (German Technical Assistance)
HANDS	-	Health and Nutrition Development Support
HIV	-	Human Immunodeficiency Virus
HIPC	-	Highly Indebted Poor Countries
HNP	-	Health and Nutrition Project
HPLC	-	High Performance Liquid Chromatography

IAEA	-	International Atomic Energy Agency
IBFAN	-	International Baby Food Action Network
ICF	-	Integrated Conceptual Framework
ICN	-	International Conference on Nutrition
IDD	-	Iodine Deficiency Disorders
IEC	-	Information, Education and Communication
IMCI	-	Integrated Management of Childhood Illness
IMS	-	Indicator Monitoring Survey
IYCF	-	Infant and Young Child Feeding
JNSP	-	Joint Nutrition Support Programme
JICA	-	Japan International Cooperation Agency
KAP	-	Knowledge, Attitude and Practice
KRA	-	Key Result Area
LBW	-	Low Birth Weight
MCH	-	Maternal and Child Health
MAFS	-	Ministry of Agriculture and Food Security
MD	-	Managing Director
MDGs	-	Millennium Development Goals
MDGS	-	Mid Decade Goals Survey
MKUKUTA	-	Mkakati wa Kukuza Uchumi na Kupunguza Umaskini Tanzania
MoEC	-	Ministry of Education and Culture
MoH	-	Ministry of Health
MSD	-	Medical Stores Department
MTEF	-	Medium Term Expenditure Framework
MVC	-	Most Vulnerable Children
NCD	-	Non-Communicable Diseases
NETD	-	Nutrition Education and Training Directorate
NGO	-	Non-Governmental Organization
NFNP	-	National Food and Nutrition Policy
NPA	-	Norwegian People's Aid
NPAN	-	National Plan of Action for Nutrition
NPPD	-	Nutrition Policy and Planning Directorate
NNISCG	-	National Nutrition Information Systems Consultative Group

NURU	-	Nutrition Rehabilitation Unit
O & OD	-	Opportunities and Obstacles for Development
PEM	-	Protein-Energy Malnutrition
PLWHA	-	People Living With HIV/AIDS
PMTCT	-	Prevention of Mother to Child Transmission
PRS	-	Poverty Reduction Strategy
PT	-	Proficiency Test
RAAWU	-	Researchers, Academicians and Allied Workers Union
REC	-	Research and Ethics Committee
RCH	-	Reproductive and Child Health
SADC	-	Southern Africa Development Community
SAREC	-	Swedish Agency for Research Cooperation with Developing Countries
SHDEPHA+	-	Service, Health and Development for People Living Positively with HIV/AIDS
Sida	-	Swedish International Development Agency
SFP	-	School Feeding Programme
SPIC	-	Strategic Planning and Implementation Committee
SUA	-	Sokoine University of Agriculture
SWOT	-	Strengths, Weaknesses, Opportunities and Threats
TAHEA	-	Tanzania Home Economics Association
TASPA	-	Tanzania Salt Producers Association
TDHS	-	Tanzania Demographic and Health Survey
TEC	-	Tanzania Episcopal Conference
TPHA	-	Tanzania Public Health Association
TGNP	-	Tanzania Gender Network Programme
TFNC	-	Tanzania Food and Nutrition Centre
TRCHS	-	Tanzania Reproductive and Child Health Survey
TV	-	Television
TOT	-	Training of Trainers
TSED	-	Tanzania Socio-Economic Database
UN	-	United Nations
USAID	-	United States Agency for International Development

UNICEF	-	United Nations Children's Fund
VAD	-	Vitamin A Deficiency
VITAA	-	Vitamin A for Africa
WABA	-	World Alliance for Breastfeeding Action
WBW	-	World Breastfeeding Week
WHO	-	World Health Organization
WVT	-	World Vision Tanzania



## **FOREWORD**

The Tanzania Food and Nutrition Centre (TFNC) strategic plan is an outcome of a number of initiatives and consultations between TFNC management, TFNC workers council and the Board of Directors. The development of strategic plan was a participatory process, involving mainly TFNC staff and preceded through a number of stages including commissioning a consultant to refine the document. Finally, it was presented to TFNC workers council and Board of Directors for approval.

The TFNC strategic plan is intended to improve performance and service delivery of the Centre. Specifically, the plan defines the future direction of the Centre for the next five years (2005/2006 – 2009/2010). It defines vision, mission, key result areas, strategic objectives, targets, strategies and actions. It also defines monitoring and evaluation mechanism to ensure effective and efficient implementation of the plan and sustainability of the intended impact.

The plan focuses on priority activities and scope of operation in line with the National Development Vision 2025, National Strategy for Growth and Poverty Reduction, Millennium Development Goals and other relevant policies and strategies.

It is hoped that the Strategic Plan will improve the performance and service delivery of the Centre and ultimately contribute towards improvement of the nutrition situation in the country.

Dr. G. D. Ndossi  
**Managing Director**  
Tanzania Food and Nutrition Centre

## **EXECUTIVE SUMMARY**

The levels of malnutrition in Tanzania continue to be unacceptably high despite intervention efforts undertaken. Protein-energy malnutrition (PEM), nutritional anaemia, iodine deficiency disorders (IDD) and vitamin A deficiency (VAD) are the main nutritional disorders of public health significance. Population groups most affected are children below 5 years of age, pregnant and lactating women. Wasting affects 2.9 percent, stunting 38.0 percent and underweight 21.9 percent of children aged below five years. The prevalence of anaemia among pregnant and lactating women is 42.8 while in under five children it is 65.2 percent. Prevalence of VAD among under fives is 24.2 percent and goitre prevalence among school children is 7 percent. Other nutritional disorders such as obesity, chronic diet related non-communicable diseases and deficiencies of the B-vitamins and minerals do exist. However, their magnitude has not been established.

Nutrition work in Tanzania started in the 1920s, but it was not until the 1940s when a nutrition unit was established under the Ministry of Health (MoH). In 1973, with Sida support, the Tanzania Food and Nutrition Centre (TFNC) was established as a parastatal organization under the Ministry of Agriculture. It was later moved to the Prime Minister's Office and then to the Ministry of Health where it remains to-date.

During the 1940s prevention and control of malnutrition focused on providing specific nutrients to correct known nutrient deficiencies. This approach known as the Nutrient Model was inadequate in addressing problems as it lacked considerations beyond the physiological basis of malnutrition. In the 1970s, the Nutrient model was replaced by the Food Cycle Model, which introduced the notion that malnutrition persisted because of food losses from farm to table and into the body. This model emphasized on the food aspect of malnutrition and neglected the non-food causes. As a result it was inadequate in tackling the malnutrition problem.

Guided by experience in using the food cycle model and in realization of the complex nature of the nutrition problem, TFNC and UNICEF jointly developed a more comprehensive model known as the Integrated Conceptual Framework (ICF). In this model, malnutrition is seen as a multi-dimensional problem resulting from complex processes in the society. The approach facilitates analysis of malnutrition at three levels - immediate, underlying and basic causes. The ICF emphasizes the use of information to assess the situation, analyze its causes and take action to improve the situation (Triple A cycle). As the new situation emerges the triple A cycle is repeated interactively.

TFNC was established by Act of Parliament No. 24 of 1973 and launched in 1974. It is a semi - autonomous institution under the Ministry of Health. It has its own chief executive, the Managing Director, who is answerable to Board of TFNC. The Minister for Health appoints the Board members and the Managing Director, while the President of the United Republic of Tanzania appoints the Board Chairperson. The tenure of Board Members is three years.

This strategic plan will guide TFNC's operations for the period 2005/2006 to 2009/2010. Development of the plan has taken into account new developments since the Centre's inception with a view to improving performance and service delivery. The new development includes the National Development Vision 2025, the ongoing Public Sector Reforms, Poverty Reduction Strategy, Millennium Development Goals and other relevant policies and strategies.

TFNC has implemented a wide range of activities aimed at addressing the major nutrition problems affecting the Tanzanian community. The activities are grouped into five broad areas: policy development and planning, community nutrition, food science and technology development, nutrition education and training and institutional development.

Analysis has been conducted that identifies specific strengths, weaknesses, opportunities available and possible threats faced by TFNC as an organization. These issues can have impact in terms of the Centre's efforts to establish itself as a strong institution to meet and withstand future challenges. The analysis considers, among other things, local, national, regional and international factors that have an impact on the performance of the Centre.

The key stakeholders of the Centre comprise Public and Private Sectors, Civil Society, Regional bodies and Organizations, Development Partners and the Community.

The vision of TFNC is: **"To become a Centre of excellence which plays a pivotal role in guiding and catalysing actions for the prevention and control of malnutrition in Tanzania".**

TFNC's mission is: **"To provide research, advocacy, education and training services aimed at the prevention and control of malnutrition in Tanzania".**

In this Strategic Plan, a total of 16 Strategic Objectives have been identified and grouped under three key result areas (KRA) namely:

1. Nutrition well-being of Tanzanians.
2. Supportive Technical Services for the sector.
3. Institutional Capacity of the Centre.

***Key Result Area 1: Nutrition well-being of Tanzanians***

This KRA constitutes direct interventions geared towards prevention and control of macro- and micronutrient deficiencies. Under this KRA seven strategic objectives have been identified:

- i. Prevention and control of protein - energy malnutrition promoted.
- ii. Prevention and control of micronutrient deficiencies strengthened.
- iii. Nutrition care and support in HIV/AIDS promoted.
- iv. Nutrition for specific groups promoted.
- v. Prevention and control of non-communicable diet related diseases promoted.
- vi. Integration of nutrition in disease prevention and control enhanced.
- vii. Household food security enhanced.

***Key Result Area 2: Supportive Technical Services for the sector.***

These are broad cross-cutting interventions, which enhance and support the implementation of the direct interventions. Seven strategic objectives have been identified under this KRA as follows:

- i. Nutrition information management systems strengthened.
- ii. Information development and communication strengthened.
- iii. Nutrition education and training strengthened.
- iv. Applied nutrition research and scientific publications promoted.
- v. Food and nutrition laboratory services improved.
- vi. Food and nutrition library services strengthened.
- vii. Policy development and advocacy promoted.

***Key Result Area 3: Institutional Capacity of the Centre.***

These interventions aim at supporting nutrition actions through developing capacities of the Centre in terms of human and financial resources, infrastructure and equipment. Under this KRA two strategic have been identified as follows:

- i. Planning, budgeting, monitoring and evaluation of TFNC programmes and projects strengthened.
- ii. Institutional capacity development strengthened.

### **The implementation plan**

The strategic plan has a total of 16 strategic objectives (7 under KRA 1, 7 under KRA 2 and two for KRA 3), which are result-oriented statements of what TFNC intends to achieve in the five years. In the plan, there are Strategies that TFNC will undertake in order to achieve the strategic objectives and effectively address the key result areas shown, as well as targets and activities that will be implemented in the five years. The plan also has indicators to measure the performance of the implementation.

### **Financing Mechanism**

The strategic plan will be financed through the Government's Medium Term Expenditure Framework (MTEF), which includes funds from government and development partners. Other anticipated sources of funds are direct project financing and institutional (internal) generated funds.

### **Implementation, Monitoring and Evaluation**

The Strategic Plan has a Monitoring and Evaluation (M&E) component designed to ensure effective and efficient implementation of the plan and the sustainability of the intended impacts. It is a review mechanism to monitor the progress and assess the outcomes compared to the original objectives, targets or expectations.

The Monitoring and Evaluation system facilitates the translation of the Centre level interventions into Directorate level action in the implementation of the Strategic Plan.

While the overall responsibility of the implementation of the Strategic Plan rests with the management, the management will appoint an officer who will coordinate activities related to the implementation of the plan. The objective is to increase efficiency and effectiveness in its implementation. In addition, a strategic planning and implementation committee (SPIC) will be established. The committee will assist the officer in coordinating the Strategic Plan.

Each Directorate will be required to develop an annual work plan drawn from activities planned for the first year in the main Strategic Plan. The annual plan will be used to guide implementation and reporting of the activities conducted over the year.

Monitoring of the Strategic Plan will be the responsibility of the SPIC which will audit the implementation of the plan. The Directorate of Planning Department will prepare and issue

monitoring guidelines to all officers involved in the implementation and audit exercise as approved by SPIC while the monitoring and evaluation roles and responsibilities will be played by the Centre and its Directorates.

Monitoring will be instituted immediately after strategic implementation of the Strategic Plan. The monitoring methodology will involve preparation of detailed annual operational plans linked to MTEF, undertaking physical observation and interviews / discussion between SPIC and the various stakeholders and conducting enquiries with the assistance of questionnaires administered once every year.

Monitoring reports at the Directorate level will be prepared. The reports will include the approved strategic goals and their target indicators at the relevant levels, achievements in terms of output, the deviations in the planned activities and outputs, constraints in the implementation of the Strategic Plan and any internal and external factors which have affected implementation. The report will also propose remedial actions and the way forward for solving the problems faced.

As regards evaluation, there will be two types of evaluation of the Strategic Planning Process at TFNC. Once every two years using internal evaluators and another one once every five years using an external evaluation team working with one internal evaluator not responsible for the implementation of the Strategic Plan. The internal and external evaluations will have similar Terms of Reference (ToR).

The evaluation reports will be discussed at the end-of-year annual progress review workshop. The recommendations adopted will be implemented and included in the rolled over Strategic Plan.

In terms of reviewing, the TFNC Strategic Plan shall be reviewed and rolled every two and a half years. The review will be based on the internal and external reviews' recommendations which will be held every second year and five years respectively. The budget summary for the five years is as follows:-

<b>FIVE YEAR BUDGET SUMMARY BY STRATEGIC OBJECTIVES 2005/2006 - 2009/2010 (T.SHS. '000')</b>							
<b>No.</b>	<b>Strategic Objectives</b>	<b>2005/2006</b>	<b>2006/2007</b>	<b>2007/2008</b>	<b>2008/2009</b>	<b>2009/2010</b>	<b>TOTAL</b>
1.1	Prevention and Control of PEM promoted	245,278.0	597,519.0	322,015.0	414,419.0	330,596.0	<b>1,909,827.0</b>
1.2	Prevention and Control of Micronutrient Deficiencies strengthened	303,000.0	358,860.0	323,740.0	246,230.0	305,275.0	<b>1,537,105.0</b>
1.3	Nutrition Care and Support in HIV/AIDS promoted	116,000.0	160,360.0	182,555.2	191,000.0	200,000.0	<b>849,915.2</b>
1.4	Nutrition for Specific Groups promoted	34,500.0	95,800.0	255,800.0	222,100.0	105,300.0	<b>713,500.0</b>
1.5	Prevention and Control of Non-communicable Diet Related Diseases promoted	5,597.0	248,100.0	196,300.0	245,900.0	222,900.0	<b>918,797.0</b>
1.6	Integration of Nutrition in Diseases Prevention and Control enhanced	-	20,000.0	22,000.0	12,000.0	14,000.0	<b>68,000.0</b>
1.7	Household Food Security enhancement	163,929.0	238,648.0	240,436.0	156,128.0	182,428.0	<b>981,569.0</b>
2.1	Nutrition Management Information Systems strengthened	332,000.0	189,000.0	265,000.0	278,000.0	552,000.0	<b>1,616,000.0</b>
2.2	Information Development and Communication strengthened	70,695.0	151,296.0	122,673.0	162,354.0	447,065.0	<b>954,083.0</b>
2.3	Nutrition Education and Training strengthened	62,112.0	100,371.0	110,057.5	93,720.2	85,285.6	<b>451,546.3</b>
2.4	Applied Nutrition Research and Scientific Publications promoted	47,534.0	48,196.0	49,600.0	53,600.0	51,500.0	<b>250,430.0</b>
2.5	Food and Nutrition Laboratory Services improved	107,442.0	57,340.0	60,774.0	64,422.0	130,827.0	<b>420,805.0</b>
2.6	Food and Nutrition Library Services strengthened	23,975.0	24,990.0	27,577.0	29,680.0	31,449.0	<b>137,671.0</b>
2.7	Policy Development and Advocacy promoted	266,295.0	169,395.0	241,450.0	110,500.0	110,000.0	<b>897,640.0</b>
2.8	Planning, Budgeting, Monitoring and Evaluation strengthened	50,300.0	86,000.0	112,500.0	108,500.0	167,000.0	<b>524,300.0</b>
3.0	Institutional Capacity Development strengthened	378,220.0	1,135,150.0	1,777,308.0	2,311,315.0	953,531.0	<b>6,555,524.0</b>
	<b>GRAND TOTAL</b>	<b>2,206,877.0</b>	<b>3,681,025.0</b>	<b>4,309,785.7</b>	<b>4,699,868.2</b>	<b>3,889,156.6</b>	<b>18,786,712.5</b>

## CHAPTER ONE

### BACKGROUND

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#### 1.0 Introduction

The background provides information of the nutrition situation in Tanzania, development of nutrition work over the years and the establishment and mandate of TFNC. The chapter also covers the rationale and process for development of a TFNC Strategic Plan and its layout.

#### 1.1 Nutrition Situation

The levels of malnutrition in Tanzania are unacceptably high despite intervention efforts which have been made in the management and controlling of the problem. Protein Energy Malnutrition (PEM), Nutritional Anaemia, Iodine Deficiency Disorders' (IDD) and Vitamin A deficiency (VAD) constitute the major nutrition problems in Tanzania. Groups that are vulnerable to protein-energy malnutrition in Tanzania are children below five years of age, pregnant and lactating women. Available data (TDHS 2005) shows that stunting affects 38.0 percent of children, under weight 21.9 percent and wasting 5.3 percent. In addition about 16 percent of children are born with low birth weight (below 2.5 kg), which is a reflection of the magnitude of PEM in pregnant women. A survey conducted by TFNC in 2004 in Magu, Hai, Mbarali, Kilosa, Masasi, Mtwara (R) and Kibaha districts showed that prevalence of undernourished in lactating women ranged from 7.9% in Hai district to 21% in Masasi District .

According to TDHS (2005), 65.2 percent of the children below five years of age had anaemia; 24.2 percent being mild anaemia, 37.6 percent moderate and 3.4 percent severe anaemic. With regard to women, 42.8 percent were found to be anaemic, 29.7 percent being mildly anaemic and 12.1 percent being moderate anaemic.

It is estimated that 41 percent of the people are at risk of developing IDD as they reside in endemic iodine deficiency areas. Studies carried out in 1980s show that 25 percent of the people suffered from goitre indicating that IDD was a problem in Tanzania. The current national prevalence of



goitre (2004) is estimated at 7 percent showing a drastic reduction in its prevalence. This is a result of interventions initiated since early 80s, which included distribution of iodinated oil capsules and iodation of salt and close monitoring. The study also shows that 84% of the households were consuming iodated salt.

Vitamin A deficiency (VAD), mainly affects children between six month and six years of age. A national survey carried out in 1997 showed that 24 percent of children aged below five years had serum retinol below the normal level and 69 percent of lactating women had breastmilk retinol below normal level; all indicating Vitamin A deficiency was a problem of public health significance in Tanzania. Other nutritional disorders do exist such as obesity, chronic diet related non-communicable diseases, deficiencies of the B-vitamins and minerals.

## **1.2 Development of Nutrition Work in Tanzania and the Making of TFNC**

Nutrition works in Tanzania date back to 1920s. The first surveys concerning nutrition status of the people of Tanzania and specifically maternal and child health were conducted in Kilwa, Kilimanjaro and Arusha.

During the 1920s and 1930s deliberate efforts were made to improve the health of at least some sectors of the population, specifically those in institutions such as schools, prisons, hospital, labour camps and the military, through improved diets. Through the scanty information that was available, the British Government realized that average dietary intake of the African population was inadequate. This prompted the British Government to appoint a committee in 1937 "to report and advice on human nutrition in Tanganyika Territory".

Based on a preliminary survey of nutrition, the committee's recommendations resulted in the preparation of a nutrition programme and a comprehensive national survey, which had to be shelved when World War II broke out. During the war period not much was done to improve nutrition. In 1947 a Nutrition Unit was established under the Ministry of Health (MoH) providing a focus for the ongoing adhoc nutrition activities. In 1949, an attempt at a multisectoral approach to solving nutrition problems resulted in sending a multisectoral team to Makerere University Nutrition School to train in nutrition.

Breaking of famine in 1953/54, an alarming increase in mortality rate and outbreaks of diseases, among others, contributed to the decision to form a Multisectoral Central Advisory Committee on Nutrition to review and advice on nutrition matters. It was not until 1961 when independence was attained that improvement of nutrition status of the Tanzanian community was taken up as an issue of major national concern. A Tanzania National Committee on Freedom from Hunger and later the Tanzania Nutrition Committee were formed. A coordinated nutrition status survey was conducted; the findings of which formed the basis for formulation of the First National Nutrition Plan (1965-1969), with the support of UNICEF, WHO and FAO among others.

Strong political support to nutrition work played a vital role in further initiation and extension of nutrition activities in the country. In 1963 the then President of Tanganyika His Excellency the late Mwalimu Julius K. Nyerere declared the intention of the government to fight malnutrition, thus inviting assistance from within and outside the country. In 1966 a Nutrition School was founded playing an important role in developing the capacity of nurses, agricultural extension workers and school teachers to address nutrition problems amongst the Tanzanian community. The Arusha Declaration in 1967 and the consequent programme of decentralization resulted into the strengthening of social services in rural areas and thus leading further to initiation and expansion of services, nutrition services inclusive.

