



World Breastfeeding Trends Initiative (WBTi)



# Tanzania's 2<sup>nd</sup> Assessment Report



# The 2<sup>nd</sup> Report of the World Breastfeeding Trends Initiative (WBT*i*) TANZANIA

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# 2018



World Breastfeeding Trends Initiative (WBT*i*)

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## Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
BFHI	Baby Friendly Hospital Initiative
BMS	Breastmilk Substitute
CHMT	Council Health Management Team
COUNSENUTH	The Centre for Counselling, Nutrition and Health Care
CRRAF	Common Results and Accountability Framework
DNET	Department of Nutrition Education and Training - TFNC
EBF	Exclusive Breastfeeding
FAO	Food and Agriculture Organization of the United Nations <sup>[1][2]</sup>
FYDP	Year Development Plan
GLOPAR	The Global Participatory Action Research
GSİYCF	Global Strategy for Infant and Young Child Feeding
HIV	Human Immuno Deficiency Virus <sup>[1][2]</sup>
HTC	HIV Testing and Counselling
IBFAN	The International Baby Food Action Network
IEC	Information, Education and Communication <sup>[1][2]</sup>
IFE	Infant Feeding in Emergencies <sup>[1][2]</sup>
ILO	International Labour Organisation <sup>[1][2]</sup>
IMCI	Integrated Management of Childhood Illness <sup>[1][2]</sup>
IPs	Implementing Partners
IYCF	Infant and Young Child Feeding <sup>[1][2]</sup>
IYCN	Infant and Young Child Nutrition
LGA	Local Government Authorities
MAD	Minimum Acceptable Diet
MIYCAN	Maternal, Infant, Young Child and Adolescent Nutrition
MIYCN	Maternal, Infant, and. Young Child nutrition
MNH	Muhimbili National Hospital
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MSG	Mother Support Groups
NMNAP	National Multi-sectoral Nutrition Action Plan
OSHA	Occupational Safety and Health Authority
PANITA	Partnership for Nutrition in Tanzania,
PIF	Powdered Infant Formula <sup>[1][2]</sup>
PIHTC	Provide Initiated HIV Testing and Counselling
PLO	Principle Legal Officer
PNC	Postnatal Care
PORALG	President's Office - Regional Administration and Local Government
QA	Quality Assurance
SBCC	Social Behavior Change Communication
SRO	Senior Research Officer <sup>[1][2]</sup>
TBS	Tanzania Bureau of Standard
TDHS	Tanzania Demographic and Health Survey
TFDA	Tanzania Food and Drugs Authority
TFNC	Tanzania Food and Nutrition Centre
UN	United Nations
UNICEF	United Nations Children's Fund <sup>[1][2]</sup>
VCCT	Voluntary and Confidential Counselling and Testing
WBTi	The World Breastfeeding Trends Initiative <sup>[1][2]</sup>
WHA	World Health Assembly <sup>[1][2]</sup>
WHO	World Health Organization <sup>[1][2]</sup>
OUT	Open University of Tanzania
AMREF	The African Medical and Research Foundation

HKI	Helen Keller International
MD	Managing Director
SRO	Senior Research Officer
TASAF	Tanzania Social Action Fund
MUHAS	Muhimbili University of Health and Allied Sciences
PANITA	Partnership for Nutrition in Tanzania
TO	Transport Officer
SO	Senior Officer

## Introduction

The 2018 WBTi assessment report for Tanzania conducted in December 2018, provides an update on the country situation of breastfeeding in particular and IYCF practices; and national policies, strategies and programs. The background information highlights statistics for IYCF practices according to TDHS, 2015/16, including challenges in implementing the recommended policies and practices at various levels and justification for the improvement of IYCF practices indicators in the country.