The 1970s saw establishment of various nutrition units under Ministries responsible for Agriculture and Education; independent of the Ministry of Health. This necessitated the establishment of a nutrition-coordinating organ. In this context TFNC was established by the Act of Parliament passed on 21<sup>st</sup> November 1973 and assented by His Excellency Mwalimu Julius K. Nyerere on December 6<sup>th</sup>, 1973. Initially, TFNC was placed under the Ministry of Agriculture and later moved to the Prime Minister's Office. Currently, TFNC is operating under the Ministry of Health.

Initially, TFNC concentrated on the development of its own capacity and collection of nutrition data. Thereafter, nutrition planning courses were organized for key staff at district and regional levels. The overall picture emerging from these courses, specific nutrition surveys and the ever-growing number of Government and Non Governmental Agencies dealing with nutrition matters indicated the need for national guidelines on food and nutrition activities in the country.

The first National Food and Nutrition Conference was held in Moshi 1980 to discuss, among other things, the draft document of the National Food and Nutrition Policy (NFNP). This Policy was later endorsed by the Parliament in 1992. The NFNP is currently under review to accommodate the ongoing socio-economic changes, various sectoral reforms, HIV/AIDS and Poverty Reduction Strategies.

Approaches used to analyze and address nutritional problems varied over time. In the 1940s focus was on prevention and control of malnutrition based on the nutrient model, while in the 1970s, the nutrient model was reviewed thus coming up with the Food Cycle Model. The Integrated Conceptual Framework (ICF) later replaced the Food Cycle Model.

The Nutrient Model considered malnutrition as lack of one or more nutrients. This model considered lack of protein as the cause of kwashiorkor while lack of carbohydrates and fats as the cause of marasmus and lack of vitamins and minerals as the cause of nutritional disorders such as xerophthalmia, beriberi, scurvy, anaemia and goitre.

The shortcomings of this model were that the analysis of nutrition problems did not go beyond the physiological considerations; it treated specific nutrient deficiencies in isolation, ignoring the fact that people eat food and not nutrients. The model also overlooked the socio-economic, cultural, and political factors influencing food availability, stability and accessibility.

The Food Cycle Model approach evolving in the 1970s after reviewing the nutrient model, considered malnutrition as a result of food losses at various stages of the food chain, from production, harvesting, post harvest handling and finally utilization. The concept underlying this approach was that if efforts were made to plug the leakages at different stages nutritional problems would be solved. In deed, the TFNC logo was developed on the basis of the Food Cycle Model.

With time, it was realized that even the Food Cycle Model could not address non-food causes of malnutrition. TFNC and UNICEF, basing on the experience of the Iringa JNSP of the 1980s came up with another model for analyzing hunger and malnutrition. This model is the integrated conceptual framework.

The ICF considers malnutrition as a multi-dimensional problem resulting from complex processes in society. The approach facilitates analysis of malnutrition at three levels, namely the immediate, underlying and basic levels. Diseases and inadequate food intake are considered as immediate causes; inadequate and unequal access to commodities and services as underlying causes; and the socio-economic structure with its historical, ecological, economic, political and cultural aspect as the basic causes of malnutrition.

This is the model which is being used currently, by stakeholders at different levels in the assessment, analysis, planning implementation, monitoring and evaluation of nutrition actions at different levels.

### **1.3 Identity and Mandate of TFNC**

TFNC was established by Act of Parliament No. 24 of 1973 and launched in 1974. It is semi- autonomous institution under the Ministry of Health with its headquarters in Dar es Salaam. It has its own Chief Executive known as Managing Director who is responsible to the board of TFNC. The Board members and the Managing Director are appointed by the Minister for Health while the Board Chairperson is appointed by the President. The tenure of Board members is three years.

The TFNC Managing Director works through a Management Committee which consists of five Directors each managing a Directorate. The Directorates are Nutrition Policy and Plans, Nutrition Education and Training, Community Health and Nutrition, Food Science and Nutrition and Finance, Personnel and Administration.

The functions of the Centre as stipulated in the Act are as follows: -

- i. To plan and initiate food and nutrition programmes for the benefit of the people of the United Republic;

- ii. To undertake reviews and revisions of food and nutrition programmes;
- iii. To provide facilities for training in subjects relating to food and nutrition and prescribe conditions which must be satisfied before any diploma, certificate or other awards which may be granted in any such subject upon completion of any such training undertaken by the Centre or other education institution in the United Republic;
- iv. To carry out research in matters relating to food and nutrition;
- v. To advise the Government, the schools and other public organizations on matters relating to food and nutrition;
- vi. To stimulate and promote amongst the people of the United Republic, awareness of the importance of balanced diets and of the dangers of malnutrition;
- vii. To gain public confidence in the methods suggested by the Centre for the correction or avoidance of malnutrition;
- viii. In collaboration with the Ministry responsible for Development Planning to formulate, for incorporation in the national development plans, plans relating to food and nutrition for the benefit of the people of the United Republic;
- ix. In collaboration with the producers, manufacturers and distributors of articles of food, to ensure proper nutritional value of the food marketed in the United Republic or exported to foreign countries;
- x. To make available to the Government and people of the United Republic its findings on any research carried out by it on matters affecting nutrition;
- xi. To participate in international conferences, seminars and discussions on matters relating to food or nutrition; and
- xii. To do all such acts and things, and enter into all such contracts and transactions, as are, in the opinion of the Board, expedient or necessary for the discharge of functions of the Centre.

#### **1.4 Rationale for Strategic Plan**

Since its inception, TFNC has been operating without a Strategic Plan. The planning system was based on annual plans, and for some specific projects/programmes, five year plans. This planning system managed to yield some achievements, which are presented in chapter two. However, the plans were mostly based on availability of funds from donors. In this regard prioritisation of interventions by the Centre was limited; sustainability not guaranteed and were disjointed from other ongoing programmes/activities.

These above shortcomings together with various socio-economic and political changes and consequently, the on-going reforms in the public and private sectors have necessitated the centre to re-think and act strategically. In the strategic plan priority areas are spelt out and the list of activities drawn to which the government and development partners will adhere. TFNC, also need to refocus its activities and scope of operation in line with the National Development Vision 2025, National Strategy for Growth and Reduction of Poverty (MKUKUTA), Millennium Development Goals (MDGs) and other relevant Policies and Strategies.

In view of this it was therefore felt necessary for TFNC to develop a strategic plan to improve performance and service delivery.

### **1.5 The Process of Developing the Strategic Plan**

Development of TFNC strategic plan is an outcome of a number of initiatives and consultations between TFNC management and the Board. This led to formation of a working group with representation from all TFNC's directorates.

The Centre decided that due to the nature of the task, which called for better understanding of TFNC vision, mission and functions by its own staff, the task should be undertaken by the staff themselves rather than people from outside TFNC. Full participation of TFNC staff would also serve as a learning process as well as creating the sense of ownership.

Thus, the working group apart from reviewing the performance of TFNC produced a draft copy of strategic plan which was discussed by all TFNC programme officers through a one-day internal seminar presentation. The outcome was presented to the TFNC Board for their inputs. The draft, which included the inputs from the Board, was distributed to other key stakeholders for further inputs. During the drafting process the working group consulted a number of partners and collaborators who have already prepared their organizational strategic plans. The TFNC Board of Directors endorsed this final document of the Strategic Plan in October 2005.

### **1.6 Layout of the Strategic Plan:**

This document is organized in five chapters. Chapter one presents nutrition situation in Tanzania, development of nutrition work in the country, establishment of TFNC, its identity and mandate. Furthermore, it explains the rationale and the process of developing a strategic plan. Chapter two provides the situational analysis of TFNC in relation to performance of core functions and highlights strengths, weaknesses, opportunities and threats (SWOT) of the Centre. The analysis of TFNC key stakeholders is also included in this chapter. Vision, mission, key result areas, strategic objectives and targets strategies are stated in chapter three while Plan of Action to be implemented during the period 2005/06 – 2009/10 with estimated budget and financial mechanism are presented in chapter four. Chapter five presents the implementation, monitoring and evaluation framework of the TFNC Strategic Plan.

## CHAPTER TWO

### **TFNC SITUATION ANALYSIS**

#### **2.0 Introduction**

The situation analysis in this Strategic Plan looks at TFNC performance since its inception in 1973 to 2004 and identifies strengths, weaknesses, opportunities and threats (SWOT), as well as key stakeholders.

#### **2.1 Performance**

TFNC has implemented a wide range of activities aimed at addressing the major nutrition problems affecting the Tanzanian community. These activities are grouped in five broad areas of nutrition policy development and planning, community nutrition, food science and nutrition, nutrition education and training and institutional development. There have been a number of successes and constraints in the implementation of activities as outlined below.

##### **2.1.1 Nutrition Policy Development and Planning**

The Centre coordinated the development of the National Food and Nutrition Policy (NFNP) aimed at guiding national efforts in the alleviation of malnutrition. The process of developing NFNP began in 1976 and was endorsed in 1992. The Policy document was distributed to various stakeholders including government ministries, regions and districts authorities, academic institutions, non-government organization and general public. Currently the Policy is being reviewed to take on board the emerging issues such as political and public sector reforms, National Strategy for Growth and Reduction of Poverty (MKUKUTA) and HIV/AIDS.

The implementation framework of the Policy the “National Plan of Action for Nutrition (NPAN)” was also developed following the International Conference on Nutrition (ICN) in 1992. Furthermore, in 2000, TFNC in collaboration with LINKAGES developed the “PROFILES for Nutrition in Tanzania” which is an advocacy tool for increased investment in nutrition. It was disseminated to some stakeholders mainly Government



Ministries. Using PROFILES, Tanzania has been able to quantify and demonstrate the effects and impact of malnutrition on human and economic development in the country.

Before 1980 food and nutrition problems were erroneously understood to be mainly a result of a lack of nutrients to meet the individual body requirements. TFNC was instrumental in reversing this concept by developing the ICF of causes of malnutrition. This development was a result of experience gained in the course of implementing nutrition interventions in the country. The ICF, which is used to analyse the causes and magnitude of malnutrition at three levels of immediate, underlying and basic, was developed in early 1980's. TFNC and UNICEF immediately adopted it. The framework gained local and international recognition in subsequent years to the extent that it has been adopted worldwide with some modification from the original one developed by TFNC.

The Centre conducted nutrition planning courses to regional and district level's planning officers between 1978 and 1983 with the objective of facilitating integration of nutrition in regional and district plans. Technical support was provided in undertaking a situation analysis of food and nutrition problems for Arusha, Coast, Dar es Salaam, Kilimanjaro, Kigoma, Mara and Rukwa regions. In order to incorporate socio-cultural aspects in planning processes, sociological manual for improving knowledge and skills to analyse socio-cultural determinants related to food and nutrition problems was developed. TFNC has also been providing technical support to some districts in the planning process using Opportunities and Obstacles for Development (O & OD) approach and in Child Survival Protection and Development (CSPD) reviews to identify nutrition priorities in local government plans.

Furthermore, TFNC has been involved in a number of activities associated with the collection, analysis, storing and interpretation of information needed to describe and monitor the food and nutrition situation in Tanzania. These activities have been done through a number of studies of different kinds including situation analyses, surveys, nutrition surveillance and community based nutrition information systems. Annual data report on food and nutrition situation was prepared and distributed in the years 1972 - 1986. In addition, TFNC was involved in planning and implementation of Iringa Nutrition Surveillance Pilot project in 1979 leading to the formation of the UNICEF/WHO Joint Nutrition Support Programme (JNSP). In 1989 National Nutrition Surveillance Programme was initiated and managed by TFNC. The programme operated at

national, district and community levels in Hai, Makete, Njombe, Kilosa, Masasi, Manyoni, Iramba and Serengeti districts. Later on the programme activities were integrated in CSPD. During the implementation of surveillance programme, two reports on "Tanzania Nutrition Trends" were produced.

Efforts to ensure availability and dissemination of nutrition data have been made by establishing and maintaining a national nutrition database, updating nutrition data in Tanzania Socio-Economic Database (TSED) and East Africa Community Database and development of Community Based Management Information System (CBMIS) in all CSPD districts. Other activities undertaken include development of nutritional module questionnaire administered jointly with Bureau of Statistics in the 1991/92 Household Budget Survey (HBS), participation in training of enumerators for the 1991/92 and 1996 TDHS, training of enumerators and data analysis of 1995 Mid-Decade Goals Survey (MDGS), the 1995/96 Indicator Monitoring Survey (IMS) and 1999 Tanzania Reproductive and Child Health Survey (TRCHS). TFNC also conducted studies to establish inventory of programmes implementing nutrition activities in the country, Best Practices in planning and implementation of nutrition projects and effects of HIV/AIDS on nutrition, household food security as well as nutrition status in 1997 drought affected regions.

Regarding monitoring and evaluation of TFNC planned activities; an external evaluator evaluated the Centre in 1979, 1986, 1991 and 1999. Likewise, quarterly and annual implementation reports have been and continue to be prepared and shared with stakeholders.

Main setbacks experienced by the Centre include inadequate awareness of the National Food and Nutrition Policy (NFNP) by some stakeholders at national, regional, district and community levels. The problem of inadequate awareness is a result of inadequate interpretation of the Policy at lower levels and in other sectoral policies. This has resulted into poor accountability of nutrition activities at regional, district and community levels. The ongoing reforms in public sector, as well as economic and political changes, have necessitated the review of the NFNP; a process which further delayed endorsement of the NFNP implementation framework. The NFNP implementation framework would have stimulated accountability of nutrition at the district and community levels. Other limitations are inadequate coordination of surveillance systems under different TFNC programmes, inadequate skills in epidemiology, research design and data analysis and interpretation. There is also a weak

monitoring and evaluation mechanism within TFNC projects at various levels. Inadequate funding of planned TFNC activities and nutrition activities at district and community levels is another critical constraint.

### **2.1.2 Community Nutrition**

The Centre has conducted epidemiological assessments of nutritional situation and has managed to describe nutrition status of various population groups with particular emphasis on children aged below five years. The information was collected through spot surveys and Demographic and Health Surveys (DHS). The assessments were on PEM, anemia, IDD, VAD and Pellagra.

However, the epidemiological surveys carried out for description of nutritional disorders have had limitations. The major limitation is the fact that the surveys have not been comprehensive and analytical enough to give true pictures of the situations. Also, most surveys are those covering only limited areas of the country, main reason being shortage of resources. Also sustainability of the surveillance systems (anaemia, iodated salt and xerophthalmia) has not been possible. The systems have always stopped functioning as soon as the initial resource input ends.

Activities for prevention of PEM started in the 1980s by addressing maternal nutrition for the prevention of LBW. A learning project "Nutrition in Pregnancy" was initiated in Ilula village, Iringa. This was implemented hand in hand with another project aimed at the reduction of women's workload in Nzivi village (Mufindi district) and Kikwavila (Kilombero district). Lessons learnt from the two projects have made vital inputs in the formulation of the prevention of LBW project being implemented in seven districts of Tanzania.

Since 1980s the Centre has also implemented activities for the promotion of infant and young child nutrition. Basic components addressed included operational research, training in lactation management, breastfeeding counselling and HIV and infant feeding counselling, and implementation of Baby friendly Hospital Initiative. In addition, every year the country commemorates World Breastfeeding Week (WBW). Others include adoption of the International Code on Marketing of Breastmilk substitutes and designated products of 1994, and its incorporation in the Food Quality Control Act of 2003.

The limitation is that not much input has gone into the community support component for the promotion of breastfeeding while sustaining the BFHI has remained problematic for some of the health facilities. With regard to the promotion of appropriate complementary feeding practices, the Centre has produced and distributed various materials including: the national weaning guide, four types of brochures and weaning manuals for Morogoro, Kilimanjaro, Singida and Arusha regions. However, no follow up or monitoring has ever been done on the use or the impact of the materials distributed to the regions.

Nutrition Rehabilitation is a strategy aimed at managing those children who develop PEM. Initially, in the 1960s, the activity was confined to health facilities. Thus Nutrition Rehabilitation Units (NURU) were established in various hospitals in the country. Evaluation of the NURUs carried out in 1978/79 and another in 1980 showed that NURUs were not the approach that gave maximum benefit to the nutrition rehabilitation strategy. Another approach – Community Based Nutrition Rehabilitation – was initiated which stressed rehabilitating the child at home (in the same environment that precipitated malnutrition). Guidelines on CBNR produced in 1987 have been used by the CSPD programme as well as by some small-scale projects run by NGOs such as WVT, GTZ, Africare, HANDS project in Mbeya.

The Centre has been promoting nutrition in primary schools whereby rising of community awareness and provision of skills on management of school feeding are emphasized. The Centre also participated in the development of guidelines for school health programme. Implementation of these activities has been difficult due to lack of funds and adequate human resources. A need has been expressed to revitalize the activities under this project.

The project for Prevention and control of anaemia started in 1980s focusing on the strengthening of iron/folic acid supplementation during pregnancy. It also focused on provision of education on infection control particularly malaria and worm infestation and increased consumption of iron/vitamin rich foods (meat products, fruits and vegetables).

Under the five-year programme for the control of anaemia (1990/91 – 1994/95), several achievements were attained. These include capacity development to districts and district level hospitals through provision of training on prevention and control of anaemia, provision of equipment for

measuring of Haemoglobin (Hb) and provision of booklets and readers materials. Also, Policy guidelines for control of micronutrient deficiencies were produced and distributed, TFNC laboratory equipped with Hb measuring machines (Hemocue and Zinc Protoporphyrin machine for the determination of body's iron status) and technical support was provided to various institutions/organizations. Unfortunately, the fact remains that no national anaemia survey has ever been conducted in Tanzania that would have provided comprehensive and detailed information on the problem. However, the TDHS (2005) provides some information on prevalence of anemia in women and children. Knowledge, Attitude and Practice (KAP) of health workers with regards to iron/folic acid supplementation to pregnant women is inadequate. Also, low compliance to the drugs by the women is another problem that needs to be addressed.

As regards to prevention and control of IDD, for many years individuals with goitre were being provided with Lugols' solution (aqueous solution of iodine). In the 1980s trials of injectable iodized oil were carried out in the country. The intervention was effective as iodine was retained in the body tissues for 3-5 years. However, this could not be adopted as a strategy for controlling IDD because of its complexity in administration and logistics.

Under Sida support, TFNC initiated another approach of distributing iodinated oil capsules for the prevention of IDD in 27 Iodine deficient endemic districts. This approach was gradually phased out with the introduction of salt iodation programme in 1988 as a long term strategy for the control of IDD. Large, medium, and small-scale salt producers were provided with technical and material support to iodate salt.

The Centre also accomplished the following undertakings: -

- i. Facilitated the formation of Tanzania Salt Producers Association (TASPA) which unites all salt producers in the country and plays a major role in the enhancement of salt iodation.
- ii. Advocated for development of salt iodation regulations and their incorporation in the "Food (Control of quality) Act No.10 of 1978 and Mining Act No. 17 of 1979 there by making salt iodation a legally enforceable requirement.
- iii. Establishment of inventory of small scale salt producers in the country and support with regard to salt iodation.
- iv. Carried out impact evaluation of IDD control program in endemic districts in 1999/2000 and a national survey in 2003/2004.

- v. The center facilitated the creation of a “revolving fund” for the purchase of potassium iodate from abroad. In that way salt producers are able to acquire potassium iodate in Dar es Salaam.
- vi. Providing technical support in undertaking IDD survey and assisted in the establishment of salt iodation programme in Zanzibar.

There is still a weak monitoring system, inadequate advocacy leading to low demand of iodated salt and weak enforcement of the salt regulations.

Activities for the prevention and control of VAD started in 1981 in the drought prone areas of Shinyanga region. They constituted distribution of vitamin A capsules, promotion of production and consumption of horticultural products and improvement of infant and young child feeding practices.

In 1985, the Centre initiated a national five-year programme, which comprised of vitamin A supplementation and promotion of vitamin A rich foods. The programme focused on disease-targeted supplementation for children, routine supplementation for children and women within four weeks after delivery and national Vitamin A campaigns, which is carried out twice a year. To complement supplementation, the Centre in 1991 initiated a pilot project for the promotion of fruits and vegetables in Ilongero division, Singida (R). This was done in collaboration with the Anaemia control project. Furthermore, TFNC promoted “solar driers” – improved technology for preservation of fruits and vegetables that prevents destruction of vitamin A in the products by ultra- violet light. This technology was later scaled up to other parts of Singida and also introduced in Magu, Same, Mpwapwa, Igunga and Shinyanga.

Additionally, the Centre provided a red palm oil processing plant to a Kyela-Rungwe Cooperative Union with the aim of boosting up the production of the oil. However, weak management of the project contributed to the collapse of the whole undertaking. In addition, the centre has been promoting production and consumption of orange-color fleshed sweet potato; a rich source of vitamin A. This potato variety has been distributed in Mwanza through the Ukiriguru Agricultural Research Centre and also in Zanzibar.

Pellagra is another nutrition disorder that was identified in some parts of the country. In collaboration with JICA, the Centre in 1999 conducted a spot survey in health facilities in the main maize/sorghum growing parts of the country particularly in Iringa, Songea and Singida. Pellagra was found to exist although a more comprehensive survey is needed for complete mapping and description of the problem.

Food fortification with micronutrients at the community level is a relatively new undertaking in the country. Fortification of maize flour was initiated as a pilot project in Mazombe division, Kilolo district (Iringa) in 2000 through financial support from the United Nations Foundation (UNF). The premix comprises of 12 micronutrients (9 vitamins and 3 mineral elements). Achievements attained were on increased advocacy on consumption of fortified flour and the expansion of the project to Mlolo divisions of in Iringa District.

The main challenge facing the project is how to sustain it in terms of community contribution for the acquisition of the premix. Another challenge, which the Centre has started to work on is how to institute fortification of centrally processed foods in the country.

Under Dietary management of Non-Communicable Diseases (NCDs), the Centre aimed at addressing disorders such as diabetes mellitus, coronary heart disease, hypertension, obesity and gout that are on the increase due to changes in life style. However, the Centre still has very limited data and knowledge on the magnitude of these problems in Tanzania. The Centre has so far managed to address only diabetes mellitus. Advice in clinics on the dietary management of diabetes mellitus was provided in four Dar es Salaam hospitals – Muhimbili, Temeke, Amana and Mwananyamala.

Furthermore, the Centre has been carrying out nutritional status assessment for Members of Parliament once a year during the budget session, development of national guidelines on healthy eating and lifestyles, manual for training of health workers managing diabetic patients and various reader materials on non-communicable diseases. In addition, a brochure on diabetes mellitus was developed and widely circulated. Also radio programmes were aired on the subject.

The activity has been constrained by shortage of funds as NCDs are not among the priorities of the Centres' traditional donors. As such, there is a need for more advocacy activities to government policy makers as well as development partners on this subject.

The Centre has recently started addressing nutrition in the context of the HIV/AIDS pandemic. An outline of the areas of focus was developed and the Centre brought together various stakeholders for discussion and endorsement. Priority activities are on developing guidelines on nutrition for People Living With HIV/AIDS (PLWHA), Nutrition counselling in the context of HIV/AIDS, Breastfeeding and Prevention of Mother to Child Transmission (PMTCT) of HIV and developing recipes for high nutrient dense food products for PLWHA.

So far guidelines on nutrition for PLWHA have been developed and are being distributed widely in the country. The Centre continues to participate in the prevention of mother to child transmission activities which are being coordinated by the Ministry of Health. The Centre also developed a recipe for a high nutrient dense food for PLWHA that comprised of maize, soya and micronutrients. The testing of the product will constitute following up of the health and nutritional status of PLWHA who will be feeding on this product.

Inadequate awareness on the relationship between nutrition and HIV/AIDS among policy and decision makers has been a constraint. Limited research on the use of traditional foods in the mitigation of the impact of HIV/AIDS has also been an issue of great concern. However, efforts have been going on to raise awareness on the subject as a result of which the activity has started attracting government financial support.

### **2.1.3 Food Science and Nutrition**

Under Food Science and Nutrition, focus has been on designing, developing and promoting food processing and preservation technologies in germination and fermentation, post harvest handling of roots and tubers and solar drying. In germination and fermentation, high nutrient dense flour known as power flour (kimea) and lactic acid fermented drink (togwa) were developed. Under post harvest handling the focus was on promotion of improved storage of sweet potatoes and processing of cassava to reduce toxic factors, increasing shelf life, palatability and adding value. The diversification of utilization of roots and tubers was also promoted.



Furthermore, research was carried out in food processing and preservation leading to the development of a product known as Lisha, high quality cassava products, composite flour products (cassava/wheat biscuits and sorghum/wheat bread) and weaning food recipes. Other research outcome included development of high nutrient dense beverages and reduction of toxic factors in foods.

Other activities undertaken were promotion of improved storage structures for cereals, development and promotion of household food security monitoring card for cereals and development and distribution of brochures. Additionally, a national weaning guide and four regional specific manuals on weaning in relation to promotion of appropriate complementary feeding practices have been developed. Various laboratory analyses in chemical, biochemical and micro biological have been and continue to be provided. Main areas covered included laboratory analysis of samples, food processing and preservation techniques, food fortification, solar drying and sensory evaluation of sorghum-based foods.

Despite the achievements realized, there have been some constraints that have been a setback to sustainability of the various technologies that have been developed. These include weak promotion and monitoring of the developed technologies and inadequate capacity development.

#### **2.1.4 Nutrition Education and Training**

Amongst other responsibilities, the Centre collaborates with other institutions to conduct and support in-service nutrition training, as well as curriculum design, development and review. In this area, training curricula and modules on nutrition for secondary schools, training colleges, Sokoine University of Agriculture, Muhimbili University College of Health Science, health, agriculture and community training institutions were developed and reviewed.

The Centre also has been conducting a six-week course on management of food and nutrition programmes for district level nutrition programme managers since 1995. The course drew participants from within the country and from ECSA Region. Other training activities conducted to key actors at District and Community levels were on vitamin A deficiency, anaemia, iodine deficiency disorders, salt iodation and post harvest handling of cereals, roots and tubers.

In addition, the Centre modified and adopted WHO/UNICEF training manuals in breastfeeding counselling and HIV/AIDS and infant feeding counselling. These manuals have been used to train health service providers in order to improve their knowledge and skills in lactation management on breastfeeding counselling, HIV and infant feeding counselling as well as implementation of Baby Friendly Hospital Initiative.

Other activities implemented include production and dissemination of Information, Education and Communication (IEC) materials such as nutrition newsletters, monograph, Lishe Journal and guidelines on nutritional care for people living with HIV/AIDS. Also the Centre developed and published feature articles in local newspapers and aired radio and TV programmes in nutrition.

Notwithstanding these achievements, nutrition education and training activities are constrained by weak coordination and monitoring system within the Centre and inadequate capacity in terms of human and technology development.

#### **2.1.5 Institutional Development**

TFNC was established by the Act of Parliament No. 24 of 1973 and mandated to spearhead all nutrition activities in Tanzania. However, the Act does not give full mandate to TFNC with regards to coordination of all nutrition activities implemented in the country. In such situation, there has been lack of effective coordination resulting into duplication of nutrition activities, inadequate optimal use of resources and at times conflicting interests of different actors in the implementation of nutrition activities.

As regards to Institutional Development of TFNC, the Centre is assessed in terms of human resource development, financial resources out lay and infrastructure development. Human resource development has been in terms of staff recruitment and training. By the year 1974, the Centre had recruited 18 staff.

Staff recruitment and training continued and by 1980 the Centre had recruited a total of 58 staff, 54 of them being professional and four non – professional. Staffs build up increased to 79 in 1987, 142 in 1991, 167 in 1995 and 187 in 1998. Currently staff position stands at 163. Table 1 shows staff position from 1974 to 2004.

**Table 1: Staff position over the years.**

	<b>1974</b>	<b>1980</b>	<b>1987</b>	<b>1991</b>	<b>1995</b>	<b>1998</b>	<b>2004</b>
Technical Departments	15	54	68	76	75	84	77
Finance and Administration Department	3	4	11	66	92	103	86
<b>Total</b>	<b>18</b>	<b>58</b>	<b>79</b>	<b>142</b>	<b>167</b>	<b>187</b>	<b>163</b>

Staff training drive was very strong in the early years from 1974 to 1997 due to increased Government and other Organizations support. By 1998, 70 staff had been trained in various levels of qualifications - four in PhD, 13 Masters; the rest had Diplomas and Certificates. Staff training continued over the years Organizations that supported training included WHO, UNICEF, the Royal Netherlands Government and Sida. Sida's support to training increased between 1994/95 and 1996/97 before it pulled out in 1998.

Staff training in subsequent years greatly declined due to reduced government support, the withdrawal of Sida's support to TFNC and changes in training policies of other Organizations that led to reduced accessibility of TFNC to scholarships.

The organization structure has been modified three times to accommodate new thinking and thrust of TFNC's activities. From 1974 to 1980s TFNC was made of were five directorates. These were Food Science and Technology, Manpower and Training, Planning, Laboratory Services and Medical Nutrition. There was re-organization in the late 1980s leading to the establishment of six directorates of Planning, Nutrition Education and Training, Food Science and Technology, Community Health and Nutrition, Finance and Administration and Laboratory Services.

The third re-organization was done in 1994, which reduced the directorates from six to five. This is the structure to date. The directorates are Food Science and Nutrition, Community Health and Nutrition, Nutrition Policy and Planning, Nutrition Education and Training and Finance, Personnel and Administration.

The first scheme of service was developed in 1973. This was reviewed in 1982, 1989, 1994 and 2001 to accommodate changes in government structures, changes in organization structure and core functions of the Centre and professionalism. The 2001 review was geared towards positioning the Centre in a Higher Learning Institutions category for the purpose of enhancing the Centre's status which would facilitate increased resource allocation as well as staff remuneration.

With regard to finances, Sida provided most of the core funding from TFNC inception in 1974 to 1998 when it pulled out its support. The Government provided and continues to provide recurrent funds. In recent years the government has been providing development funds also. Other organizations which provided support to TFNC were UNICEF, WHO, SAREC, USAID, DFID, IPICS, CIDA as well as World Bank; only to mention few. Funds provided by donor agencies were mainly directed to financing specific nutrition projects. In addition, a number of Governments had supported the Centre in terms of human resource development. Those are The Netherlands, Germany, Belgium, Norway, Australia and Canada.

As shown in Table 2, from 1978 to 2001 most of the funds for TFNC activities came from donors while for years 2003/2004 and 2004/2005 most of the funds came from the government. More than 75 percent of Government's funds were allocated on staff salaries and operational expenses (utilities, transport and supplies).

**Table 2: Resource allocation to TFNC from 1978/79 to 2004/2005 (in Tshs. 000)**

	<b>1978/79</b>	<b>1989/90</b>	<b>1995/96</b>	<b>2000/2001</b>	<b>2003/2004</b>	<b>2004/2005</b>
Government	1,485.00	47,318.00	178,543.00	864,949.00	1,242,615.00	1,447,672.00
Donors	4,543.00	52,169.00	721,755.00	1,422,924.00	184,748.00	408,091.00

<b>Total</b>	<b>6,028.00</b>	<b>99,487.00</b>	<b>900,298.00</b>	<b>2,287,873.00</b>	<b>1,427,363.00</b>	<b>1,855,763.00</b>
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As regards Centres Financial Management, proper books of accounts are always maintained to enable regular financial reports to be produced for various users internally and externally. Statutory audits including stocktaking are carried out annually and the Centre has been awarded clean audit certificates for the past 15 years. Other activities performed by the Centre included management of staff records, annual staff performance appraisal and review of Financial and Staff Regulations.

### **Infrastructure development**

There are 2 main office blocks; one at Ocean road and another at Mikocheni area, 12 residential buildings and an eight-acre plot. Most of these buildings are quite old and small to accommodate the number of staff currently employed by TFNC. TFNC has not constructed a new building over the years since 1986 when the Centre's laboratory was completed. However, there have been some renovations and rehabilitations of office buildings and staff houses.

TFNC also owns motor vehicles, computers, food and nutrition laboratory and various office furniture and equipment. However, these are insufficient due to an increase in Centre's activities and human resources.

Major setbacks experienced in the institutional development include untimely review of the scheme of service, inadequate funds for institutional development like long and short-term training of Centre staff, inadequate office accommodation and material resources. In addition, the Centre needs computerized financial accounting and personnel records to keep up with the new technologies. Moreover, the Centre has been experiencing exodus of professional staff who have been leaving the Centre for employment in other local and International Organizations within the country and abroad. The professional staff turn over has adversely affected the Centre's capacity in terms of service delivery.

### **2.1.6 Technical Support and Consultancy Services**

Consultancy services have been provided to Public Institutions, NGOs, Private Institutions and International Organizations in the areas of nutrition surveys, projects design, reviews and evaluation, development of training materials and guidelines, and laboratory analysis. The Centre provided consultancy services to UNICEF for a nutrition baseline survey in Rwanda and Burundi. It also undertook consultancy service to FAO on food security baseline survey for the women in agriculture project in Usangu basin and assessment of nutrition status in fishing community in Lake Victoria part of Kagera region.

The Norwegian People's Aid (NPA) and World Bank contracted TFNC to undertake a Food Basket Survey in Dodoma and a nutrition situation baseline survey in 10 districts implementing a Health and Nutrition Project respectively. The Ministry of Health also contracted TFNC to develop monitoring and evaluation indicators for Community Health Fund (CHF) while Sida on its part contracted TFNC to undertake an assessment on Household Economy and Food Security in of Bunda, Serengeti and Ukerewe districts.

Other consultancy services provided by TFNC included the evaluation of the Overseas Development Agency - ODA (currently Department for International Development - DFID) support in Mbeya Health and Nutrition Project, the World Vision supported projects in Kigoma, Coast, Kagera, Tanga, Arusha, Singida, Shinyanga and Dodoma regions; and Trachoma Elimination Project in Dodoma Rural. On the other hand, Caritas Neerlandica contracted TFNC to conduct evaluation of the national nutrition programme of Tanzania Episcopal Conference.

The World Bank also contracted TFNC to undertake Nutrition Sector Review and the service delivery for the United Republic of Tanzania. Consultancy services were also provided to GTZ, Lusaka Zambia, to undertake KAP study on Health and Nutrition for the Kawambwa Integrated Rural Nutrition Project.

TFNC was further contracted by the Zanzibar Association of the Disabled to develop their IEC Strategy. It was also contracted by World Alliance on Breastfeeding Action (WABA) to develop training guidelines on breastfeeding to various groups. President's Office, Regional Administration and Local Government (PORALG) contracted TFNC to develop a TV programme on Good Governance. Other consultancy services provided by the

Centre to other institutions and organizations include laboratory analysis on retinal for samples brought in from Rwanda, Eritrea and Burundi, food processing and preservation technologies for SADC Countries and food fortification for UNICEF and World Vision.

## **2.2 TFNC SWOT Analysis**

The SWOT analysis identified key strengths, weaknesses, opportunities available and possible threats faced by TFNC as an organization, likely to have an impact on the Centre's efforts to establish itself as a strong organization to meet and withstand future challenges. The analysis considered local, national, regional and international factors that can influence the performance of the Centre.

### **2.2.1 TFNC Strengths**

- i. Mandate by Act of Parliament for TFNC to spearhead research and policy advice on food and nutrition activities in the country.
- ii. Status of TFNC as a semi-autonomous institution, which allows sourcing of funds, collaboration with other institutions within and outside the country, and Networking.
- iii. Availability of knowledgeable, skilled and experienced multidisciplinary staff.
- iv. Sound research capacity in the area of nutrition.
- v. Reasonably strong national profile.
- vi. Use of an Integrated conceptual framework that facilitates critical analysis of the situation and better focus of activities and bringing on board all key actors.
- vii. Established positive international reputation and the ability to attract research collaboration and funds.
- viii. Ownership of adequate land with title deed for the office premises.
- ix. Existence of food and nutrition laboratory.

### **2.2.2 TFNC Weaknesses**

- i. Lack of full mandate of coordinating nutrition activities in the country.
- ii. Limited outreach.



- iii. Inadequate financial resources for advocating the implementation of nutrition activities.
- iv. Inadequate specialized and modern equipments and facilities.
- v. Inadequate incentive package for staff.
- vi. Inadequate evidence based knowledge for better focusing and targeting of activities.
- vii. Poor monitoring and evaluation of nutrition activities.
- viii. Inadequate Information Technology (IT) and data analysis skills.
- ix. Inadequate dissemination of TFNC activities.
- x. Inadequate office space and staff houses.

### **2.2.3 Opportunities for TFNC**

- i. Existence of a National Food and Nutrition Policy that guides implementation of nutrition activities in the country.
- ii. Availability of nutrition training and research institutions within and outside the country.
- iii. On-going public and private sector reforms (e.g. local government and health sector reforms).
- iv. Presence of development partners willing to support or invest in nutrition (e.g. UNICEF, WHO, FAO, World Bank and USAID).
- v. Emergency of globalization, which has enhanced networking and improved communication.
- vi. Opportunities for information sharing and networking with local, public, civil societies and international organizations.
- vii. Emergence and re-emergence of strong regional and sub-regional bodies (e.g. ECSA, SADC, EAC, IBFAN, AU) which offer extended avenues for providing nutrition services.
- viii. Presence of some informed and committed national and regional leaders who can campaign/advocate for improved nutrition.
- ix. Implementation of the MKUKUTA under the Highly Indebted Poor Countries (HIPC) initiative, which provides increased avenues for mobilization of resources for investing in nutrition.
- x. Presence of civil societies (e.g. TAHEA, TGNP, FOSNNA, TPHA, SHDEPHA +, FONATA), which at times act as pressure groups in advocating for and implementing nutrition activities.
- xi. Support by the mass media (Radio, TV, Prints etc.) in advocating for improved nutrition.

- xii. The global focus on MDGs.

#### **2.2.4 TFNC Threats**

- i. Nutrition is not a priority for some of the key stakeholders at different levels.
- ii. The multidisciplinary nature of nutrition reduces sectoral responsibility and accountability.
- iii. Marginalization of nutrition by some of the decision makers/influential people hence a shift in resource disbursement by development partners to other development concerns.
- iv. Brain drain resulting in reduced capacity in terms of skilled and experienced staff.
- v. Diversion of resources due to the HIV/AIDS pandemic.

#### **2.3 Stakeholders Analysis**

The key stakeholders of the Centre are comprised of five main categories namely the Public Sector, Private Sector and Civil Society, Regional Bodies, Development Partners and the community. The list of TFNC key stakeholders and their area of interest is shown in Table 3.

**Table 3: TFNC key stakeholders and their areas of interest:**

Stakeholder	Area of interest
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<p><b>Public Sector</b></p> <p><b>1.1 Government Ministries:</b></p> <ul style="list-style-type: none"> <li>▪ Ministry of Health and Social Welfare</li> <li>▪ Ministry of Agriculture, Food Security and Cooperatives</li> <li>▪ Ministry of Finance</li> <li>▪ Ministry of Community Development, Gender and Children <b>Affairs</b></li> <li>▪ Ministry of Education and Vocational Training</li> <li>▪ Ministry Energy and Minerals</li> <li>▪ Ministry of Water</li> <li>▪ Ministry of Livestock Development</li> <li>▪ Ministry of Justice and Constitution Affairs</li> <li>▪ Ministry of Home Affairs</li> <li>▪ Ministry of Labour, Employment and Youth Development</li> <li>▪ Ministry of Industries and Trade</li> <li>▪ Ministry of Natural Resources and Tourism</li> <li>▪ Ministry of Planning, Economy and Empowerment</li> <li>▪ Vice President's Office - <b>Environment</b></li> <li>▪ Prime Minister's Office - Regional Administration and Local Government</li> <li>▪ Prime Minister's Office – Information, Culture and Sports</li> </ul>	<ul style="list-style-type: none"> <li>i. Policies and Policy Guidelines</li> <li>ii. Norms and Standards</li> <li>iii. Resources</li> <li>iv. Regulations and Legislation</li> <li>v. Governance</li> <li>vi. Monitoring and Evaluation</li> </ul>
<p><b>1.2 Institutions, Higher Learning Institutions, Research Institutions, Commissions and Agencies</b></p>	<ul style="list-style-type: none"> <li>i. Technical support and curriculum exchange</li> <li>ii. Training and Resources,</li> </ul>

STAKEHOLDER	AREA OF INTEREST
<p><b>2. Private Sector and Civil Society</b></p> <p><b>2.1 Profit Making Entities.</b> Salt Producers, Food Processors, Media Institution, Pharmaceuticals and Private Hospitals, etc.</p> <p><b>2.2 Faith Based Organizations</b> TEC, CCT, BAKWATA, CSSC, etc.</p> <p><b>2.3 Non-Governmental Organizations, Community Based Organizations and Associations</b></p> <p><b>2.4 Political Parties</b></p>	<p>Goods and services that have a bearing on nutrition.</p> <p>Services provision (direct interventions, training, counselling, donations and sensitization/mobilization)</p> <p>Services provision (direct interventions, training, counselling, facilitating the distribution, IEC, advocacy and research)</p> <p>Policies, advocacy and mobilization</p>
<p><b>3. Regional Bodies and Organizations (SADC, ECSA, EAC and AU).</b></p>	<p>Research, training, technical support and international conventions</p>
<p><b>4. Development Partners:</b> Bilateral Organizations (e.g. Sida and USAID),</p>	<p>i. Material and Financial Resources</p> <p>ii. Advocacy</p>

Multilateral Organizations (e.g. World Bank, and IMF) and UN Missions (e.g. WHO, UNICEF and FAO).	iii. Technical Support iv. Research v. Training vi. Standards
<b>5. Community</b>	i. Implementation ii. Resources Mobilization iii. Participatory Monitoring and Evaluation

## CHAPTER THREE

### VISION, MISSION, KEY RESULT AREAS, STRATEGIC OBJECTIVES AND STRATEGIES

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#### 3.0 Introduction

This chapter presents the Tanzania Food and Nutrition Centre (TFNC) Vision, Mission, Key Result Areas, Objectives and Strategies. These essentially define the future direction of the Centre.