The first WBTi assessment in Tanzania was conducted in June 2015 and it showed significant efforts made by the country to implement the Global Strategy on Infant and Young Child Feeding (WHO 2002). The 2018 assessment report has also indicated that most infant and young child feeding policies and programs are in place and there is adequate supportive information for health workers, and mothers at the national level. However, there is inadequate dissemination of these policies and critical information to the lower levels of the health facilities and communities; and there is lack of skilled support to mothers especially in health facilities. This is because of inadequate human resource for health; inadequate integration of the Ten Steps to successful breastfeeding (BFHI) in health care services; lack of planned community support for mothers when discharged from health facilities after delivery despite there are community health workers trained on breastfeeding support through many partner programs; and most importantly home delivery, whereas only 63% of women in Tanzania deliver in health facilities. There are community support structures such as community health workers/volunteers that can be motivated to support pregnant and breastfeeding mothers but often less attention is paid to them in terms of support for breastfeeding for newly delivered mothers.

The implementation of the Ten steps to successful breastfeeding to improve skilled support and quality of services on breastfeeding for pregnant women and lactating mothers has been taken for granted in recent years. It is believed that because good national policies and plans are in place, BFHI is automatically being implemented in health facilities providing maternity services. Currently the number of Certified Baby Friendly Hospitals has dropped from over 80 health facilities in the last ten years to just 11 currently. This is despite very good policy and plans on maternal, infant, young child and adolescent nutrition that incorporates breastfeeding adequately. The component of infant feeding in emergencies has also not received enough attention from the IYCF and nutrition angle despite the good plans and response by the UN agencies. TFNC Staff and other national nutrition experts need to be oriented on nutrition and IYCF response in emergencies in order to avoid influx of artificial feeding and unnecessary food products from commercial sources. Therefore, despite good performance in policy, program design and information, there are still some gaps that need to be addressed in order to contribute to the improvement of breastfeeding and IYCF practices generally in Tanzania.

Among these gaps are:

1. **Indicator 2: The Baby Friendly Hospital Initiative. This indicator scored 3/10 compared to 2015 where the score was 4.5/10.** This shows that in BFHI, the country is moving backwards instead of forward. This is due to lack of clear annual target on the number of health facilities to be achieved in implementing the Ten Steps to successful breastfeeding in the National Multisectoral Nutrition Program, and Maternal, Infant, Young

Child and Adolescent Nutrition (MIYCAN) component. There is also inadequate budget allocation from the government and partners toward health facility implementation of the Ten Steps to Successful Breastfeeding. The training of health care workers on BFHI and IYCF counseling and its monitoring is still weak and the coverage is low.

2. **Indicator 6: Mother Support community outreach:** The score for this indicator has slightly improved from 6 in 2015 to 7.0 in 2018. This is because there is a well-integrated National Plan of Action and implementing partners are doing their best to train community health workers in IYCF counseling. The assessment team felt that a higher score could be achieved on this step if clear annual targets are set and implementing partners increase coverage in their programs. Of course, this is limited by funds from government and donors. In addition health care workers need to work more closely with community health volunteers to achieve better support for mothers.
3. **Indicator 9: Infant feeding in emergencies.** The country scored only 5.5 points under this indicator. This is one of the poorly performing indicators in Tanzania. The Country has a clear national Preparedness plan and it is well implemented within the UN organizations. However, the national emergency preparedness does not function well as far as local response is concerned especially in the area of nutrition and IYCF. Often emergency teams do not involve the nutrition Centre and training on nutrition and IYCF preparedness is inadequate.
4. **Indicator 4: Maternity protection:** The score for this indicator is 7.0. This score is not so bad; however, it has not improved. Although Tanzania has ratified some of the elements of the ILO Convention and incorporated in the National Employment and Labour Act of 2004, the general public, including some policy makers, employers and employees lack awareness of the requirements of the ILO Convention on Maternity Protection. There is also little compliance, monitoring and enforcement of the Employment and Labour Act. The country has not yet fully ratified the convention to meet the minimum recommendations such as 16 weeks maternity leave thus women in the informal sector and the private sector are highly affected.
5. **Indicator 10: Monitoring and evaluation.** The country has scored 6.0 and the score has remained the same from 2015. This indicator is not performing well. Although some indicators are included in the Demographic Health Surveys (TDHS) and Nutrition surveys, there is no clear system of how to obtain particular data as required by this tool through existing national data systems as yet; both through health facilities or communities.