#### 3.1 Vision Statement

The vision of TFNC is **“To become a centre of excellence which plays a pivotal role in guiding and catalyzing actions for the prevention and control of malnutrition in Tanzania”**.

#### 3.2 Mission Statement

TFNC’s mission is: **“To provide research, advocacy, education and training services aimed at the prevention and control of malnutrition in Tanzania”**.

#### 3.3 Key Result Areas and Strategic Objectives

These are areas in which the Centre must achieve results in order to contribute significantly towards achieving the vision. The strategic Plan has a total of 3 key result areas (KRA) of which 16 strategic objectives have been developed.

##### **KRA 1: Nutritional well-being of Tanzanians**

These are direct interventions geared towards prevention and control of macro and micronutrient deficiencies. Under KRA 1 seven strategic objectives have been identified. These are:

- 1.1. Prevention and control of protein - energy malnutrition promoted.
- 1.2. Prevention and control of micronutrient deficiencies strengthened.
- 1.3. Nutrition care and support in HIV/AIDS promoted.
- 1.4. Nutrition for specific groups promoted.
- 1.5. Prevention and control of non-communicable diet related diseases promoted.
- 1.6. Integration of nutrition in diseases prevention and control enhanced.
- 1.7. Household food security enhanced.

#### **KRA 2: Supportive Technical Services for the Sector**

The supportive technical services are broad cross-cutting interventions, which enhance and support the implementation of direct interventions. Seven strategic objectives have been identified under supportive technical services for the sector as follows: -

- 2.1 Nutrition management information systems strengthened.
- 2.2 Information development and communication strengthened.
- 2.3 Nutrition education and training strengthen.
- 2.4 Applied nutrition research and scientific publications promoted.
- 2.5 Food and nutrition laboratory services improved.
- 2.6 Food and nutrition library Services strengthened.
- 2.7 Policy development and advocacy promoted.

#### **KRA 3: Institutional Capacity of the Centre**

These interventions aim at supporting nutrition actions through developing of capacities of the Centre in terms of human and financial resources, infrastructure and equipment. Two strategic objectives have been identified as follows:



- 3.1 Planning, budgeting, monitoring and evaluation of TFNC programmes and projects strengthened.
- 3.2 Institutional capacity development strengthened.

### **3.4 Strategic Objectives, Targets and Strategies**

The strategic plan has a total of 16 strategic objectives which are result-oriented statements of what TFNC intends to achieve in the next five years. Together with the strategic objectives, there are a number of strategies that TFNC will take in order to achieve the targets and effectively address the key result areas identified. In this context, strategic objectives, targets and for each key result area have been formulated as follows:

#### **3.4.1 KRA 1: Nutritional well-being of Tanzanians**

##### **Strategic Objective 1.1:**

##### **Prevention and Control of Protein - Energy Malnutrition (PEM) promoted**

##### **Target No. 1**

50 Councils supported in establishing and operating Community Based Nutrition Rehabilitation (CBNR) by 2010.

##### **Strategies:**

- i. Develop CBNR Five Year Plan.
- ii. Advocate for incorporation of CBNR in Council plans.
- iii. Advocate for partnership with other actors at district level.

##### **Target No. 2**

The problem of low birth weight significantly reduced through improved maternal care in 50 districts by 2010.

**Strategies:**

- i. Initiate improved maternal care services (micronutrient supplementation, infection control, dietary improvement) in 50 districts.
- ii. Continue collaboration with other relevant partners

**Target No. 3**

Knowledge and skills on Growth Monitoring and Promotion imparted to health workers providing Reproductive and Child Health Services (RCHS) in all districts by 2010.

**Strategies:**

- i. Identify gaps in growth monitoring and promotion
- ii. Establish District TOTs teams.
- iii. Build partnership with other actors.

**Target No. 4**

Policy guidelines on Infant and Young Child Nutrition (IYCN) developed and disseminated by 2010.

**Strategies:**

- i. Collaborate with relevant partners in development of the Policy guidelines on IYCN
- ii. Disseminate the policy to stakeholders at national level.
- iii. Support regional secretariat to disseminate the Policy guidelines to lower levels.

**Target No. 5**

Knowledge and skills on IYCN imparted to implementers at various levels by 2010.

**Strategies:**

- i. Establish zonal and District TOTs teams.
- ii. Develop and produce IEC materials.

**Target No. 6**

Regional and International Conventions on IYCN ratified and adopted by 2010.

**Strategies:**

- i. Mobilize civil societies and other pressure groups for advocacy and lobbying.
- ii. Promote partnership with other stakeholders.

**Target No. 7:**

Implementation of the National Strategy for IYCN strengthened, monitored and evaluated by 2010.

**Strategies:**

- i. Establish coordinating bodies at central, regional, district and community levels.
- ii. Strengthen supervision of IYCN at various levels.
- iii. Conduct mid and end of term evaluation.

**Strategic Objective 1.2:**

**Prevention and control of micronutrient deficiencies strengthened**

**Target No. 8**

Magnitude of micronutrient deficiencies (VAD, IDD, Anaemia, Pellagra and Zinc deficiency) established by 2010.

**Strategies:**

- i. Establish multidisciplinary survey teams.
- ii. Collaborate with other stakeholders.

**Target No. 9**

Consumption of vitamins and mineral rich foods promoted particularly to vulnerable groups.

**Strategies:**

- i. Advocate for increased consumption of vitamins and mineral rich foods.
- ii. Conduct operational research on bioavailability of mineral and vitamins.
- iii. Collaborate with research partners.

**Target No. 10**

Fortification of salt, maize flour and other commonly used foods at central and community levels promoted and expanded.

**Strategy:**

- i. Provide technical support to food processors and manufacturers on fortification.
- ii. Conduct operational research on food fortification.
- iii. Collaborate with relevant partners.

**Target No. 11**

Micronutrients supplementation promoted strengthened and expanded across vulnerable population groups.

**Strategy:**

- i. Provide technical support on micronutrients supplementation.
- ii. Collaborate with relevant partners.

**Strategic Objective 1.3: Nutrition care and support in HIV/AIDS promoted**

**Target No.12**

Knowledge and skills on nutrition care and support for PLWHA imparted to key actors at different levels.

**Strategies:**

- i. Raise awareness and advocate for nutritional care and support for PLWHA.
- ii. Empower health care providers for implementation of main sector strategy.
- iii. Advocate for the implementation of national guidelines on nutrition care and support for PLWHA in home-based care in all districts.

**Strategic Objective 1.4:**

**Nutrition for Specific Groups (pre-pregnant, pregnant and lactating women, adolescents, most vulnerable children, primary scholars, older people and people living in institutions) promoted**

**Target No. 13**

Magnitude of malnutrition among adolescents, most vulnerable children (MVC), older people and people living in institutions established and results disseminated by 2010.

**Strategy:**

Nutrition assessment.

**Target No.14**

Knowledge and skills on nutrition care for specific groups imparted to stakeholders at various levels.

**Strategies:**

- i. Create awareness on the nutrition care of the specific groups through media.

- ii. Develop and disseminate guidelines to stakeholders.
- iii. Establish TOTs teams at district level.

**Strategic Objective 1.5:**

**Prevention and control of non-communicable diet related diseases promoted**

**Target No. 15**

Knowledge, attitude and practice (KAP) of Tanzania community on healthy eating and lifestyles improved.

**Strategies:**

- i. Create awareness on healthy eating and lifestyle.
- ii. Develop and disseminate guidelines on healthy eating and lifestyles.

**Target No. 16**

Knowledge and skills on dietary management of Non-communicable Diet related Diseases imparted to health care providers and other service providers.

**Strategies:**

- i. Establish magnitude of non-communicable diet related diseases.
- ii. Establish district training teams.
- iii. Advocate for review of training curricula of medical, paramedical and other relevant institutions.

**Strategic Objective 1.6:**

**Integration of nutrition in diseases prevention and control enhanced**

**Target No. 17**

Nutrition considerations are included in the prevention and control of diseases precipitating malnutrition.

**Strategy:**

Advocate for integration of nutrition considerations in programming for prevention and control of malaria, diarrhoea, worms infestation, measles, Acute Respiratory Infections (ARI) and tuberculosis.

**Strategic Objective 1.7: Household food security enhanced**

**Target No. 18**

Enhance the availability and accessibility to safe and nutritious food in order to meet the dietary needs at household level.

**Strategies:**

- i. Promote appropriate food processing and preservation technologies.
- ii. Collaborate with partners (public and private) in food product development.
- iii. Review and promote the use of household food security card in cereal growing areas.
- iv. Strengthen collaboration and networking with relevant parties in enhancing household food security.
- v. Advocate and promote consumption of underutilized nutritious foods.



### **3.4.2 KAR 2: Supportive Technical Services for the Sector**

#### **Strategic Objective 2.1:**

#### **Nutrition management information system strengthened**

##### **Target No. 19**

Nutrition management information systems at national, districts and community levels strengthened by 2010.

##### **Strategies:**

- i. Assess the coverage of nutrition indicators in sector specific information management systems at all levels.
- ii. Establish a central and district levels nutrition database.
- iii. Collaborate and network with relevant sectors in management of nutrition information.
- iv. Make use of the existing sectoral specific information systems, programmes, community and national level surveys.

#### **Strategic Objective 2.2: Information development and communication strengthened**

##### **Target No. 20**

Behavioral change communication (BCC) strategy to support Centre's initiatives in improving nutrition knowledge, attitudes, behaviour and practices developed and disseminated at various levels.

##### **Strategies:**

- i. Assess nutrition information needs of the target groups and the general community.
- ii. Make use of existing communication groups at various levels in dissemination of nutrition BCC.

- iii. Advocate for implementation of BCC strategy at various levels.

**Target No. 21**

Food and nutrition Information, Education and Communication (IEC) component strengthened.

**Strategy:**

Collaborate with experts and other stakeholders to develop and disseminate food and nutrition IEC packages.

**Strategic Objective 2.3:**

**Nutrition education and training strengthened**

**Target No. 22**

Basic education and pre- and in-service nutrition training to support nutrition programmes and projects at various levels strengthened by 2010.

**Strategies:**

- i. Develop nutrition education and training packages.
- ii. Advocate for review and development of nutrition component of various basic education and training curriculae.

**Target No. 23**

In-service food and nutrition training for programme implementers and inter institutional networking improved and sustained by 2010.

**Strategies:**

- i. Organize in-service food and nutrition training short courses for various programme/project implementers.
- ii. Organize and coordinate TFNC internal seminars.

**Strategic Objective 2.4:**

**Applied nutrition research and scientific publications promoted**

**Target No. 24**

Applied nutrition research and scientific publication promoted by 2010.

**Strategies:**

- i. Mobilize funds for research from various sources.
- ii. Revitalize Research and Ethics Committee (REC).
- iii. Develop human capacity to undertake nutrition research and produce scientific publications.
- iv. Strengthen collaboration and networking with other research institutions, fora and peer review committees.

**Strategic Objective 2.5: Food and nutrition laboratory services improved**

**Target. 25**

Food and nutrition laboratory services to meet chemical, biochemical and microbiological analytical requirements accredited by 2010.

**Strategies:**

- i. Develop food and nutrition laboratory capacity in terms of human resource, facilities and modern technology.
- ii. Strengthen collaboration and networking with other laboratories within and outside the country.

**Strategic Objective 2.6:**

**Food and nutrition library services strengthened**

**Target No. 26**

Food and nutrition library services to meet information requirements of the centre and stakeholders at various levels strengthened by 2010.

**Strategies:**

- i. Develop library capacity to meet clients needs
- ii. Strengthen collaboration and Networking with other relevant nutrition libraries within and outside the Country.

**Strategic Objective 2.7:**

**Policy development and advocacy promoted**

**Target No. 27**

National food and nutrition policy (NFNP) and its implementation guidelines reviewed and disseminated to key stakeholders at different levels by 2010.

**Strategies:**

- i. Make use of multisectoral teams for review of the NFNP and its implementation guidelines.
- ii. Advocate for implementation of reviewed NFNP and its implementation guidelines at different levels.
- iii. Advocate for inclusion of nutrition in other relevant policies and programmes.

**3.4.3 Institutional Capacity Development**

**Strategic Objective 3.1:**

**Institutional capacity development strengthened**

**Target No. 28**

TFNC institutional capacity in supporting nutrition actions nationally and internationally improved and sustained by 2010.

**Strategies:**

- i. Develop, manage and sustain human resources.
- ii. Mobilize and manage financial resources.
- iii. Collaborate and network with other institutions and organizations.
- iv. Review TFNC Act No. 24 of 1973 in line with on going reforms.

**Target 29:**

Mikocheni and 22 Ocean Road Plots Developed by 2010.

**Strategies:**

- i. Develop and implement infrastructure plan.
- ii. Go into partnership with Real Estate developers.

**Strategic Objective 3.2:**

**Planning, budgeting, monitoring and evaluation of TFNC programmes and projects strengthened**

**Target No. 30**

TFNC annual and medium-term plans and budget developed and implemented.

**Strategies:**

- i. Coordinate and harmonize the development of TFNC annual and medium term programme and projects plans and budgets.
- ii. Collaborate with development partners in development of annual and mid term plans and budgets

**Target No. 31**

Mechanism for monitoring and evaluation of TFNC programmes and projects strengthened.

**Strategies**

- i. Incorporate monitoring and evaluation component in TFNC programmes and projects.
- ii. Strengthen supervision of TFNC projects at various levels
- iii. Revive project meetings and mid and annual projects reviews.

**CHAPTER FOUR**

**FIVE YEAR PLANS OF ACTION FOR 2005/2006 – 2009/2010 AND FINANCING MECHANISM**

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**4.1 Introduction:**

This chapter presents Plans of Action and financing mechanism of the strategic plan. The plan of action shows the KARs, Strategic objectives, targets, strategies and activities to be implemented in five years. The plan also presents performance indicators to be used to monitor performance of the planned activities. The budget estimates for each activity are also included.

**4.2 Financing Mechanism:**

The strategic plan will be financed through the Governments Medium Term Expenditure Framework (MTEF), which includes funds from government and development partners. Other anticipated sources of funds are direct project financing and institutional (internal) generated funds.

4.3 Key Result Area 1: Nutritional Well-being of Tanzanians

**Strategic Objective: 1.1 Prevention and Control of Protein Energy Malnutrition Promoted**

Targets	Strategies	Activities	Performance Indicators	TIME FRAME					Responsible
				2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010	
1. 50 Councils supported in establishing and operating CBNR by 2010	Developing CBNR Five Year Plan	1. Organize and conduct working sessions to develop CBNR Five Year plan	Number of working sessions	—					CHND
	Advocate for Incorporation of CBNR in	2. Produce and distribute guidelines for CBNR	Number of copies of guidelines		—				CHND



	Council plans.	in the 50 councils.	produced and distributed.				
	Advocate for partnership with other actors at district level	3. Provide technical support to 50 councils for incorporation of CBNR in their comprehensive Health plans.	Number of districts supported				CHND
		4. Conduct TOT on establishment of CBNR in 50 Councils.	Number of TOTs conducted.				
		Conduct supportive supervision on the implementation of CBNR in the 50 councils.	Number of supervision carried out.				CHND

**Target 1: Planned Activities and Budget for 2005/06 - 2009/10**

S/N	Activities	Budget (Tshs. '000")					Total
		2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	
1	Organize and conduct working sessions to develop CBNR Five Year Plan	5,000.0					5,000.0
2	Produce and distribute guidelines for CBNR in 50 councils	10,000.0	10,000.0				20,000.0

3	Provide technical support to 50 councils for incorporation of CBNR in their comprehensive Health plans	12,000.0	14,000.0	20,000.0	22,000.0	25,000.0	<b>93,000.0</b>
4	Conduct TOT on establishment of CBNR in the 50 councils.	5,000.0	8,000.0	10,000.0			<b>23,000.0</b>
5	Conduct supportive supervision on the implementation of CBNR in 50 councils			11,000.0	12,600.0	14,000.0	<b>37,600.0</b>
	<b>SU-TOTAL</b>	<b>32,000.0</b>	<b>32,000.0</b>	<b>41,000.0</b>	<b>34,600.0</b>	<b>39,000.0</b>	<b>178,600.0</b>

Target	Strategies	Activities	Performance Indicators	TIME FRAME					Responsible
				2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010	
<b>2. The Problem of low birth weight significantly reduce through improved maternal care demonstrated in 50 districts by 2010</b>	Initiate improved maternal care services during pregnancy.	1. Carry out quarterly supportive supervision of the implementation of LBW project	Number of supportive supervisions carried out.	█	█				CHND
	Collaborate with other relevant partners	2. Convene task force and technical meetings	Number of taskforce and technical meetings conducted	█	█				CHND
		3. Conduct process evaluation	Process evaluation conducted	█					CHND
		4. Conduct impact evaluation	Impact evaluation conducted			█			CHND
		5. Disseminate findings of the prevention of LBW study	Number of dissemination sessions conducted			█			CHND

<i>Target 2: Planned Activities and Budget for 2005/06 – 2009/10</i>							
S/N	Planned Activities	Budget ( Tshs. '000")					Total
		2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	
1	Carry out quarterly supportive supervision of the implementation of the prevention of Low Birth Weight project.	7,000.0	8,000.0				15,000.0
2	Convene task force and technical meetings	4,000.0	4,500.0				8,500.0
3	Conduct process evaluation	8,000.0					8,000.0
4	Conduct impact evaluation		40,000.0				40,000.0
5	Disseminate findings of prevention of LBW study		6,000.0				6,000.0
	<b>SUB-TOTAL:</b>	<b>19,000.0</b>	<b>58,500.0</b>	-	-	-	<b>77,500.0</b>

Target	Strategies	Activities	Performance Indicators	TIME FRAME					Responsible
				2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010	
<b>3. Knowledge and skills on growth monitoring and promotion imparted to health workers and other key stakeholders providing reproductive and child health services in all districts by 2010.</b>	Identify gaps in growth monitoring and promotion.	1. Carry out needs assessment	Study conducted						CHND
		2. Review booklet on 'Ufuatiliaji wa ukuaji wa watoto'	Booklet reviewed.						CHND
	Establish Councils resource teams	3. Conduct training of trainers in 11 former HNP councils on growth monitoring and promotion	Number of teams trained.						CHND
	Build partnership with other partners	4. Develop training manual	Copies of training manual distributed						CHND
		5. Review, produce and distribute IEC materials (leaflets brochures, posters) on growth monitoring and promotion	Number of IEC materials reviewed, produced and distributed						CHND
	6. Conduct supportive supervision	Number of districts supported						CHND	

<i>Target 3: Planned Activities and Budget for 2005/06 – 2009/10</i>							
S/N	Activities	Budget (Tshs.'000")					
		2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	Total
1	Carryout needs assessment	5,000.00					5,000.00
2	Review the booklet "Ufuatiliaji wa Ukuaji wa Mtoto".	5,000.00					5,000.00
3	Conduct Training of trainers in 11 councils on growth monitoring and promotion.		22,000.00	25,000.00			47,000.00
4	Develop training manual	5,000.00					5,000.00
5	Review, produce and distribute IEC materials (leaflets, brochures, posters) on and growth monitoring promotion	5,000.00	4,000.00	3,000.00	2,000.00	2,000.00	16,000.00
6	Conduct supportive supervision			3,000.00	3,500.00	4,000.00	10,500.00
	<b>SUB-TOTAL</b>	<b>20,000.00</b>	<b>26,000.00</b>	<b>31,000.00</b>	<b>5,500.00</b>	<b>6,000.00</b>	<b>88,500.00</b>

Target	Strategies	Activities	Performance Indicators	TIMEFRAME					Responsible
				2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010	
<b>4. National Policy on infant and young child nutrition (IYCN) developed and disseminated by 2010</b>	<ul style="list-style-type: none"> <li>▪ Collaborate with partners in development of policy on IYCN</li> <li>▪ Disseminate the policy to stakeholders at national level</li> <li>▪ Support regional secretariat to disseminate the policy to lower levels</li> </ul>	1. Organize and conduct working sessions to develop National Policy on IYCN	Number of working sessions conducted	■					NETD
		2. Produce and distribute policy document	Number of copies of National policy on IYCN printed and distributed.		■				NETD
		3. Conduct dissemination sessions on the National Policy on IYCN at national and regional levels.	Number of dissemination sessions conducted.		■■■■■				NETD

<i>Target 4: Planned Activities and Budget for 2005/06 - 2009/10</i>							
S/N	Activities	Budget (Tshs. '000')					Total
		2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	
1	Organize and conduct working sessions to develop National Policy on IYCN	15,000.0	-	-			15,000.0
2	Produce and distribute policy document		17,000.0		-		17,000.0
3	Conduct dissemination sessions on the National Policy on IYCN at national and regional levels		10,000.0	11,000.0	12,000.0	13,000.0	46,000.0
	<b>SUB - TOTAL</b>	<b>15,000.0</b>	<b>27,000.0</b>	<b>11,000.0</b>	<b>12,000.0</b>	<b>13,000.0</b>	<b>78,000.0</b>