*Summary score for Part I: IYCF Policies and Programmes*

IYCF Policies and Programmes Indicators	Score (Out of 10)	
	Year 2015	Year 2018
<b>Indicator 1:</b> National Policy, Programme and Coordination	6.0	10.0
<b>Indicator 2:</b> Baby Friendly Hospital Initiative	3.5	3.0
<b>Indicator 3:</b> Implementation of the International Code	8.5	9.5
<b>Indicator 4:</b> Maternity Protection	6.5	7.0
<b>Indicator 5:</b> Health and Nutrition Care Systems	8.0	8.0
<b>Indicator 6:</b> Mother Support and Community Outreach	5.0	7.0
<b>Indicator 7:</b> Information Support	8.0	9.5
<b>Indicator 8:</b> Infant Feeding and HIV	7.5	8.5
<b>Indicator 9:</b> Infant Feeding during Emergencies	3.5	5.5
<b>Indicator 10:</b> Monitoring and Evaluation	5.0	6.0
<b>Score Part I (Total)</b>	<b>61.5</b>	<b>74</b>

*IBFAN Guidelines for WBTi*

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated out of 100.

Scores	Colour- rating
0 – 30.9	Red
31 – 60.9	Yellow
61 – 90.9 (71)	Blue✓
91 – 100	Green

*Summary score for Part II: Infant and young child feeding (IYCF) practices*

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



*\*Tanzania recommended in 2015, that more indicators be included under complementary feeding, such as Minimum Acceptable diet, Dietary diversity and daily feeding frequency since timely complementary feeding has already been achieved.*

### **IBFAN Guidelines for WBTi**

Total score of infant and young child feeding Practice (indicators 11-15) are calculated out of 50.

Scores	Colour-rating
0 – 15	Red
16 – 30	Yellow
31 – 45 (42)	Blue✓
46 – 50	Green

### **Conclusion:**

Tanzania's goal is to achieve a green colour rating in the next assessment period. Although the country is doing fairly well in policies and programmes, the country needs to strengthen in implementation especially in achieving adequate coverage of its geographical areas since Tanzania is a vast country. Based on the scores the BFHI and infant feeding in Emergencies indicators are those needing extensive efforts. Despite that breastfeeding and IYCF in general is well embedded in the National Plan of Action for nutrition, BFHI implementation as part of overall program is still very weak because there are no clear set annual targets for coverage, assessments and there is no adequate monitoring nationally. The few health facilities which have been declared Baby Friendly, were achieved through few implementing partners' efforts because they were able to fully integrate BFHI within their community-based nutrition programs. In order tackle this challenge there is need to integrate Ten Steps to Successful Breastfeeding into Quality Improvement/Assurance in all health facilities and to set clear targets on number of health facilities to be certified on implementation of the Ten Steps to Successful Breastfeeding annually. The country performance in Infant Feeding during Emergencies although has significantly improved from 2.5 to 5, it remains low. This can be corrected by integrating emergency preparedness on nutrition and IYCF into all national nutrition interventions that has designed training for health care workers or community volunteers. The Emergency Preparedness Team needs to always involve the nutrition unit under the Ministry of Health, the TFNC and other nutrition experts.

Regarding IYCF Practices indicators, Tanzania is doing fairly well in exclusive breastfeeding, Media duration of breastfeeding and timely complementary feeding (% of infants receiving complementary foods at 6-9 months). However, early initiation of breastfeeding rate is still low and bottle-feeding practices have not decreased to meet the WHO recommendations. Nationally, the most critical issue is Minimum Acceptable Diet (8%) and Dietary Diversity at around 20% for infants aged 6-24months. Tanzania therefore continues to recommend that these two indicators should be included in this assessment tool.

The WHO has also currently revised the BFHI Tens Steps, and there is need for this tool to be revised accordingly as well as countries to take action on this.