Target	Strategies	Activities	Performance Indicators	TIMEFRAME					Responsible
				2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010	
<b>5. Knowledge and skills on IYCN imparted to implementers at various levels by 2010.</b>	Establish zonal and district training teams	1. Train zonal resource teams	Number of zonal resource teams trained						NETD
		2. Conduct Supportive supervision of TOT Training at district level	Number of districts supportive supervision conducted						NETD
	Develop and produce IEC materials	3. Develop, produce and disseminate training packages and educational materials on IYCN	Number and type of training packages and educational materials developed, produced and distributed						NETD
		4. Conduct TOT on HIV and infant and young child feeding to RCH, VCT and PMTCT service providers	Number of TOT training sessions conducted						NETD
		5. Organize and commemorate annual World Breastfeeding Week	Number of World Breastfeeding Week commemorations held						NETD

<i>Target 5: Planned Activities and Budget for 2005/06 – 2009/10</i>							
S/N	Activities	Budget (Tshs. '000')					Total
		2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	
1	Train zonal resource teams	17,177.0	18,207.0	19,300.0	20,458.0	21,685.0	96,827.0
2	Conduct supportive supervision of TOT training at district level	33,660.0	35,626.0	37,764.0	40,030.0	42,431.0	189,511.0
3	Develop, produce and disseminate training packages and educational materials on IYCN	25,000.0	30,360.0	20,000.0	25,000.0	20,000.0	120,360.0
4	Conduct TOT on HIV and infant and young child feeding to RCH, VCT and PMTCT service providers	37,141.0	39,369.0	41,731.0	44,235.0	46,889.0	209,365.0
5	Organize and commemorate annual World Breastfeeding Week	20,760.0	22,005.0	23,325.0	24,725.0	26,209.0	117,024.0
	<b>SUB-TOTAL</b>	<b>133,738.0</b>	<b>145,567.0</b>	<b>142,120.0</b>	<b>154,448.0</b>	<b>157,214.0</b>	<b>733,087.0</b>

Target	Strategies	Activities	Performance Indicators	TIMEFRAME					Responsible
				2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010	
<b>6. Ratification of Regional and International conventions ratified and adopted by the 2010</b>	Mobilize civil societies and other pressure groups for advocacy and lobbying.	1. Identify civil societies and pressure groups and relevant partners.	Number of civil societies, pressure groups and partners identified						NETD
		2. Conduct advocacy sessions on the conventions.	Number of advocacy sessions conducted.						NETD
	Promote partnership with other stakeholders	3. Support drafting of the amendment of laws and regulations related to the conventions.	Number of working sessions conducted.						NETD
		4. Submit the amendment recommendations to the parliament for endorsement	Number of Draft bill for amendment of laws and regulations related to the conventions submitted.						NETD

<i>Target 6: Planned Activities and Budget for 2005/06 – 2009/10</i>							
S/N	Activities	Budget (Tshs. '000')					Total
		2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	
1	Identify civil societies and pressure groups and relevant partners.	3,000.0	3,400.0	3,900.0	4,500.0	5,200.0	20,000.0
2	Conduct advocacy sessions on the conventions.	5,000.0	5,700.0	6,600.0	7,600.0	8,700.0	33,600.0
3	Support drafting of the amendment of laws and regulations related to the conventions.	6,000.0	6,900.0	7,900.0	9,100.0	10,500.0	40,400.0
4	Submit the amendment recommendations to the parliament for endorsement.	3,000.0	3,400.0	3,900.0	4,500.0	5,200.0	20,000.0
	<b>SUB-TOTAL</b>	<b>17,000.0</b>	<b>19,400.0</b>	<b>22,300.0</b>	<b>21,200.0</b>	<b>29,600.0</b>	<b>114,000.0</b>

Target	Strategies	Activities	Performance Indicators	TIMEFRAME					Responsible
				2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	
<b>7. Implementation of the National Strategy for IYCN monitored and evaluated</b>	Establishment of coordinating bodies at central, regional, district and community level.	1. Conduct consultative meetings to review implementation twice a year.	Number of consultative meetings conducted.						NETD CHND
	Strengthen supervision of infant and young child nutrition activities at various levels.	2. Conduct supportive supervision on the implementation of the infant and young child feeding annually.	Number of supervision conducted.						NETD CHND
	Conduct mid/ and end of term evaluation.	3. Conduct one process evaluation.	Process evaluation conducted.						NETD CHND
		4. Conduct end of term evaluation	End of term evaluation conducted						NETD CHND

<b>Target 7: Planned Activities and Budget for 2005/06 – 2009/10</b>							
<b>S/N</b>	<b>Activities</b>	<b>Budget (Tshs. '000')</b>					<b>Total</b>
		<b>2005/2006</b>	<b>2006/2007</b>	<b>2007/2008</b>	<b>2008/2009</b>	<b>2009/2010</b>	
1	Conduct consultative meetings to review implementation twice a year.	10,000.0	11,500.0	13,200.0	15,000.0	17,500.0	67,200.0
2	Conduct supportive supervision on the implementation of the infant and young child feeding annually.	3,000.0	3,500.0	4,000.0	4,600.0	5,300.0	20,400.0
3	Conduct one process evaluation.			20,000.0			20,000.0
4	Conduct end of term evaluation					40,000.0	40,000.0
	<b>SUB – TOTAL</b>	<b>13,000.0</b>	<b>15,000.0</b>	<b>37,200.0</b>	<b>19,600.0</b>	<b>62,800.0</b>	<b>147,600.0</b>

Strategic Objective: 1.2 Prevention and Control of Micronutrient Deficiencies Strengthened

Target	Strategies	Activities	Performance Indicators	TIME FRAME					Responsible
				2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010	
<b>8. Magnitude of micronutrient deficiencies (Vitamin A, IDD, Anaemia, Pellagra and Zinc deficiency) established by 2010.</b>	Establish multidisciplinary survey	1. Conduct National surveys on Anaemia, Vitamin A, pellagra and zinc deficiency,	National surveys conducted		█		█		CHND, FSND
		2. Disseminate findings	Number of sessions conducted	█					
	Collaborate with other stakeholders	3. Conduct national survey on IDD and disseminate findings				█		CHND, FSND	
		4. Provide supportive supervision on xerophthalmia surveillance		█	█	█	█		

**Target 8: Planned Activities and Budget for 2005/06 – 2009/10**

S/N	Activities	Budget (T.Shs. '000')					Total
		2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	
1	Conduct National surveys on Anaemia, Vitamin A deficiency, pellagra and zinc.		260,000.0				260,000.0
2	Conduct dissemination session for National level stakeholders on the findings of micronutrients situation		20,200.0				20,000.0
3	Conduct National survey on IDD and disseminate findings				100,000.0		100,000.0
4	Provide supportive supervision on xerophthalmia surveillance	8,540.0	9,052.0	9,595.0	10,171.0	10,782.0	48,140.0
	<b>SUB - TOTAL</b>	<b>8,540.0</b>	<b>289,252.0</b>	<b>9,595.0</b>	<b>110,171.0</b>	<b>10,782.0</b>	<b>428,140.0</b>



Target	Strategies	Activities	Performance Indicators	TIME FRAME					Responsible
				2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010	
<b>9. Consumption of vitamins and mineral rich foods promoted particularly to vulnerable groups</b>	Advocate for increased consumption of vitamins and mineral rich foods	1. Train 45 TOT's on production, processing, preservation and consumption of vitamins and mineral rich foods in semi arid regions of Dodoma, Manyara, Singida, Shinyanga and Tabora.	Number of TOT's trained						FSND
			Number of districts covered						
		2. Train 45 TOTS on proper processing techniques that minimize nutrient loss and enhance bioavailability in semi-arid regions of Dodoma, Manyara, Singida, Shinyanga and Tabora.	Number of supportive supervisions made						
	3. Conduct supportive supervision on processing technologies and consumption of vitamins and mineral rich foods.								
		Conduct operational research on bioavailability of minerals and vitamins.	4. Carry out laboratory studies to evaluate bioavailability and accessibility of nutrients.	-Number of lab. studies conducted					
	Collaborate with research partners e.g. IAEA, VITAA, Chalmers University, etc on activities related to nutrient availability in foods	5. Evaluate factors influencing nutrient bioavailability in foods.	-Number and type of food samples accessed						
		6. Provide analytical support to vitamin A and carotenoids in orange fleshed sweet potato.	-Number of samples analysed for vitamin A and carotenoids						

*Target 9: Planned Activities and budget for 2005/06 – 2009/10*

S/N	Activities	Budget (Tshs. '000')					Total
		2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	
1	Train 45 TOT's on production, processing, preservation and consumption of vitamins and mineral rich foods and on proper processing technologies that minimize nutrient loss and enhance bioavailability in semi-arid regions of Dodoma, Manyara, Singida, Shinyanga and Tabora.	13,000.0	20,000.0	21,000.0	23,000.0	25,000.0	102,000.0
2	Train 45 TOTS on proper processing technologies that minimize nutrient loss and enhance bioavailability in semi-arid regions of Dodoma, Manyara, Singida, Shinyanga and Tabora.	12,000.0	15,000.0	16,000.0	17,000.0	18,000.0	78,000.0
3	Conduct supportive supervision on processing technologies and consumption of vitamins and mineral rich foods.		11,660.0	12,360.0	13,101.0	13,887.0	51,008.0
4	Carry out laboratory studies to evaluate bioavailability of nutrients in foods and access factors influencing nutrient bioavailability.	5,000.0	5,000.0	5,000.0	6,000.0	7,000.0	28,000.0
5	Evaluate factors influencing nutrient bioavailability in foods.		5,000.0	5,000.0	5,000.0	5,000.0	20,000.0
6	Provide analytical support to vitamin A and carotenoids in orange fleshed sweet potato.	5,000.0	10,000.0	10,600.0	12,000.0	12,600.0	50,200.0
	<b>SUB - TOTAL</b>	<b>35,000.0</b>	<b>66,660.0</b>	<b>69,960.0</b>	<b>76,101.0</b>	<b>81,487.0</b>	<b>329,208.0</b>

Targets	Strategies	Activities	Performance Indicators	TIME FRAME					Responsible
				2005 / 2006	2006/ 2007	2007 / 2008	2008/ 2009	2009/ 2010	
<b>10. Fortification of salt maize flour and other commonly consumed foods with micronutrients at central and community levels promoted and expanded</b>	Provide technical support to food processors and manufacturers on fortification	1. Validate available bio-fortification technologies	-Number of bio-fortification technologies assessed and modified	█	█				FSND
		2. Monitor maize flour fortification	-Number of supportive supervisions made -Number and levels of micronutrients in fortified salt and maize.	█	█	█	█	█	FSND
		3. Monitor salt iodation at factory, small scale producers sites and markets/shops		█	█	█	█	█	
		4. Train salt inspectors and primary schools on monitoring of iodated salt		█	█				
		5. Conduct national advocacy on IDD control through "IDD week"		█	█	█	█	█	

		6. Conduct sensitization sessions to food processors and manufacturers on food fortification techniques	-Number of sessions held with processors and manufacturers - Number of processors and manufacturers covered						FSND
		7. Develop IEC materials and mass media programmes on food fortification techniques	Number of IEC materials and mass media programmes developed						FSND
Conduct operational research on food Fortification.  Collaborate with relevant partners like GAIN, MI, etc on micronutrient fortification		8. Carry out a study to identify potential food vehicle(s) for fortification	-Number of food vehicles identified -Number of studies conducted						FSND
		9. Carry out a study to evaluate bio-availability of iron and zinc in different cereal flours fortified with micronutrients	-Number and type of cereal flours analyzed for iron and zinc						FSND
		10. Carry out a feasibility study on the double fortification of salt with iodine and iron	Number of feasibility studies on double fortification of salt conducted						FSND

		11. Develop a micronutrient fortification programme.	Micronutrient fortification programme developed.						FSND
		12. Coordinate development and dissemination of fortification policy, standards and regulations	Number of policy development sessions held.						FSND, National Fortificatio n Alliance, MoH

*Target 10: Planned Activities and budget for 2005/06 – 2009/10*

S/N	Activities	Budget (Tshs. '000')					Total
		2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	
1	Validate available bio-fortification technologies	8,000.0	6,000.0	-	-	-	14,000.0
2	Monitor salt and maize flour fortification	24,000.0	26,000.0	29,000.0	32,000.0	34,000.0	145,000.0
3	Monitor salt iodation at factory, small scale producers sites and markets/shops	20,000.0	23,000.0	25,000.0	27,000.0	30,000.0	125,000.0
4	Train salt inspectors and primary schools on monitoring of iodated salt	44,000.0	50,000.0				94,000.0
5	Conduct national advocacy on IDD control through "IDD week"	10,000.0	11,000.0	13,000.0	15,000.0	17,000.0	66,000.0
6	Conduct sensitization sessions to food processors and manufactures on food fortification techniques	11,000.0	11,700.0	12,600.0	-	-	35,300.0
7	Develop IEC materials and mass media programmes on food fortification techniques	40,000.0	30,000.0	20,000.0			90,000.0
8	Carry out study to identify potential food vehicle(s) for fortification with micronutrients	22,000.0	10,330.0				32,330.0
9	Carry out study to evaluate bio-availability of iron and zinc in different cereal flours fortified with micronutrients	5,000.0	8,000.0	8,480.0	8,529.0	8,988.0	39,997.0
10	Carry out a feasibility study on the double fortification of salt with iodine and iron	20,000.0	15,000.0				37,000.0
11	Develop a micronutrient fortification programme		15,000.0	20,000.0			35,000.0
12	Coordinate development of fortification policy and regulations		15,000.0	22,000.0			37,000.0
	<b>SUB - TOTAL</b>	<b>194,000.0</b>	<b>221,030.0</b>	<b>150,080.0</b>	<b>82,529.0</b>	<b>89,988.0</b>	<b>750,627.0</b>

Target	Strategies	Activities	Performance Indicators	TIME FRAME					Responsible
				2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010	
<b>11. Micronutrient supplementation promoted, strengthened and expanded across vulnerable population groups</b>	Provide technical support on micronutrients supplementation	1. Orient stakeholders at national level on micronutrient supplementation	Number of working sessions held  Number of task force meetings held						FSND FSND/CHND
		2. Carry out supportive supervision of micronutrient supplementation at sub regional and district level.							FSND/CHND
		3. Carry out community sensitization and mobilization on micronutrient supplementation in low performing districts	-Regional and district coverage.  -Proportion of districts evaluated.						

**Target 11: Planned Activities and budget for 2005/06 – 2009/10**

S/N	Activities	Budget (Tshs. '000')					Total
		2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	
1	Orient stakeholders at national level on micronutrient supplementation	11,000.00	11,600.00	12,500.00	14,000.00	15,000.00	64,100.00
2	Carry out supportive supervision of micronutrient supplementation at sub regional and regional level.	40,000.00	37,600.00	35,000.00	33,000.00	31,000.00	145,600.00
3	Carry out community sensitization and mobilization on micronutrient supplementation in low performing districts	-	18,000.00	19,000.00	21,000.00	25,000.00	83,000.00
	<b>SUB - TOTAL</b>	<b>51,000.00</b>	<b>67,200.00</b>	<b>66,500.00</b>	<b>68,000.00</b>	<b>71,000.00</b>	<b>292,700.00</b>



**Strategic Objective: 1.3 Nutrition Care and Support in HIV/AIDS Promoted**

Objective	Strategies	Activities	Performance Indicators	TIME FRAME					Responsible
				2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010	
<b>12. Knowledge and skills on Nutrition Care and Support for PLWHA imparted to actors at different levels.</b>	Raise awareness and advocate for nutritional care and support for PLWHA	1. Sensitize policy/ decision makers, media and community on nutrition care and support for PLWHA	Number of leaders, policy makers/decision makers and media people sensitized.						CHND
		2. Develop, produce and distribute various types of IEC materials on nutrition care and support for PLWHA.	Number of IEC materials developed.						CHND
		3. Produce and air TV/Radio programs.	Number of radio and TV programs.						CHND
	Empower health care provider for implementation of main sector strategy	4. Develop guidelines and produce training manuals on nutrition care and support for home based care	Guidelines and training manuals developed.						
		5. Train health care providers of PLWHA							

	Advocate for use of locally available foods on nutrition care and support in home based care in all districts.	6. Assess the effectiveness of "African sweet potatoes" and advocate for its use in Iringa region for improving health and nutrition status of PLWHA	Study on effectiveness of "African sweet potatoes" conducted						CHND
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*Target 12: Planned Activities and Budget for 2004/2005 –2008/2009*

S/N	Activities	Budget (Tshs. '000')	Total					
		2004/2005	2005/2006	2006/2007	2007/2008	2008/2009		
1	Sensitize leaders, policy makers/decision makers and media people on nutrition care and support for PLWHA.	17,000.00	17,920.50					34,920.00
2	Develop, produce and distribute various types of IEC materials on nutrition care and support for PLWHA.	49,000.00	52,000.00	52,000.00	52,000.00	52,000.00	52,000.00	257,000.00
3	Produce and air radio and television programs		23,000.00	25,000.00	27,000.00	30,000.00		105,000.00
4	Develop Guidelines and produce training manuals on nutrition care and support for home based care.		30,360.00					30,360.00
5	Train Health Care providers of PLWHA	50,000.00	55,000.00	58,000.00	62,000.00	65,000.00		290,000.00
6	Assess the effectiveness of "African sweet potato" and advocate for its use in Iringa for improving health and nutrition status of PLWHA			47,555.20	50,000.00	53,000.00		151,000.00
	<b>SUB - TOTAL</b>	<b>116,000.00</b>	<b>178,280.50</b>	<b>182,555.20</b>	<b>191,000.00</b>	<b>200,000.00</b>		<b>868,280.00</b>

Strategic objective: 1.4

Nutrition for Specific Groups (pre-pregnant, pregnant and lactating women, adolescents, most vulnerable children, primary scholars, older people and people living in institutions) Promoted

Objective	Strategies	Activities	Performance Indicators	TIME FRAME					Responsible
				2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010	
<b>13. Nutrition needs of adolescents, most vulnerable children, older people and people living in institutions identified by 2007.</b>	Nutrition assessment.	1. Undertake Nutrition needs assessment of adolescents, most vulnerable children, older people and people living in boarding institutions	Number of baseline surveys conducted						CHND
		2. Disseminate findings to stakeholders	Number of dissemination sessions						CHND

*Target 13: Planned Activities and Budget for 2005/06 – 2009/10*

S/N	Activities	Budget (T.Shs.'000')					Total
		2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	
1	Conduct baseline surveys to assess nutritional status (and risk factors) of adolescents, orphans, older people and people living in institutions		65,000.00	65,000.00	70,000.00		200,000.00
2	Disseminate findings			5,000.00	5,000.00	5,000.00	15,000.00
	<b>SUB - TOTAL</b>	<b>0.00</b>	<b>65,000.00</b>	<b>70,000.00</b>	<b>75,000.00</b>	<b>5,000.00</b>	<b>215,000.00</b>

Target	Output	Strategies	Activities	Performance Indicators	TIME FRAME					Responsible
					2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010	
<b>14. Knowledge and skills on nutrition care for specific groups imparted to stakeholders at various levels.</b>	Knowledge and practices on nutritional care of specific groups improved.	Create awareness on the nutrition care for the specific groups through media	1. Develop information packages on nutrition specific groups and dissemination through various media.	Number and type of Nutrition packages developed and disseminated through various media.						CHND
			2. Develop, review and produce IEC materials (booklets, brochures and posters) on nutrition for specific groups.	- Number of booklets, brochures and posters produced.						CHND
		Develop and disseminate guidelines to stakeholders	3. Develop and produce guidelines and training manuals on nutrition for specific groups	- Number of guidelines produced						CHND
		Establish TOTs teams at district level	4. Conduct district TOTs on nutrition for specific groups.	Number of TOTs in each district						CHND

			5. Review school health card for monitoring nutrition status of school children	School health card reviewed.						
			6. Study success factors on management of SFP activities in Dodoma and Singida regions.	Study conducted						CHND
			7. Review manual on management of school feeding program	Reviewed manual on management of school feeding program						NETD

*Target 14: Planned Activities and Budget for 2005/06 – 2009/10*

S/N	Activities	Budget (T.Shs.'000')					Total
		2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	
1	Develop information packages on nutrition for specific groups and disseminate through various media.	30,000.00	30,800.00	32,300.00	34,600.00	37,300.00	165,000.00
2	Develop and produce IEC materials (booklets, brochures and posters) on nutrition for specific groups			48,600.00	51,300.00		99,900.00
3	Develop and produce guidelines and training manual on nutrition for specific groups			33,400.00			33,400.00
4	Conduct district TOTs on nutrition for specific groups.			58,500.00	61,200.00	63,000.00	182,700.00
5	Review school health card for monitoring nutrition status of school children	4,500.00					4,500.00
6	Study success factors on management of SFP activities in Dodoma and Singida regions			8,000.00			8,000.00
7	Review manual on management of school feeding program			5,000.00			5,000.00
	SUB - TOTAL	34,500.00	30,800.00	185,800.00	147,100.00	100,300.00	498,500.00



Strategic Objective: 1.5 Prevention and Control of Non Communicable Diet Related Diseases Promoted

Target	Strategies	Activities	Performance Indicators	TIME FRAME					Responsible
				2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010	
<b>15. Knowledge attitude and practices (KAP) of Tanzanians on healthy eating and lifestyle improved</b>	Create awareness on healthy eating and lifestyle	1. Develop and produce IEC materials (booklets, brochures and posters) on health eating and lifestyles	Number and types of IEC materials		██████████				CHND
		2. Prepare and broadcast radio and TV programs on healthy eating and lifestyles	Number of radio and TV programs produced and aired.		██████████				CHND
		3. Assess nutritional status and provide nutrition advice to policy makers	- Number of members of policy/decision makers assessed given education.	██████████	██████████	██████████	██████████	██████████	CHND
	Develop and disseminate guideline on health eating and lifestyles	4. Develop and produce guidelines on healthy eating and lifestyles.	- Guidelines produced.		██████████				CHND
		5. Conduct district TOTs of healthy eating and lifestyle to 124 councils	- Number of TOTs in each council		██████████	██████████	██████████	██████████	CHND
		6. Sensitize national level policy/decision makers on healthy eating and lifestyles.	- Sensitization sessions			██████████			CHND

Target 15: Planned Activities and Budget for 2005/06 – 2009/10

S/N	Activities	Budget (T.shs. '000')					Total
		2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	
1	Develop and produce IEC materials on healthy eating and lifestyles		18,800.0	20,500.0	21,900.0		61,200.0
2	Prepare and broadcast radio and TV programs on healthy eating and lifestyles		10,000.0	12,400.0	13,400.0		35,800.0
3	Assess nutritional status and provide nutrition advice to policy/decision makers	5,597.0	12,300.0	13,900.0	14,800.0	16,200.0	62,797.0
4	Develop and produce guidelines on healthy eating and lifestyles.		40,500.0				40,500.0
5	Conduct districts TOTs of healthy eating and lifestyle to 124 Council.		30,000.0	33,000.0	40,000.0	45,000.0	148,000.0
6	Sensitize national level policy/decision makers on healthy eating and lifestyles.			60,000.0			60,000.0
	<b>SUB - TOTAL</b>	<b>5,597.0</b>	<b>111,600.0</b>	<b>139,800.0</b>	<b>90,100.0</b>	<b>61,200.0</b>	<b>408,297.0</b>

Target	Strategies	Activities	Performance Indicators	TIME FRAME					Responsible
				2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010	
<b>16. Knowledge and skills on dietary management of non-communicable diet-related diseases imparted to health care providers and other service providers</b>	Established magnitude of Non Communicable Diet related diseases	1. Conduct baseline survey on NCDs.	Baseline survey conducted.		■				CHND
		2. Disseminate findings of the baseline survey	Dissemination sessions.			■			
	Establish district training teams	3. Develop and produce guidelines and training manuals on dietary management of NCDs for health care provider.	Number of guidelines and manuals produced		■	■			CHND
		4. Conduct TOTs of dietary management of NCDs to 70 council teams	Number of TOT conducted.				■	■	
	Advocate for review of training curricula of medical and paramedical institutions	5. Sensitize health institutions, curriculum developers and heads of para-medical training institutions on dietary management of NCDs	Sensitization sessions				■	■	CHND

*Target 16: Planned Activities and Budget for 2005/06 – 2009/10*

S/N	Activities	Budget (T.Shs.'000')					Total
		2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	
1	Conduct baseline survey on NCDs		55,000.00				55,000.00
2	Disseminate findings of the baseline survey to national level policy/decision makers.			18,000.00			18,000.00
3	Develop and produce guidelines and training manuals on dietary management of NCDs for health care provider.		35,000.00	38,500.00			73,500.00
4	Conduct TOTs of dietary management of NCDs to 70 council teams				132,000.00	135,100.00	267,100.00
5	Sensitize health institutions and curriculum developers on dietary management of NCDs.				23,800.00	26,600.00	50,400.00
	<b>SUB - TOTAL</b>		<b>90,000.00</b>	<b>56,500.00</b>	<b>155,800.00</b>	<b>161,700.00</b>	<b>464,000.00</b>

**Strategic Objective 1.6 Integration of nutrition in the prevention and control of diseases precipitating malnutrition enhanced**

Objective	Strategies	Activities	Performance Indicators	TIME FRAME					Responsible
				2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010	
<b>17. Nutrition is taken into consideration in the prevention and control of diseases precipitating malnutrition</b>	Advocate for integration of nutrition consideration in programming for prevention and control of malaria, diarrhoea, worms infestation, measles tuberculosis and acute respiratory infections.	1. Develop guidelines on dietary management of g malnutrition (malaria, d, worm infestation, measles, acute respiratory infections and tuberculosis	Guidelines developed						CHND
		2. Disseminate guidelines on dietary management of diseases precipitating malnutrition.	Number of dissemination sessions					CHND	

*Target 17: Planned Activities and Budget for 2005/06 – 2009/10*

S/N	Activities	Budget (T.Shs. '000')					Total
		2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	
1	Develop guidelines on dietary management of diseases precipitating malnutrition.		20,000.0	22,000.0			42,000.0
2	Disseminate guidelines on dietary management of diseases precipitating malnutrition to policy/decision makers, programme managers and other stakeholders.				12,000.0	14,000.0	26,000.0
	<b>SUB - TOTAL</b>		<b>20,000.0</b>	<b>22,000.0</b>	<b>12,000.0</b>	<b>14,000.0</b>	<b>68,000.0</b>

**Strategic objective 1.7: Household food security Enhanced**

Target	Strategies	Activities	Performance Indicators	TIME FRAME					Responsible	
				2005/ 2006	2006/ 2007	2007/ 2008	2008/ 2009	2009/ 2010		
<b>18. Availability and accessibility to safe and nutritious foods to meet the dietary needs at household level enhanced</b>	Promote appropriate food processing and preservation technologies	1. Train district TOTs on technologies for improving storage, processing and preservation of sweet potatoes and fresh cassava in Kibaha, Nachingwea, Newala, Kisarawe, Rufiji, Kigoma rural, Tarime, Masasi, Mtwara rural Ukerewe, Temeke, Kilosa, Kishapu and Sengerema.	-Number of districts trained - Number of TOTs trained						FSND	
		2. Provide supportive supervision in training of improved storage, processing and preservation of fresh cassava and sweet potatoes at district level.	Number of districts supervised							FSND
		3. Produce manuals for improved storage and processing of sweet potatoes and cassava	Number of manuals produced and distributed.							
	Collaborate with private and other partners in food product development	4. Formulate low – cost high density nutrient foods for people living with HIV/AIDS and children under five years of age.	Number of low – cost high nutrient foods formulated						FSND	
		5. Network with national and international institutions to develop high dense nutrient foods.	-Number of national and international institutions involved							FSND

		6. Review, reprint and disseminate the national weaning guide.	Number of copies of the national weaning guide printed and disseminated							FSND
		7. Train 150 TOTs and provide supportive supervision on processing of complementary foods in municipals and towns in Tanga, Moshi, Arusha, Iramba, Kondoa, Dodoma, Manyoni, Mpwapwa, Morogoro, Singida rural, Mbeya, Iringa, Songea and Tarime districts.	- Number of TOTs trained - Number of districts trained							FSND
	Promote use of household food security card in cereal growing areas	8. Review household food security card	Food security card reviewed							FSND
		9. Train district TOTs on how to use household food security monitoring tool in Mpwapwa, Singida, Kondoa, Kishapu, Igunga, Kahama, Hai, Karatu and Babati districts	Number of TOTs trained Number of districts covered							FSND
		10. Conduct loss assessment study of maize in cereal growing districts	Loss assessment coverage in cereal growing districts conducted							FSND
	Strengthen collaboration and Networking with relevant parties	11. Revive national household food security consultative group and conduct HFSCG Meetings								FSND
	Advocate and promote consumption of underutilized nutritious foods	12. Identify and evaluate the nutritional quality of underutilized foods	Number of underutilized foods identified and evaluated							FSND



**Target 18: Planned Activities and budget for 2005/06 – 2009/10**

S/N	Activities	Budget (Tshs. '000')					Total
		2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	
1	Train district TOTs on technologies for improved storage, processing and preservation of sweet potatoes and fresh cassava in Kibaha, Nachingwea, Newala, Kisarawe, Rufiji, Kigoma rural, Tarime, Masasi, Mtwara rural Ukerewe, Temeke, Kilosa, Kishapu and Sengerema.	6,539.0	10,500.0	14,500.0	17,000.0		48,539.0
2	Provide supportive supervision in training of improved storage, processing and preservation of cassava and sweet potatoes	47,890.0	50,764.0	53,810.0	57,038.0	60,460.0	269,962.0
3	Produce manuals for improved storage and processing of sweet potatoes and cassava	21,000.0		25,000.0		35,000.0	81,000.0
4	Formulate low – cost high density nutrient foods for people living with HIV/AIDS and children under five years of age	55,320.0	68,639.0	44,436.0	-	-	168,395.0
5	Network with national and international institutions to develop high dense nutrient foods.	-	3,000.0	3,500.0	3,600.0	4,000.0	14,100.0
6	Review, reprint and disseminate the national weaning guide.	-	10,570.0	12,000.0			22,570.0
7	Train 150 TOTs and provide supportive supervision on processing of complementary foods in municipals and towns in Tanga, Moshi, Arusha, Iramba, Kondoa, Dodoma, Manyoni, Mpwapwa, Morogoro, Singida rural, Mbeya, Iringa, Songea and Tarime	21,200.0	22,477.0	23,821.0	25,195.0	26,813.0	119,506.0

	districts.						
8	Review household food security card	-	25,000.0	-	-	-	25,000.0
9	Train district TOTs on how to use household food security monitoring tool in Mpwapwa, Singida, Kondoa, Kishapu, Igunga, Kahama, Hai, Karatu and Babati districts	11,980.0	12,698.0	26,269.0	14,269.0	15,125.0	80,341.0
10	Conduct loss assessment study of maize in cereal growing districts	-	20,000.0	21,200.0	22,472.0	23,800.0	874,722.0
11	Revive national household food security consultative group	-	5,000.0	5,300.0	5,318.0	5,319.0	20,937.0
12	Identify and evaluate the nutritional quality of underutilized foods	-	10,000.0	10,600.0	11,236.0	119,110.0	43,747.0
	<b>SUB - TOTAL</b>	<b>163,929.0</b>	<b>238,648.0</b>	<b>240,436.0</b>	<b>156,128.0</b>	<b>289,627.0</b>	<b>1,768,819.0</b>

#### 4.4 Key Results Areas 2: Supportive Technical Services for the Sector

##### Strategic Objective 2.1: Nutrition Management Information Systems Strengthened

Target	Strategies	Activities	Performance Indicators	TIMEFRAME					Responsible
				2005/06	2006/07	2007/08	2008/09	2009/10	
<b>19. Nutrition management information systems at national and district levels strengthened by 2010.</b>	Assess the coverage of nutrition indicators in sector specific information management systems at all levels	1. Organize and conduct National Nutrition Information System Consultative Group (NNISCG) meetings.	Number of meetings of NNISCG conducted.						NPPD
		2. Conduct study on Assessment of the coverage of nutrition indicators in sectoral specific information systems.	Type and number of nutrition indicators by sector specific information systems reviewed.						NPPD
		3. Review national, district and community-based nutrition information systems.	National district and community based nutrition information systems reviewed.						NPPD, CHND
		4. Train focal people at national and district level on management of nutrition information systems.	Number of people by district trained on nutrition information systems.						

	Establish a national and district level nutrition database.	5. Conduct Tanzania Mainland Nutrition Survey (TMNS)	Nutrition data available						NPPD
		6. Train National and District levels O & OD facilitators on analysis of nutrition data.	Number of national level O & OD facilitators trained on analysis of nutrition data.						NPPD
		7. Provide technical support to actors implementing TSED and CBMIS at district level.	Number of people by district trained on analysis of nutrition data						NPPD
		8. Update and manage the National Nutrition Database and TSED.	Updated National Nutrition Database						NPPD
		9. Provide supportive supervision on CBMIS, TSED and O & OD	Number of districts provided supportive supervision on CBMIS, TSED and O&OD						
	. Collaborate and Network with relevant sectors in management of information	10. Collate and synthesize nutrition and related data from different sources.	Nutrition and related data synthesized						NPPD
		11. Produce and disseminate quarterly bulletin and annual TNT reports	Number of quarterly bulletins and annual TNT produced and disseminated						NPPD

	. Make use of the existing sectoral specific information systems, programmes and national level surveys.	12. Review the PROFILES for nutrition in Tanzania and disseminate to development partners at various levels.	Number of advocacy meetings conducted using reviewed PROFILES  Number of stakeholders reached and sensitized.	_____		_____		_____	NPPD
		13. Establish website at TFNC  14. Launch TFNC Website	A functioning website in place  No of Website users	_____		_____		_____	NPPD, CHND, NETD, FSNDD, FPAD

**Target 19: Planned Activities and Budget for 2005/06 – 2009/10**

S/N	Activities	Budget (Tshs. '000')					Total
		2005/06	2006/07	2007/08	2008/09	2009/10	
1	Organize and conduct meetings National Nutrition Information System Consultative Group (NNISCG) meeting.	12,000.0	16,000.0	20,000.0	24,000.0	26,000.0	98,000.0
2	Conduct study on Assessment of the coverage of nutrition indicators in sectoral specific information systems.	10,000.0	15,000.0	-	20,000.0	-	45,000.0
3	Review national, district and community-based nutrition information system.	10,000.0	-	-	15,000.0	-	25,000.0
4	Train focal people at national, district on management of nutrition information systems.	20,000.0	25,000.0	28,000.0	30,000.0	35,000.0	138,000.0
5	Conduct Tanzania Mainland nutrition survey (2004 TMNS)	150,000.0	-	-	-	200,000.0	350,000.0
6	Train National/District level O & OD facilitators on analysis of nutrition data.	20,000.0	30,000.0	35,000.0	40,000.0	45,000.0	170,000.0
7	Provide technical support to actors implementing TSED and CBMIS	20,000.0	25,000.0	28,000.0	30,000.0	35,000.0	148,000.0
8	Update and Manage the National Nutrition Database and TSED.	15,000.0		20,000.0		25,000.0	60,000.0
9	Provide supportive supervision on CBMIS, TSED and O&OD	30,000.0	35,000.0	40,000.0	45,000.0	50,000.0	200,000.0
10	Collate and synthesize nutrition and related data from different sources.	20,000.0	-	25,000.0		30,000.0	75,000.0
11	Produce and disseminate Quarterly and Annual TNT Reports.		8,000.0	9,000.0	10,000.0	10,000.0	37,000.0
12	Review the Tanzania PROFILES on Nutrition and Disseminate to development partners at national level	15,000.0		20,000.0		25,000.0	60,000.0
13	Establish nutrition website	10,000.0	20,000.0	-	-	-	30,000.0
14	Launching of TFNC web-site			40,000.0	44,000.0	46,000.0	130,000.0
	<b>SUB - TOTAL</b>	<b>342,000.0</b>	<b>189,000.0</b>	<b>230,000.0</b>	<b>278,000.0</b>	<b>552,000.0</b>	<b>1,636,000.0</b>

*Strategic Objective 2.2: Information Development and Communication Strengthened*

Target	Strategies	Activities	Performance Indicators	TIMEFRAME					Responsible
				2005/06	2006/07	2007/08	2008/09	2009/10	
<b>20. Behavioral change communication (BCC) strategy to support centre's initiatives in improving nutrition knowledge, attitudes, behaviour and practices developed and disseminated at various levels.</b>	Assess nutrition information needs of the target groups and the general community.	1. Carryout survey to establish nutrition information needs of the target groups and the general community	Information needs established.	█					NETD/NPPD
	Make use of the existing communication groups at various levels in dissemination of nutrition BCC	2. Conduct technical working sessions to design and develop strategy	Number of technical working sessions conducted		█				NETD/NPPD
		3. Print and distribute BCC strategy	Number of copies of BCC strategy printed and distributed			█			NETD
	Advocate for implementation of BCC strategy at various levels.	4. Conduct advocacy sessions on BCC strategy to stakeholders at various levels	Number of advocacy sessions conducted				█	█	NETD

*Target 20: Planned Activities and Budget for 2005/06 – 2009/10*

S/N	Activities	Budget (Tshs. '000')					Total
		2005/06	2006/07	2007/08	2008/09	2009/10	
1	Carryout survey to establish nutrition on information needs of the target groups and the general community	7,750.00					7,750.00
2	Conduct technical working sessions to design and develop behaviour change communication strategy		19,000.00				19,000.00
3	Print and distribute BCC strategy				17,920.00		17,920.00
4	Conduct advocacy sessions to stakeholders at various levels				15,000.00	16,860.00	31,860.00
	<b>SUB - TOTAL</b>	<b>7,750.00</b>	<b>19,000.00</b>	<b>0.00</b>	<b>32,920.00</b>	<b>16,860.00</b>	<b>76,530.00</b>



Target	Output	Strategies	Activities	Performance Indicators	TIMEFRAME					Responsible	
					2005/06	2006/07	2007/08	2008/09	2009/10		
<b>21. Food and Nutrition Information, Education and Communication (IEC) component strengthened.</b>	Improved Food and Nutrition IEC Services	Collaborate with experts to develop and disseminate food and nutrition IEC packages	1. Develop IEC packages for different target groups	Number and type of packages developed						NETD CHND FSND NPPD	
			2. Communicate nutrition information through print and traditional media	Number of dissemination sessions							"
			3. Attend public education committee meetings	Number of meetings attended							NETD
			4. Design, develop, produce and broadcast radio and TV programmes on nutrition	Number of radio and TV programmes produced and aired.							NETD MD
			5. Develop and produce photographs and video for nutrition communication and documentations	Number of video tapes and photographs produced							NETD
			6. Procure audio visual equipments	Number of audiovisual equipments procured.							NETD

*Target 21: Planned Activities and Budget for 2005/06 – 2009/10*

S/N	Activities	Budget (Tshs. '000')					Total
		2005/06	2006/07	2007/08	2008/09	2009/10	
1	Develop IEC packages for different target groups	5,000.00	7,000.00	10,000.00	10,000.00	11,000.00	43,000.00
2	Communicate nutrition information through print, media		60,245.00	63,859.00	67,691.00	71,752.00	263,449.00
3	Attend Public Education Committee meeting	1,200.00	1,272.00	1,348.00	1,429.00	1,514.00	6,763.00
4	Design, develop, produce and broadcast radio and TV programmes on nutrition	41,360.00	43,841.00	46,472.00	49,260.00	344,822.00	525,757.00
5	Develop and produce photographs and video for nutrition communication	885	938	994	1,054.00	1,117.00	4,988.00
6	Procure audio visual equipments	14,500.00	10,000.00				24,500.00
	<b>SUB - TOTAL</b>	<b>62,945.00</b>	<b>123,296.00</b>	<b>122,673.00</b>	<b>129,434.00</b>	<b>430,205.00</b>	<b>868,457.00</b>

Strategic Objective: 2.3: Nutrition Education and Training Strengthened

Target	Strategies	Activities	Performance Indicators	TIMEFRAME					Responsible
				2005/06	2006/07	2007/08	2008/09	2009/10	
<b>22. Basic education and pre and In-service nutrition training to support nutrition programmes and projects at various levels strengthened by 2010.</b>	Develop nutrition education and training packages.	1. Take inventory of nutrition basic education and training packages	An inventory of basic education and training packages						NETD
	Advocate for review and development of nutrition component of various basic education training curriculae.	2. Identify gaps, review and develop new basic education and training packages	Number of basic education and training packages reviewed and developed						NETD
		3. Conduct needs assessment to identify nutrition contents curricula	Needs assessment for nutrition content in basic education in training curricula and identified.						NETD
		4. Disseminate needs assessment findings to various stakeholders	Number of dissemination sessions conducted						NETD

		5. Organize and conduct advocacy session for inclusion/utilization of minimum nutrition education/training package	Number of advocacy sessions conducted.						NETD
		6. Develop minimum nutrition education/training packages for inclusion in various basic education and training programs	Nutrition basic education/training curricula development guidelines developed						NETD
		7. Provide technical support to basic education training institutions and programs on curriculum review / development and implementation	Number of basic education/institutions/programs supported						NETD

*Target 22: Planned Activities and Budget for 2005/06 – 2009/10*

S/N	Activities	Budget (Tshs. '000')					Total
		2005/06	2006/07	2007/08	2008/09	2009/10	
1	Take inventory of nutrition basic education and training packages	3,360.0					3,360.0
2	Identify gaps, review and develop new basic education and training packages	2,650.0	2,809.0	2,977.5	3,156.2	3,345.6	14,938.3
3	Conduct needs assessment to identify nutrition contents	7,750.0	8,215.0				15,965.0
4	Disseminate needs assessment findings to various stakeholders			12,439.0	13,105.0		25,544.0
5	Organize and conduct advocacy sessions for inclusion and utilization of minimum nutrition education/training packages.		17,871.0	18,883.0	19,894.0	20,906.0	94,416.0
6	Develop minimum nutrition education and training packages for inclusion in various basic education and training programs		20,224.0	21,438.0			41,662.0
7	Provide technical support to basic education and training institutions and programs on curriculum review / development and implementation	1,711.0	1,813.0	1,922.0	2,037.0	2,160.0	9,645.0
	<b>SUB - TOTAL</b>	<b>15,471.0</b>	<b>50,932.0</b>	<b>57,659.5</b>	<b>38,192.2</b>	<b>26,411.6</b>	<b>205,530.3</b>