## About World Breastfeeding Trends Initiative (WBTi)

### Background

The World Breastfeeding Trends Initiative (WBTi) is an innovative initiative, developed by IBFAN Asia, to assess the status and benchmark the progress of the implementation of the Global Strategy for Infant and Young Child Feeding at national level. The tool is based on two global initiatives, the first is *WABA's (GLOPAR) and the second the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes"*. The WBTi is designed to assist countries in assessing the strengths and weaknesses of their policies and programmes to protect, promote and support optimal infant and young child feeding practices. The WBTi has identified 15 indicators in two parts, each indicator having specific significance.

Part-I deals with policy and programmes (indicator 1-10)	Part –II deals with infant feeding practices (indicator 11-15)
<ol style="list-style-type: none"><li>1. National Policy, Programme and Coordination</li><li>2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)</li><li>3. Implementation of the International Code of Marketing of Breastmilk Substitutes</li><li>4. Maternity Protection</li><li>5. Health and Nutrition Care Systems (in support of breastfeeding &amp; IYCF)</li><li>6. Mother Support and Community Outreach</li><li>7. Information Support</li><li>8. Infant Feeding and HIV</li><li>9. Infant Feeding during Emergencies</li><li>10. Mechanisms of Monitoring and Evaluation System</li></ol>	<ol style="list-style-type: none"><li>11. Early Initiation of Breastfeeding</li><li>12. Exclusive breastfeeding</li><li>13. Median duration of breastfeeding</li><li>14. Bottle feeding</li><li>15. Complementary feeding</li></ol>

Once assessment of gaps is carried out, the data on 15 indicators is fed into the questionnaire using the WBTi web-based toolkit which is specifically designed to meet this need. The toolkit objectively quantifies the data to provide a colour- coded rating in Red, Yellow, Blue or Green. The toolkit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

### Each indicator used for assessment has following components;

- The key question that needs to be investigated.
- Background on why the practice, policy or programme component is important.

- A list of key criteria as subset of questions to be considered in identifying achievements and areas needing improvement, with guidelines for scoring, colour-rating, and ranking how well the country is doing.

**Part I:** A set of criteria has been developed for each target, based on Global Strategy for Infant and Young Child Feeding (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005). For each indicator, there is a subset of questions. Answers to these can lead to identify achievements and gaps in policies and programmes to implement Global Strategy for Infant and Young Child Feeding. This shows how a country is doing in a particular area of action on Infant and Young Child Feeding.

**Part II:** Infant and Young Child Feeding Practices in Part II ask for specific numerical data on each practice based on data from random household survey that is national in scope.

Once the information about the indicators is gathered and analyzed, it is then entered into the web-based toolkit through the 'WBTi Questionnaire'. Further, the toolkit scores and colour- rate each individual indicator as per **IBFAN Asia's Guidelines for WBTi**.

The WBTi continues to respond to the WHO and UNICEF 2018 Call to Action and the set global indicators:

#### **Current rates and targets of indicators**

Each indicator represents percentage of countries

**58%**

Donors contribute at least \$5 per newborn to support

**2030 Target: 25%**

Most primary healthcare facilities provide IYCF counselling

**2030 Target: 80%**

**54%**

Fully implements the Code of Marketing of Breast-milk Substitutes

**2030 Target: 40%**

Most districts have community IYCF programmes

**2030 Target: 80%**

**43%**

Provides recommended maternity leave

**2030 Target: 25%**

Breastfeeding programmes assessed in the last 5 years

**2030 Target: 75%**

**40%**

Over half of births are in Baby-friendly facilities

**2030 Target: 40%**

Breastfeeding data collected in the last 5 years

**2030 Target: 75%**

All countries must commit to achieve this in order to ensure breastfeeding for all infants 0-2 years.

## Background about country situation

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Malnutrition particularly under nutrition is one of the most serious health problems affecting infants and young children in Tanzania. Despite progress made, millions of children continue to suffer from one or more forms of under nutrition, including low birth weight, stunting, underweight, wasting and micro-nutrient deficiency disorders. The country trend in stunting prevalence have improved progressively for the past five years, i.e. stunting has reduced from 42% in 2010 to 34.4% in 2015; yet the current level is still considered " high" according to World Health Organization (WHO) cut off point. The prevalence of wasting among under-fives children in Tanzania was 4.5 percent, whereas underweight was 13.7 percent and 5 percent prevalence for overweight (2015-16 TDHS).