Target	Strategies	Activities	Performance Indicators	TIIMEFRAME	Responsibl e
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				2005/06	2006/07	2007/08	2008/09	2009/10	
<b>23. In-service food and nutrition training for programme Implementers and inter institutional Networking improved and sustained by 2010.</b>	Organize in-service food and nutrition training short courses for various programme/ project implementers	1. Organize and conduct management course for food and nutrition programme implementers at district level	Number of courses organized and conducted						NETD
		2. Organize and conduct nutrition short courses to various programs and project implementers	Number of short courses organized and conducted.						NETD CHND NPPD
	Organize and coordinate TFNC internal seminars	3. Undertake regular internal seminars	Number of internal seminars organized						NETD
		4. Organize and conduct annual general meeting and scientific conferences	Number of annual general meetings and scientific conferences conducted.						NETD CHND NPPD FSNDD

*Target 23: Planned Activities and Budget for 2005/06 – 2009/10*

S/N	Activities	Budget (Tshs. '000')	Total
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		2005/06	2006/07	2007/08	2008/09	2009/10	
1	Organize and conduct management course for food and nutrition programme implementers at district level.	15,925.0	16,880.0	17,893.0	18,966.0	20,104.0	89,770.0
2	Organize and conduct nutrition short courses to various programs and project implemented	15,000.0	15,900.0	16,854.0	17,852.0	18,937.0	84,556.0
3	Undertake regular internal seminars	3,706.0	3,929.0	4,157.0	4,406.0	4,671.0	20,857.0
4	Organize and conduct annual general meeting and scientific conferences	12,010.0	12,730.0	13,494.0	14,304.0	15,162.0	67,701.0
	<b>SUB – TOTAL</b>	<b>46,641.0</b>	<b>49,439.0</b>	<b>52,398.0</b>	<b>5,528.0</b>	<b>58,874.0</b>	<b>262,884.0</b>

**Strategic Objective 2.4: Applied nutrition research and scientific publication Promoted**

Target	Output	Strategies	Activities	Performance Indicators	TIMEFRAME					Responsible
					2005/06	2006/07	2007/08	2008/09	2009/10	
<b>24. Applied nutrition research and scientific publication strengthened and promoted by 2010</b>	Improve research protocols and publications	Mobilize funds for research from various sources	1. Develop and review five year research programme	Nutrition inventory						MD FSND CHND
			2. Develop and market nutrition research proposals for funding.	Nutrition research proposal funded						MD FSND CHND
	Revitalize research and ethical committee.  Develop human capacity to undertake nutrition research and produce scientific publications	3. Review terms of reference and composition of research and ethical committee	. Terms of reference for REC							MD FSND CHND  "
		4. Convene research and ethical committee meetings	Number of meetings convened							MD FSND CHND
		5. Train TFNC staff in development of proposals and undertaking researches.	Number of scientific research proposals and papers reviewed.  Number of staff trained							



		. Strengthen collaboration and Networking with other research institutions, forums and peer review committees	6. Attend national and international scientific conferences and meetings	Number of conferences and meetings attended						MD FSND CHND	
			7. Take an inventory and Networks with relevant research institutions, forums and peer review committees within and outside the country	Nutrition research inventory							MD FSND CHND
			8. Carry out nutrition researches	Number of researches carried out							MD FSND CHND
			9. Disseminate research findings to key stakeholders.	Number of scientific researches and publications disseminate							

**Target 24: Planned Activities and Budget for 2005/06 – 2009/10**

S/N	Activities	Budget (Tshs. '000')					Total
		2005/06	2006/07	2007/08	2008/09	2009/10	
1	Develop and review a research proposals/programme	14,404.0	12,776.0	10,000.0	10,000.0	-	47,180.0
2	Develop and market nutrition research proposals for funding		5,000.0	5,000.0	5,500.0	6,000.0	21,500.0
3	Review terms of reference for research and ethical committee	3,380.0				5,000.0	8,380.0
4	Convene research and ethical committee meetings	3,200.0	3,270.0	3,500.0	3,800.0	4,000.0	17,770.0
5	Train TFNC staff in development of proposals and undertaking nutrition researches.	6,000.0	6,500.0	7,400.0	8,000.0	9,500.0	37,400.0
6	Attend national and international scientific conferences and meetings	5,000.0	5,000.0	6,000.0	6,500.0	7,000.0	29,500.0
7	Take in inventory of relevant research institutions, forums and peer review committees within and outside the country.	550.0	650.0	700.0	800.0	1,000.0	3,700.0
8	Carry out nutrition researches	15,000.0	15,000.0	15,000.0	16,000.0	16,000.0	77,000.0
9	Disseminate nutrition research findings to key stakeholders			2,000.0	3,000.0	3,000.0	11,000.0
	<b>SUB - TOTAL</b>	<b>47,534.0</b>	<b>48,196.0</b>	<b>49,600.0</b>	<b>53,600.0</b>	<b>51,500.0</b>	<b>253,430.0</b>

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**Strategic Objective 2.5: Food and Nutrition Laboratory Services Improved**

Target	Strategies	Activities	Performance indicators	Time Frame					Responsible
				2005/06	2006/07	2007/08	2008/09	2009/10	
				6	7	8	9	0	

<b>25. Food and nutrition laboratory services to meet chemical, biochemical and microbiological analytical requirements accredited by 2010.</b>	Develop food and nutrition laboratory capacity in terms of human resources, facilities and modern technology	1. Procure laboratory equipment, reagents, spare parts and expendables	Number of equipment, reagents, spare parts and expendables procured						FSND	
		2. Orient/in house training of staff on emerging technologies.	No. of staffs oriented							
		3. Acquire/update laboratory technologies	Laboratory technologies acquired/updated							
		4. Analyse chemical and microbiological hazards in foods and feeds	-Number of samples analyzed -Number of chemical and microbiological hazards identified							FSND
		5. Determine nutritional value of foods and feeds	Number of foods and feeds assessed							FSND
		6. Update Tanzanian food composition table	Number and types of foods analysed and updated							FSND
		7. Carry out biochemical analysis of foods	-Number of samples analysed -Number of individuals attended							FSND

	Strengthen collaboration and Networking laboratories within and outside the country	8. Review analytical methods and produce quality manuals	Number of methods reviewed and quality manuals produced						FSND
		9. Conduct proficiency test (PT) schemes	Number of PT schemes conducted						FSND

*Target 25: Planned Activities and Budget for 2005/06 – 2009/10*

S/N	Activities	Budget (Tshs. '000')					Total
		05/06	2006/07	2007/08	2008/09	2009/10	
1	Procure laboratory equipment, reagents, spare parts and expendables	58,000	-	10,405		68,405	136,810
2	Orient in house training of staff on emerging technologies.						
3	Acquire/up date laboratory technologies						
4	Analyse chemical and microbiological hazards in foods and feeds	15,452	16,380	17,362	18,404	19,508	87,106
5	Determine nutritional value of foods and feeds	18,410	19,514	20,686	21,927	23,243	103,780
6	Update Tanzanian food composition table		4,930	5,220	5,533		15,683
7	Carry out biochemical analysis of foods	3,210	3,403	3,607	3,824	4,053	18,097
8	Review analytical methods and produce quality manuals	6,740	7,145	7,573	8,028	8,510	37,996
9	Conduct proficiency test (PT) schemes	5,630	5,968	6,326	6,706	7,108	31,737
	<b>SUB – TOTAL</b>	<b>107,442</b>	<b>57,340</b>	<b>71,179</b>	<b>64,422</b>	<b>130,827</b>	<b>431,209</b>

Strategic Objective: 2.6: Food and Nutrition Library Services Strengthened

Target	Strategies	Activities	Performance Indicators	TIMEFRAME					Responsible
				2005/06	2006/07	2007/08	2008/09	2009/10	
<b>26. Food and Nutrition Library Services to meet information requirements of the centre and stakeholders at various levels strengthened by 2010</b>	Develop library capacity to meet clients' needs.	1. Procure books, journals, video cassettes and CD ROMS	Number of books, journals, video cassettes and CD ROMS						NETD
		2. Procure library equipments and supplies	Number of equipment procured						NETD
		3. Updating library entries in the database	Book entries in database						NETD
	. Strengthen collaboration and Networking with other relevant nutrition libraries within and outside the country.	4. Compile subject bibliographies for exchange with partners	Number of subject bibliographies identified						NETD
		5. Participate in book exhibitions for a attended	Number of book exhibitions and for a attended						NETD
		6. Take inventory of exchange partners	List of exchange partners						NETD
		7. Provide internet services	Internet services provided						NETD

**Objective 26: Planned Activities and Budget for 2005/06 – 2009/10**

S/N	Activities	Budget (Tshs. '000')					Total
		2005/06	2006/07	2007/08	2008/09	2009/10	
1	Procure books, journals, videocassettes and CD ROMS	10,250.00	10,860.00	11,520.00	12,210.00	12,940.00	57,780.00
2	Procure library equipments and supplies	4,280.00	4,298.00	4,316.00	4,294.00	4,372.00	4,560.00
3	Updating library entries in the database	2,000.00	2,120.00	2,247.00	2,382.00	2,525.00	11,274.00
4	Compile subject bibliographies for exchange with partners	2,000.00	2,120.00	2,247.00	2,382.00	2,525.00	11,274.00
5	Participate in Book Exhibitions and other for a	2,445.00	2,472.00	3,500.00	4,530.00	4,562.00	17,509.00
6	Take inventory of exchange partners	2,000.00	2,120.00	2,247.00	2,382.00	2,525.00	11,274.00
7	Provide internet services	1,000.00	1,000.00	1,500.00	1,500.00	2,000.00	7,000.00
	SUB – TOTAL	23,975.00	24,990.00	27,577.00	29,680.00	31,449.00	120,671.00

**Strategic Objective: 2.7 Policy Development and Advocacy**

Target	Strategies	Activities	Performance Indicators	TIMEFRAME					Responsible
				2005/06	2006/07	2007/08	2008/09	2009/10	
<b>27. National Food and Nutrition Policy (NFNP) and its implementation guidelines reviewed and disseminated to key stakeholders at different levels by 2010.</b>	Make use of multisectoral team for reviewing the NFNP and implementation guidelines.	1. Organize multisectoral working sessions for reviewing the NFNP and implementation guidelines	Number of Review sessions	██					NPPD
			Availability of translated NFNP and NPAN	██					NPPD
		2. Translate into English and print the NFNP and implementation guidelines	Number of copies of the NFNP and NPAN printed						NPPD



	Advocate for implementation of NFNP and implementation guidelines at different levels.	3. Organize dissemination sessions for NFNP and implementation guidelines	Number of dissemination sessions						NPPD CHND NETD FSNDD	
									"	
		4. Map nutrition activities and establish database of key actors in the field of nutrition in Tanzania.	- Map of nutrition activities - Data base of key actors in the field of nutrition							"
		5. Develop, prints and disseminate minimum essential nutrition package for Councils	Developed minimum nutrition package							
		6. Provide nutrition technical support and supportive supervision to Councils in integration of Nutrition in Council plans within the N.S.GRP Framework.	Number of secretariats and councils technically supported							

	Advocate for inclusion of nutrition in other relevant policies and programmes	7. Participate in review and development of relevant policies and programmes	Number of policies and programme with nutrition considerations.							NPPD CHND NETD FSNDD "
		8. Monitor and Evaluate the implementation of NFNP implementation guidelines	Implementation of NFNP and guidelines monitored and evaluated							

**Target 27: Planned Activities and Budget for 2005/06 – 2009/10**

S/N	Activities	Budget (Tshs. '000')					Total
		2005/06	2006/07	2007/08	2008/09	2009/10	
1	Organize multisectoral working session for reviewing the implementation guidelines	22,000.0					22,000.0
2	Translate into Kiswahili and print the NFNP and implementation guidelines.	34,000.0					34,000.0
3	Organize dissemination sessions for NFNP and implementation guidelines.		28,000.0	30,000.0			58,442.0
4	Revise the minimum essential nutrition package for councils.	4,000.0	5,000.0	3,500.0	4,000.0	4,500.0	21,000.0
5	Provide nutrition technical support to 21 secretariats and councils	10,000.0	10,000.0	12,000.0	15,000.0	15,000.0	62,580.0
6	Participate in reviewing and development of relevant policies and programmes.	2,000.0	2,000.0	3,000.0	3,000.0	4,000.0	14,000.0
7	Monitor and Evaluate the implementation of the NFNP and implementation guidelines.		10,000.0	10,000.0	12,000.0	25,000.0	57,000.0
	<b>SUB - TOTAL</b>	<b>72,000.0</b>	<b>55,000.0</b>	<b>58,500.0</b>	<b>34,000.0</b>	<b>48,500.0</b>	<b>269,022.0</b>

**4.5 Key Result Area 3: Institutional Capacity for the Centre**

**Strategic Objective 3.1: Institutional Capacity Development Strengthened**

Target	Strategies	Activities	Performance Indicators	TIME FRAME					Responsible Department
				2005/06	2006/07	2007/08	2008/09	2009/10	
<b>28. TFNC Institutional capacity in supporting nutrition actions nationally and internationally improved and sustained by 2010.</b>	Develop, manage and sustain human resources.	1. Assess training needs	Training needs identified.	█		█			FPAD, NPPD, CHND, FSND, NETD.  FPAD  FPAD  FPAD, NPPD, CHND, FSND, NETD.  FPAD, NPPD, CHND, FSND, NETD.
		2. Develop short and long term training programmes.	Number of staff identified for training.	█					
			Training programmes developed.			█			
		3. Facilitate staff training.	Number of TFNC staff trained (long & short term courses).						
		4. Review staff scheme of service and incentive package.	Scheme of service and incentive packages reviewed.		█				
	5. Conduct staff performance appraisal.	Number of promotions and increments awarded.							
	Mobilize and manage financial and material resources.	6. Identify Potential sources of funds and material resources.	Number of potential sources identified.	█	█	█	█	█	FPAD, NETD, NPPD, CHND, FSND.
		7. Develop and submit financial and material support proposals to potential sources	Number of proposals prepared and submitted to potential sources.	█	█	█	█	█	
		8. Maintain proper books of accounts.	Amount of fund and materials received Accounting software package introduced.					█	FPAD
			Number of financial reports					█	

		9. Procure and maintain vehicles, office furniture equipments and supplies	<p>produced per year.</p> <p>Obtaining clean Audit Reports.</p> <p>Number of stocktaking done per year.</p> <p>Vehicles office furniture, equipment and supplies procured and maintained.</p>							FPAD
	Collaborate and Network with other institutions and organizations	10. Draw and maintain an inventory of key collaborators	Inventory drawn and maintained.							FPAD
	Review TFNC Act No. 24 of 1973 in line with ongoing reforms.	11. Organize awareness creation sessions on TFNC mandate and activities.	Number of sessions held.	_____						FPAD
		12. Organize periodical working sessions with collaborators	Number of working sessions organized.	_____						FPAD, NPPD, CHND, NETD, FSND.
		13. Organize working sessions for and finalizing reviewing the TFNC Act No. 24 of 1973.	Number of review sessions.		_____	_____	_____	_____		FPAD
		14. Print the reviewed TFNC Act.	Copies of the printed Act.	_____						FPAD
<b>29. Mikocheni and 22 Ocean Road Plots developed by 2010.</b>	Develop and implement infrastructure plan.	1. Assess infrastructure development needs	Infrastructure development plan	_____				_____	_____	Management
	Go into partnership with Real Estate Developers	2. Rehabilitate and expand existing building structures.	Number of buildings rehabilitated	_____	_____	_____	_____	_____		Management

**Target 29: Planned Activities and Budget for 2005/06 – 2009/10**

S/N	Activities	Budget (Tshs. '000')					Total
		2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	
1	Assess training needs	5,000.0	-	10,000.0	-	-	21,873.0
2	Develop short and long term training programmes.	17,000.0	-	20,000.0	-	-	37,000.0
3	Facilitate staff training.	14,000.0	20,000.0	25,000.0	30,000.0	35,050.0	124,000.0
4	Review staff scheme of service and incentive package.	-	25,000.0				25,000.0
5	Conduct staff performance appraisal.	3,000.0	3,150.0	3,308.0	3,315.0	3,481.0	16,254.0
6	Identify potential sources of funds and materials resources.	2,000.0	5,000.0	7,000.0	9,000.0	10,000.0	33,000.0
7	Develop and submit financial and material support proposals to potential sources.	2,000.0	5,000.0	7,000.0	9,000.0	10,000.0	3,000.0
8	Maintain proper books of accounts	5,000.0	5,000.0	5,000.0	5,000.0	5,000.0	25,000.0
9.	Procure and Maintain vehicle	55,000.0	418,000.0	30,000.0	45,000.0	200,000.0	748,000.0
10	Procure office furniture equipment and supplies.	17,220.0	18,000.0	80,000.0	100,000.0	100,000.0	415,220.0
11	Draw and maintain an inventory of key collaborators	5,000.0	6,000.0	7,000.0	9,000.0	10,000.0	37,000.0
12	Organize awareness creation sessions on TFNC mandate and activities.	4,000.0	5,000.0	7,000.0	9,000.0	10,000.0	35,000.0
13	Organize periodical working sessions with collaborators.	4,000.0	5,000.0	6,000.0	7,000.0	9,000.0	31,000.0
14	Organize working sessions for reviewing the TFNC Act No. 24 of 1973.	15,000.0	-	-	-	-	47,603.0
15	Print the reviewed TFNC Act.	10,000.0	-	-	-	-	10,000.0
	<b>SUB - TOTAL</b>	<b>158,220.0</b>	<b>515,150.0</b>	<b>207,308</b>	<b>226,315.0</b>	<b>392,531.0</b>	<b>1,499,524.0</b>

**Target 29: Planned Activities and Budget for 2005/06 – 2009/10**

S/N	Activities	Budget (Tshs. '000')					Total
		2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	
1	Assess infrastructure development needs	25,000.0	-	-	30,000.0	-	55,000.0
2	Rehabilitate and expand existing building structures.	100,000.0	500,000.0	1,500,000.0	2,000,000.0	500,000.0	4,500,000.0
<b>SUB - TOTAL</b>		<b>125,000.0</b>	<b>500,000.0</b>	<b>1,500,000.0</b>	<b>2,030,000.0</b>	<b>500,000.0</b>	<b>4,555,000.0</b>

**Strategic Objective: 3.2 Planning, Budgeting Monitoring and Evaluation of TFNC Programmes and Projects Strengthened**

Target	Strategies	Activities	Performance Indicators	TIMEFRAME					Responsible
				2005/06	2006/07	2007/08	2008/09	2009/10	
<b>30. TFNC Annual and Medium Term Plans and Budget developed and implemented by 2010.</b>	. Coordinate and harmonize the development of TFNC Annual and Medium Term Programmes and Projects Plans and Budgets	1. Develop guidelines for preparation of Annual and Medium Term Plans and Budget.	Guidelines for Annual and Medium Term Plans and Budget in place						NPPD

	. Collaborate with Development Partners in development of TFNC annual and Mid-term plans.	2. Develop Annual and Medium Term Plans and budgets for funding consideration by the Government and Development partners.	. Annual and Medium term plan developed						NPPD CHND NETD FSNDD FPAD
			. Number of development partners supporting TFNC						NPPD
			Number of TFNC staff oriented in developing project proposals						NPPD CHND NETD FSNDD
		3. Orient TFNC project staff in preparation of project proposals for funding	TFNC Strategic Plan in place						NPPD CHND NETD FSNDD
			Number of implementation activities in the TFNC strategic plan monitored						NPPD CHND NETD FSNDD
		4. Develop TFNC Strategic Plans for 2004/05-2008/09 and 2009/10-2013/14							"
	5. Monitor the implementation of TFNC Strategic Plan 2005/06-2009/10 (Mid-Term review of the Strategic Plan)	Number of activities in strategic plan completed/achieved							
	6. Evaluate the TFNC Strategic Plan 2004/05-2008/09 (Mid-term review of the Strategic								



**Target 30: Planned Activities and Budget for 2005/06 – 2009/10**

S/N	Activities	Budget (Tshs. '000')					Total
		2005/06	2006/07	2007/08	2008/09	2009/10	
1	Develop guideline for preparation of Annual and Medium Term Plans and Budget.	2,000.00	2,000.00	2,000.00	2,500.00	3,000.00	11,500.00
2	Develop Annual and Medium Term Plans and Budget for funding consideration by the Government and Development Partners.	7,600.00	16,000.00	17,000.00	18,000.00	19,000.00	77,600.00
3	Orient TFNC project staff in preparation of project proposals for funding.	11,500.00		12,000.00		13,000.00	36,500.00
4	Develop TFNC Strategic Plans for 2010/11-2014/15.	12,000.00				18,000.00	30,000.00
5	Monitor the implementation of TFNC Strategic Plan 2005/06-2009/10 (Mid-Term review of the Strategic Plan).	-	10,000.00	12,000.00	15,000.00	20,000.00	47,000.00
6	Evaluate the TFNC Strategic Plan 2005/06 – 2009/10	-	-	20,000.00	-	30,000.00	50,000.00
	<b>SUB - TOTAL</b>	<b>33,100.00</b>	<b>28,000.00</b>	<b>63,000.00</b>	<b>35,500.00</b>	<b>103,000.00</b>	<b>252,600.00</b>

Target	Output	Strategies	Activities	Performance Indicators	TIMEFRAME					Responsible
					2005/06	2006/07	2007/08	2008/09	2009/10	
<b>31. Mechanisms for monitoring and evaluation of TFNC Programmes and projects strengthened by 2010.</b>	Monitoring and Evaluation Indicators for TFNC Programmes and projects	Incorporate monitoring and evaluation component in TFNC programmes and projects	1. Develop monitoring and evaluation indicators for TFNC programmes and projects during planning process	Number and type of Monitoring and Evaluation indicators developed						NPPD, CHND, NETD, FSND, FPAD
	Improved TFNC programmes and projects performance	Strengthen supervision of TFNC projects at various levels	2. Undertake regular supportive supervision of projects at various levels	Number of supportive supervision of TFNC projects						NPPD, CHND, NETD, FSND, FPAD

		Revive project meetings and mid and annual projects reviews	3. Conduct projects meetings.	Number of project meetings conducted						NPPD, CHND, NETD, FSNDD, FPAD
			4. Prepare Quarterly and Annual Reports	Quarterly and Annual Reports						"
			5. Organize Mid and Annual project review meetings	Number of projects review meetings conducted						NPPD
			6. Evaluate performance of TFNC projects	Number of TFNC projects evaluated						

**Target 31: Planned Activities and Budget for 2005/06 – 2009/10**

S/N	Activities	Budget (Tshs. 000)					Total
		2005/06	2006/07	2007/08	2008/09	2009/10	
1	Develop monitoring and evaluation indicators for TFNC projects during planning process.	5,000.00	7,000.00	10,000.00	12,000.00	15,000.00	49,000.00
2	Undertake regular supportive supervision of TFNC project at various levels.	5,000.00	6,000.00	7,000.00	9,000.00	10,000.00	37,000.00
3	Conduct project meetings.	2,000.00	3,000.00	3,500.00	4,000.00	6,000.00	18,000.00
4	Prepare Quarterly and Annual Reports	5,700.00	13,000.00	14,000.00	15,000.00	16,000.00	63,700.00
5	Organize Mid and Annual Projects review meetings.		14,00.0	15,000.00	16,000.00	17,00.0	62,000.00
6	Evaluate performance of TFNC projects		15,000.00		17,000.00		32,000.00
	<b>SUB – TOTAL</b>	<b>17,700.00</b>	<b>44,000.00</b>	<b>49,500.00</b>	<b>73,000.00</b>	<b>47,000.00</b>	<b>261,700.00</b>

*tfnc strategic plan 2005/2006 - 2009/2010*

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4.6	FIVE YEAR BUDGET SUMMARY BY STRATEGIC OBJECTIVES AND TARGETS 2005/2006 - 2009/2010 (T.SHS. '000')						
No.	Strategic Objectives and Targets	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010	TOTAL
<b>1.1 Prevention and Control of PEM Promoted</b>							
1	Establishing and operation of CBNR in 50 councils	32,000.00	32,000.00	41,000.00	34,600.00	39,000.00	<b>178,600.0</b>
2	Low birth weight significantly reduced through improved maternal care	19,000.0	58,500.0	65,000.0	72,000.0	75,000.0	<b>289,500.0</b>
3	Imparting Knowledge and Skills on GMP to Health service providers	20,000.0	26,000.0	31,000.0	5,500.0	6,000.0	<b>88,500.0</b>
4	Development and dissemination of Guidelines on Infant and Young Child Nutrition	15,000.0	27,000.0	11,000.0	12,000.0	13,000.0	<b>78,000.0</b>
5	Imparting Knowledge and Skills on IYCN to implementers at various levels	133,738.0	145,567.0	142,120.0	154,448.0	157,214.0	<b>733,087.0</b>
6	Ratification and adoption of Regional and International Conventions on IYCN	17,000.0	19,400.0	22,300.0	25,700.0	29,600.0	<b>114,000.0</b>
7	Monitoring and evaluation of the implementation of the National Strategy on IYCN	8,540.0	289,052.0	9,595.0	110,171.0	10,782.0	<b>428,140.0</b>
	<b>SUB TOTAL 1.1</b>	<b>245,278.0</b>	<b>597,519.0</b>	<b>322,015.0</b>	<b>414,419.0</b>	<b>330,596.0</b>	<b>1,909,827.0</b>

<b>1.2 Prevention and Control of Micronutrient Deficiencies Strengthened</b>							
8	Establishment of magnitude of micronutrient deficiencies (VAD, IDD, Anaemia, Pellagra and Zinc)	13,000.0	15,000.0	37,200.0	19,600.0	62,800.0	<b>147,600.0</b>
9	Promotion of the consumption of Vitamins and mineral rich foods to vulnerable groups	35,000.0	66,660.0	69,960.0	76,101.0	81,487.0	<b>329,208.0</b>
10	Promotion and expansion of Fortification of salt, maize flour and other commonly consumed foods	204,000.0	210,000.0	150,080.0	82,529.0	89,988.0	<b>736,597.0</b>
11	Promotion , Expansion and strengthening of Micronutrient supplementation	51,000.0	67,200.0	66,500.0	68,000.0	71,000.0	<b>323,700.0</b>
	<b>SUB TOTAL 1.2</b>	<b>303,000.0</b>	<b>358,860.0</b>	<b>323,740.0</b>	<b>246,230.0</b>	<b>305,275.0</b>	<b>1,537,105.0</b>
<b>1.3 Nutrition Care and Support in HIV/AIDS Promoted</b>							
12	Imparting knowledge and skills on nutrition care and support for PLWHA	116,000.0	160,360.0	182,555.2	191,000.0	200,000.0	<b>849,915.2</b>
	<b>SUB TOTAL 1.3</b>	<b>116,000.0</b>	<b>160,360.0</b>	<b>182,555.2</b>	<b>191,000.0</b>	<b>200,000.0</b>	<b>849,915.2</b>
<b>1.4 Nutrition for Specific Groups Promoted</b>							
13	Identification of nutrition needs of Adolescents, MVCs, the elderly and people living in institutions		65,000.0	70,000.0	75,000.0	5,000.0	<b>215,000.0</b>

14	Imparting knowledge and skills on nutrition care for specific groups to various stakeholders	34,500.0	30,800.0	185,800.0	147,100.0	100,300.0	<b>498,500.0</b>
	<b>SUB TOTAL 1.4</b>	<b>34,500.0</b>	<b>95,800.0</b>	<b>255,800.0</b>	<b>222,100.0</b>	<b>105,300.0</b>	<b>713,500.0</b>
<b>1.5 Prevention and Control of Non-communicable Diet Related Diseases Promoted</b>							
15	KAP improvement of Tanzanians on healthy eating and lifestyle	5,597.0	101,600.0	139,800.0	90,100.0	61,200.0	<b>398,297.0</b>
16	Imparting knowledge and skills on dietary management of non-communicable diet related diseases		146,500.0	56,500.0	155,800.0	161,700.0	<b>520,500.0</b>
	<b>SUB TOTAL 1.5</b>	<b>5,597.0</b>	<b>248,100.0</b>	<b>196,300.0</b>	<b>245,900.0</b>	<b>222,900.0</b>	<b>918,797.0</b>
<b>1.6 Integration of Nutrition in Diseases Prevention and Control Enhanced</b>							
17	Nutrition consideration in prevention and control of diseases		20,000.0	22,000.0	12,000.0	14,000.0	<b>68,000.0</b>
	<b>SUB TOTAL 1.6</b>		<b>20,000.0</b>	<b>22,000.0</b>	<b>12,000.0</b>	<b>14,000.0</b>	<b>68,000.0</b>
<b>1.7 Household Food Security Enhanced</b>							
18	Enhancement of availability and accessibility to safe and nutritious foods to meet dietary needs at household level.	163,929.0	238,648.0	240,436.0	156,128.0	182,428.0	<b>981,569.0</b>
	<b>SUB TOTAL 1.7</b>	<b>163,929.0</b>	<b>238,648.0</b>	<b>240,436.0</b>	<b>156,128.0</b>	<b>182,428.0</b>	<b>981,569.0</b>
<b>2.1 Nutrition Management Information Systems Strengthened</b>							

19	Strengthening Nutrition Management Information Systems	332,000.0	189,000.0	265,000.0	278,000.0	552,000.0	<b>1,616,000.0</b>
	<b>SUB TOTAL 2.1</b>	<b>332,000.0</b>	<b>189,000.0</b>	<b>265,000.0</b>	<b>278,000.0</b>	<b>552,000.0</b>	<b>1,616,000.0</b>
<b>2.2 Information Development and Communication Strengthened</b>							
20	Development and dissemination of Behavioral Change Communication Strategy	7,750.0	19,000.0		32,920.0	16,860.0	<b>76,530.0</b>
21	Strengthening of IEC component in Food and Nutrition	62,945.0	132,296.0	122,673.0	129,434.0	430,205.0	<b>877,553.0</b>
	<b>SUB TOTAL 2.2</b>	<b>70,695.0</b>	<b>151,296.0</b>	<b>122,673.0</b>	<b>162,354.0</b>	<b>447,065.0</b>	<b>954,083.0</b>
<b>2.3 Nutrition Education and Training Strengthened</b>							
22	Strengthening of basic education and pre-service and in-service nutrition training to support nutrition programmes	15,471.0	50,932.0	57,659.5	38,192.2	26,411.6	<b>188,666.3</b>
23	Improvement and sustainability of in-service food and nutrition training for programme implementers and institutional networking	46,641.0	49,439.0	52,398.0	55,528.0	58,874.0	<b>262,880.0</b>
	<b>SUB TOTAL 2.3</b>	<b>62,112.0</b>	<b>100,371.0</b>	<b>110,057.5</b>	<b>93,720.2</b>	<b>85,285.6</b>	<b>451,546.3</b>
<b>2.4 Applied Nutrition Research and Scientific Publication Promoted</b>							
24	Strengthening and promotion of Applied nutrition research and scientific publication	47,534.0	48,196.0	49,600.0	53,600.0	51,500.0	<b>250,430.0</b>



	<b>SUB TOTAL 2.4</b>	<b>47,534.0</b>	<b>48,196.0</b>	<b>49,600.0</b>	<b>53,600.0</b>	<b>51,500.0</b>	<b>250,430.0</b>
<b>2.5 Food and Nutrition Laboratory Services Improved</b>							
25	Accreditation of Food and Nutrition Laboratory Services	107,442.0	57,340.0	60,774.0	64,422.0	130,827.0	<b>420,805.0</b>
	<b>SUB TOTAL 2.5</b>	<b>107,442.0</b>	<b>57,340.0</b>	<b>60,774.0</b>	<b>64,422.0</b>	<b>130,827.0</b>	<b>420,805.0</b>
<b>2.6 Food and Nutrition Library Services Strengthened</b>							
26	Strengthening of Food and Nutrition Library Services	23,975.0	24,990.0	27,577.0	29,680.0	31,449.0	<b>137,671.0</b>
	<b>SUB TOTAL 2.6</b>	<b>23,975.0</b>	<b>24,990.0</b>	<b>27,577.0</b>	<b>29,680.0</b>	<b>31,449.0</b>	<b>137,671.0</b>
<b>2.7 Policy Development and Advocacy Promoted</b>							
27	Review and dissemination of National Food and Nutrition Policy and implementation guidelines	266,295.0	169,395.0	241,450.0	110,500.0	110,000.0	<b>897,640.0</b>
	<b>SUB TOTAL 2.7</b>	<b>266,295.0</b>	<b>169,395.0</b>	<b>241,450.0</b>	<b>110,500.0</b>	<b>110,000.0</b>	<b>897,640.0</b>
<b>2.8 Planning, Budgeting, Monitoring and Evaluation Strengthened</b>							
28	Development and implementation of TFNC Annual and Medium Term Plans and Budget	33,100.0	28,000.0	63,000.0	35,500.0	103,000.0	<b>262,600.0</b>
29	Strengthening of TFNC Monitoring and Evaluation mechanisms	17,200.0	58,000.0	49,500.0	73,000.0	64,000.0	<b>261,700.0</b>
	<b>SUB TOTAL 2.8</b>	<b>50,300.0</b>	<b>86,000.0</b>	<b>112,500.0</b>	<b>108,500.0</b>	<b>167,000.0</b>	<b>524,300.0</b>
<b>3.0 Institutional Capacity Development Strengthened</b>							
30	TFNC capacity improvement and sustainability	243,220.0	635,150.0	277,308.0	281,315.0	453,531.0	<b>1,890,524.0</b>

*tfnc strategic plan 2005/2006 - 2009/2010*

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31	Mikocheni and 22 Ocean road Plots developed by 2010	135,000.0	500,000.0	1,500,000.0	2,030,000.0	500,000.0	<b>4,665,000.0</b>
	<b>SUB TOTAL 3.0</b>	<b>378,220.0</b>	<b>1,135,150.0</b>	<b>1,777,308.0</b>	<b>2,311,315.0</b>	<b>953,531.0</b>	<b>6,555,524.0</b>
	<b>GRAND TOTAL</b>	<b>2,206,877.0</b>	<b>3,681,025.0</b>	<b>4,309,785.7</b>	<b>4,699,868.2</b>	<b>3,889,156.6</b>	<b>18,786,712.5</b>

## CHAPTER FIVE

### IMPLEMENTATION, MONITORING AND EVALUATION

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#### 5.1 Introduction

Monitoring and Evaluation (M&E) of the TFNC Strategic Plan is designed to ensure effective and efficient implementation of the plan and the sustainability of the intended impacts. The M&E system is instituted as a review mechanism to monitor the progress and assess outcomes compared to the original objectives, targets or expectations.

Monitoring refers to the tracking of the progress of implementation of the Strategic Plan. Evaluation, on the other hand, will be a critical and objective appraisal of the overall Strategic Planning Process at TFNC in the form of specific milestones of achievement.

This chapter describes the Monitoring and Evaluation System proposed for the TFNC strategic planning process. Notably, an important step in implementing the Strategic Plan is to translate the Centre level interventions into Directorate level actions.

#### 5.2 Implementation Arrangements

Implementation of the TFNC Strategic Plan will be the responsibility of the Management. In order to increase efficiency and effectiveness, an officer will be appointed to coordinate activities related to the implementation of the Strategic Plan. The officer will also be assisted by a strategic planning and implementation committee (SPIC) which will have to be established. The Strategic Planning and Implementation Committee shall be composed of around 4 members. The Managing Director will chair the TFNC Strategic Planning and Implementation Committee.

Each Directorate will be required to develop an annual work plan which will be used to guide implementation and reporting of the activities conducted over the year. The Directorate annual work plans will have to be drawn from the activities planned for the first year in the main Strategic Plan.

It is important for each key officer responsible for the implementation of a specific activity to observe the kind of targets envisaged as well as the time frame and resources provided. It is also important to note that the Medium Term Expenditure Framework (MTEF) format will take on board all the activities provided under Appendix 1 and thus funding from both the Government and the donor community will be solicited to perform the activities provided in the plan.

### **5.3 Monitoring**

Monitoring of the TFNC Strategic Plan will be the overall responsibility of the SPIC, which will periodically audit the implementation of the plan.

The TFNC Director of Planning shall:

- (i) Prepare and issue monitoring and reporting guidelines to all officials who will be involved in the implementation and audit exercise as approved by SPIC. Specifically, a data collection instrument will need to be prepared (See Appendix 1);
- (ii) Monitoring and Evaluation roles and responsibilities to be played by the Centre and its Directorates.

The Directorates will translate the Centre level Strategic Plan into their own targets at their respective levels. Initially, the Centre will prepare an annual operating plan that closely reflects the expected level of funding for the immediate year. The Directorates will follow suit later on. The SPIC shall collect information related to the monitoring of inputs/activities and of results once every quarter. It will prepare reports reflecting the performance of the Directorates and the Centre.

#### **(a) Methodology**

Monitoring will be instituted immediately after starting implementing the Strategic Plan. Three major methods will be used by the SPIC:

- (i) Preparation of detailed annual operational plans which shall be linked to MTEF as well as resources available for the first year shall portray the quarterly targets. The

same shall be used to report the extent to which the accomplishment of the operational plan is being met using the format given in Appendix 1.

- (ii) Physical observations and interviews/discussions between the SPIC and the various stakeholders to get informed insights and clarifications. A field observation schedule will be prepared by SPIC before making the physical observations
- (iii) Conducting enquiries with the assistance of a questionnaire administered once every year designed to obtain the impressions of various stakeholders so as to obtain any early warning signs that may indicate potential problems during the implementation of the Strategic Plan.

**(b) Reporting**

Monitoring reports at the Directorates' level will comprise:

- (i) A narrative strategic plan implementation report plus a summary table as shown in Appendix 1 prepared once every quarter.
- (ii) Contents of the narrative report will include, but not be limited to:
  - The approved strategic goals and their target indicators at the relevant levels;
  - Achievements in terms of outputs, the deviations in the planned activities and outputs. Achievements should reflect both the qualitative and quantitative achievements;
  - Constraints in the implementation of the Strategic Plan and any internal and external factors which have affected implementation;
  - Proposed remedial actions and the way forward for solving the problems faced indicating clearly the planned activities to be carried out in the next period (quarter and one year depending on the nature of the report).

There will be four (quarterly) reports per annum. When reporting on implementation of the January to March period, the reporting unit will also be reporting on the achievements and constraints of the whole (previous) year.

The reports from the SPIC shall include, but not be limited to the following:

- Quarterly and annual reports on the implementation, achievements and constraints of the TFNC Strategic plan;
- Physical observations, and responses to interviews and questionnaires included as part of the annual reports;
- Summary of the major recommendations for improving the rolling of the Strategic Plan, preparing annual operating plan for the subsequent year and the implementation and monitoring process in the subsequent year.

**(c) Schedule of the Reports**

For each reporting period, the following schedule will be observed:

- (i) The Centre to prepare performance reports on implementation of scheduled strategic plan activities for quarter of the respective year. The reports will follow a uniform format as shown in Appendix 1 or as may be updated by SPIC;
- (ii) The Centre will hold a mid-year review workshop to discuss progress on the strategic plan implementation;

The Centre will hold an end of the year workshop to discuss progress on strategic plan implementation. Because of the resulting reporting burden to the Directors, TFNC Management should consider introduction of some performance-based incentives for them.

#### **5.4 Evaluation**

There will be two types of evaluation of the Strategic Planning Process at TFNC. Once every two years using internal evaluators and another one once every five years using an external evaluation team working with one internal evaluator not responsible for the implementation of the Strategic Plan.

The internal and external evaluations will have similar Terms of Reference (ToR) and will focus on:

- Assessing the reasons for success or failure of specific aspects of the strategic plan;
- Assessing whether the strategic plan is achieving its objectives and targets;
- Finding out whether the effects of the strategic plan are contributing to a better fulfillment of the Mission and Vision of the Centre;
- Assessing the adequacy of resources being mobilized to implement the Strategic Plan;
- Determining whether available resources are being utilized efficiently to achieve the targets set for the strategic objectives of the Plan;
- Determining whether the process of strategic planning and implementation is facing any problems that need immediate or long-term solutions.

The SPIC shall prepare clear and comprehensive terms of references to guide both evaluations. The ToRs of the two evaluations shall in addition cover, but not be limited to:

- Subject of the evaluation;
- Methodology to be adopted, data collection procedures, sampling procedures, indicators to be used, basis for comparisons, etc.;

- Analysis of the field findings;
- Evaluation of the achievements and;
- Feedback of evaluation of findings.

Both the internal and external evaluators will have the mandate to decide on other additional issues to be included or evaluated and agreed by the Board of Directors in advance. These will be usually agreed at the first de-briefing meeting between the TFNC Management and the evaluators subject to the approval of the Board.

Selecting the appropriate evaluators will consider relevant technical skills, evaluation skills and experience in similar organizations/assignments. The internal evaluation team shall be approved by the SPIC and appointed by the Managing Director while the TFNC Board shall approve the external evaluation team.

The evaluation reports will be discussed at the end-of-year annual progress review workshop. The recommendations adopted will be implemented and included in the rolled over Strategic Plan.

#### **5.5 Review of the TFNC Strategic Plan**

The TFNC strategic plan shall be reviewed and rolled every two and a half years. The review will be based on the internal and external reviewers' recommendations which will be held every second year and five years respectively. It should be noted that the aspect of rolling forward of the plan will make the plan dynamic as it will always take on board achievements/developments made both internally as well as externally.



**APPENDIX 1: FORMAT FOR QUARTERLY PHYSICAL PROGRESS AND FINANCIAL REPORT  
FOR THE PERIOD FROM.....to .....(months).....(Year).....**

**Strategic Objective**

No.....Title:.....

Responsible

Department:.....

Target	Annual Plan (FY.....)		Quarterly Plan (.....)		Actual Implementation (Quarterly.....)		Cumulative Imple (form Quarter.....t Quarter.....)
	Activity	Budget T.shs	Activity	Budget T.shs	Achievements	Actual Expenditure Tshs	Achievements