Malnutrition is associated with 60 percent deaths (directly or indirectly) among under-five years annually. Over two-thirds of these deaths occur during the first year of life and often associated with inappropriate feeding practices, resulting in poor nutrition status that contribute to significant morbidity, delayed mental and motor development, poor school performance and reduced productivity in later life.

Optimal breastfeeding followed by appropriate and adequate complementary feeding are key interventions for improving child survival for infants and young children. Breastfeeding is indeed one of the most cost-effective preventive interventions available today. Breastfeeding enhances the wellbeing of an infant by providing the best source of nutrition for optimal growth and development. Well-nourished children are more able to fight diseases than undernourished ones. Optimal breastfeeding practices prevent or reduce the severity of diarrhea diseases and the upper respiratory tract infections. In addition, breastfeeding protects maternal health through reducing the risks of excessive postpartum bleeding, increased birth spacing and reduced risk of ovarian and pre-menopausal breast cancer.

Although over 98% of mothers in Tanzania do breastfeed, the prevalence of exclusive breastfeeding in infants aged 0-6 months is only 59% (TDHS, 2015) slightly above the global rates but still very low for a country that has a breastfeeding culture. Initiation of breastfeeding within an hour of delivery is inadequately practiced, at only 51%. Pre-lacteal feeds are also a common practice as 14 percent of infants were give pre-lacteal feeds (TDHS, 2015). Early complementation is also a problem in Tanzania; infants are introduced to complementary foods earlier than the recommended age i.e. at 6 months. The complementary foods fed to the infants are of poor quality. Further, the amount of food fed per feed is inadequate, the frequencies are low, the diversity of the diet is poor and there is low utilization of food in the body due to infections and infestations from contaminated foods. According to TDHS, 2015 only 8% of children aged 6-23 months received minimum acceptable diet (adequate diversity and meal frequency)

Tanzania is prioritizing industrial growth and economic development to reach Middle-Income Country level by 2025. Industrial growth and sustainable development require healthy, smart and productive human capital. Malnutrition reduces learning and earning capacities of Tanzanians and is a main barrier to economic growth. Eliminating malnutrition is one of the best ways to address poverty, given that malnutrition is both a cause and consequence of poverty. It is estimated that for every dollar invested in nutrition a country can get 16 dollars in returns, by knowing that the country

stands out among countries with high-level political commitment geared towards halting the menace of malnutrition.

Among the major efforts taken to improve child nutrition status are to include Nutrition in National Five-Year Development Plan (FYDP II - 2016-21) and to develop a National Multi-sectoral Nutrition Action Plan (NMNAP) 2016-21 that has incorporated maternal, infant and young child nutrition as its first outcome indicator. In addition there are a number of policies, strategies, guidelines and regulations to address maternal and child nutrition challenges. Support for mothers to practice optimal breastfeeding and complementary feeding has been strengthened through strong programs that link services provided at the health facility and community level support.

### Assessment process followed by the country

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The assessment was conducted in two steps:

#### A. Assessment Workshop

A three-day workshop was organized for the assessment involving IYCF partners at national level who are in charge in implementation or advocacy for IYCF at national level. The assessment workshop was conducted from the 22<sup>nd</sup> to 24<sup>th</sup> November 2018. The workshop participants were representative partners/stakeholders from Ministry of Health and Social Welfare, Ministry of Labour, Academic Institutions, Health Facility, Civil Society Organizations and TFNC which is the National Institution that coordinates nutrition issues in the country. Mrs. Pauline Kisanga, the Executive Director for the Centre for Counselling Nutrition and Health Care (COUNSENUTH) and TFNC officers facilitated the workshop.

The workshop begun with a brief on the importance of breastfeeding for child growth and development and survival and the background on WBTi. This was followed by a summary of the national breastfeeding situation, before the team went into discussion and understanding of the tool and group work to begin the assessment. The following is the process in brief:

1. Presentation of background information for the assessment: This include:
  - i. The situation of IYCF in the country based on the current surveys including the TDHS 2015/16 presented by TFNC that summarized the breastfeeding situation in the country, challenges on implementation and current nutrition/IYCF programs undertaken in the country. This provided the data needed for the policies, programs and practices. The second presentation was Summary of the National Multisectoral Nutrition Action Plan (NMNAP) and progress of implementation made. The New WHA Resolutions related to Maternal, Infant and Young Child and Adolescent health including the GSIYCF of 2003 was the third presentation and the revised BFHI implementation guidance was also presented before tea break.
  - ii. The background of the WBTi, the tool; and its objectives was presented by COUNSENUTH Executive Director and followed by discussion and understanding of the tool and on how to conduct the assessment. Examples of other country reports were shared for more understanding of the assessment team.

2. *Group work:* The participants were grouped into four groups as designed in the tool, to discuss the standard WBTi Assessment tool and the scoring system, identified available documents and learn how other countries presented their findings. They also observed how repetition of WBTi assessments helped countries to improve IYCF practices.
3. *Presentation of Group work:* The groups presented summaries of what they discussed in groups to check on whether they understood the background of the WBTi as well as the Standard Assessment Tool. In the discussion it was obvious that the team found the tool to be simple and useful for rapid assessment of the situation of IYCF.
4. *Studying the Assessment Tool:* Participants in their groups studied the Standard WBTi Tool for assessment of the country situation on IYCF policies, programmes and practices; indicator by indicator to understand the scoring system and identify relevant data sources for each indicator. The tool contains a list of indicators, 10 on policies and programs and 5 IYCF practices. These were assessed and evaluated during the workshop using available documents such as the national policies on IYCF, survey reports, educational documents/training manuals/job aids for different cadres, National Regulations on the Code of Marking and the National Multisectoral Nutrition Action Plan.
5. *Filling the Form:* Each group was provided with indicators to assess and score basing on the instructions in the tool. The standard form was filled in groups and presented to the plenary.
6. *Report Writing:* Five people were assigned to compile the assessment findings and prepare a draft report. The draft report was later presented to Nutrition stakeholders who are also members of the National MIYCAN Thematic Working Group for validation.

## **B: Validation Workshop:**

A One Day Meeting of the National Thematic Working Group of MIYCAN was convened on 28th January 2019 at TFNC conference hall.

### **Objectives of the Workshop**

- To discuss the draft WBTi report on IYCF situation that was produced as a result of rapid assessment conducted using the World Breastfeeding initiative Assessment tool and validate it; and
- To come up with further ideas about how to fill the identified gaps and recommend the way forward.

During the meeting, participants were highlighted on the WBTi background to help them understand the assessment process and the indicators used. This was followed by the presentation on the results and gaps in each indicator.



## Assessment Findings

Findings of the national WBTi assessment (December 2018) indicates that the country is doing well in policies and information. However, there are several gaps that need to be addressed. The following are findings of each indicator and recommendations for improvement:

### Indicator 1: National Policy, Programme and Coordination

**Key question:** *Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National infant and young child feeding committee and a coordinator for the committee?*

Guidelines for scoring		
Criteria	Scoring	Results ✓ Check any one
1.1 A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	1	✓
1.2 The policy recommended exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	1	✓
1.3 A national plan of action developed based on the policy	2	✓
1.4 The plan is adequately funded	2	✓
1.5 There is a National Breastfeeding Committee/ IYCF Committee	1	✓
1.6 The national breastfeeding (infant and young child feeding) committee meets, monitors and reviews on a regular basis	2	✓
1.7 The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5	✓
1.8 Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level.	0.5	✓
<b>Total Score</b>	<b>10.0/10</b>	

#### Information Sources Used:

1. *National Guidelines, Infant and Young Child Feeding, (July, 2013)*
2. *National Multisectoral Nutrition Action Plan (NMNAP, 2016)*
3. *Minutes from MIYCAN thematic working group*

**Conclusions** (Summarize which aspects of IYCF policy, program and coordination are appropriate; which need improvement and why; and any further analysis needed):

National Policy and Coordination scored 9.0 out of 10 because despite this indicator meeting most of the parameters in this section, there is inadequate funding to implement the policy.

**Gaps** (List gaps identified in the implementation of this indicator):

1. *Inadequate funding*

**Recommendations (List actions recommended to bridge the gaps):**

1. *Advocate to implementing partners to allocate available funds for MIYCAN*
2. *Solicit more funding from the Government and donors for implementation of MIYCAN*

**Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding<sup>1</sup>)**

**Key questions:**

- *What percentage of hospitals and maternity facilities that provide maternity services have been designated as “Baby Friendly” based on the global or national criteria?*
- *What is the quality of BFHI program implementation?*

**Guidelines – Quantitative Criteria**

*2.1) 11 out of 7,741 total hospitals (both public & private) and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly” in the last 5 years*

<b>Guidelines for scoring</b>		<b>Results</b>
<b>Criteria</b>	<b>Scoring</b>	<b>✓ Check only one which is applicable</b>
0	0 (0.001%)	✓
0.1 - 20%	1	
20.1 - 49%	2	
49.1 - 69%	3	
69.1-89 %	4	
89.1 - 100%	5	
<b>Total rating</b>	<b>0 / 5</b>	

<sup>1</sup>**The Ten Steps to Successful Breastfeeding:** The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The steps for the United States are:

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breastmilk, unless medically indicated.
7. Practice “rooming in” -- allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic



## Guidelines – Qualitative Criteria

*Quality of BFHI programme implementation:*

<i>Guidelines for scoring</i>		Results
Criteria	Scoring	✓ Check that apply
2.2 BFHI programme relies on training of health workers using at least 20 hours training programme <sup>2</sup>	1.0	✓
2.3 A standard monitoring <sup>3</sup> system is in place	0.5	
2.4 An assessment system includes interviews of health care personnel in maternity and post-natal facilities	0.5	✓
2.5 An assessment system relies on interviews of mothers.	0.5	✓
2.6 Reassessment <sup>4</sup> systems have been incorporated in national plans with a time bound implementation	1.0	
2.7 There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5	
2.8 HIV is integrated to BFHI programme	0.5	✓
2.9 National criteria are fully implementing Global BFHI criteria (See Annex 2.1)	0.5	✓
<b>Total rating</b>	<b>3/5</b>	
<b>Total Score</b>	<b>3/10</b>	

### *Information Sources Used (please list):*

1. *BFHI orientation guide for Health Care Providers (Mafunzo elekezi kwa watoa huduma ya afya – 2016)*
2. *Partners Assessment reports (2014 and 2018)*
3. *National Guidelines, Infant and Young Child Feeding, (July, 2013)*
4. *National Multisectoral Nutrition Action Plan (NMNAP, 2016)*

<sup>2</sup> IYCF training programmes such as IBFAN Asia’s ‘4 in1’ IYCF counseling training programme, WHO’s Breastfeeding counseling course etc. may be used.

<sup>3</sup> **Monitoring** is a dynamic system for data collection and review that can provide information on implementation of the *Ten Steps* to assist with on-going management of the *Initiative*. It can be organized by the hospitals themselves or at a higher level in the system. Data should be collected either on an ongoing basis or periodically, for example on a semi-annual or yearly basis, to measure both breastfeeding support provided by the hospitals and mothers’ feeding practices.

<sup>4</sup> **Reassessment** can be described as a “re-evaluation” of already designated baby-friendly hospitals to determine if they continue to adhere to the *Ten Steps* and other baby friendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for the purpose of evaluating on-going compliance with the *Global Criteria* and includes a reassessment visit by an outside team. Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.

**Conclusions** (Summarize how the country is doing in achieving Baby Friendly Hospital Initiative targets (implementing ten steps to successful breastfeeding) in quantity and quality both. List any aspects of the initiative needing improvement and why and any further analysis needed):

BFHI implementation is very weak in all health facilities despite having a well stipulated policy and nutrition plan in the country

**Gaps** (List gaps identified in the implementation of this indicator):

1. There is no annual target on the number of health facilities to be assessed
2. There is no implementation of BFHI or very few partners are implementing BFHI in the country
3. No monitoring and reassessment plan for previously BFHI declared health facilities is integrated into nutrition plans

**Recommendations** (List action recommended to bridge the gaps):

1. TFNC, PORALG and MoHCDGEC to integrate Ten steps to successful breastfeeding into Quality Improvement/Assurance in all health facilities
2. TFNC, PORALG and MoHCDGEC through NMNAP Thematic working groups to set clear targets on number of health facilities to be achieved on implementation of Ten steps to successful breastfeeding annually.
3. MoHCDGEC to ensure there is ongoing training of health workers particularly in antenatal, natal and postnatal facilities

### Indicator 3: Implementation of the International Code of Marketing of Breastmilk Substitutes

**Key question:** *Is the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolution are in effect and implemented? Has any new action been taken to give effect to the provisions of the Code?*

Guidelines for scoring		
Criteria (Legal Measures that are in Place in the Country)	Scoring	Results
<b>3a: Status of the International Code of Marketing</b>		✓ (Check that apply. If more than one is applicable, record the highest score.)
3.1 No action taken	0	
3.2 The best approach is being considered	0.5	
3.3 National Measures awaiting approval (for not more than three years)	1	
3.4 Few Code provisions as voluntary measure	1.5	
3.5 All Code provisions as a voluntary measure	2	
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	3	
3.7 Some articles of the Code as law	4	
3.8 All articles of the Code as law	5	
3.9 Relevant provisions of WHA resolutions subsequent to the Code are included in the national legislation <sup>5</sup>	5.5	✓
a) Provisions based on at least 2 of the WHA resolutions as listed below are included		
b) Provisions based on all 4 of the WHA resolutions as listed below are included	6	
<b>3b: Implementation of the Code/National legislation</b>		✓ Check that apply
3.10 The measure/law provides for a monitoring system	1	✓
3.11 The measure provides for penalties and fines to be imposed to violators	1	✓
3.12 The compliance with the measure is monitored and violations reported to concerned agencies	1	✓
3.13 Violators of the law have been sanctioned during the last three years	1	✓
<b>Total Score (3a + 3b)</b>	<b>9.5/10</b>	

#### Information Sources Used:

<sup>5</sup>Following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.

1. Donation of free or subsidized supplies of breastmilk substitutes are not allowed (WHA 47.5)
2. Labeling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
3. Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
4. Labels of covered products have warnings on the risks of intrinsic contamination and reflect the FAO/WHO recommendations for safe preparation of powder infant formula (WHA 58.32, 61.20)

1. *Tanzania Food, Drugs and Cosmetics Act 2003 (Marketing of Food and Designated Products of Infants and Young Children Regulations of 2013)*
2. *TFDA Annual reports*

**Conclusions:** *(Summarize which aspects of Code implementation have been achieved, and which aspects need improvement and why. Identify areas needing further analysis)*

Implementation of all aspects is good, reports from TFDA need to be shared with TFNC and other implementors

**Gaps:** *(List gaps identified in the implementation of this indicator)*

1. *WHA resolution (WHA 58.32, 61.20) are not well stipulated in the BMS regulations*

**Recommendations:** *(List action recommended to bridge the gaps)*

1. *TFNC to check all the resolutions of the WHA related to code since 2013 and determine on the need to review the code accordingly*

## Indicator 4: Maternity Protection

**Key question:** *Is there a legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labor Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?*

Guidelines for scoring		
Criteria	Scoring	Results ✓ Check that apply
4.1 Women covered by the national legislation are allowed the following weeks of paid maternity leave a. Any leave less than 14 weeks b. 14 to 17 weeks c. 18 to 25 weeks d. 26 weeks or more	0.5 1 1.5 2	✓
4.2 Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. a. Unpaid break b. Paid break	0.5 1	✓
4.3 Legislation obliges private sector employers of women in the country to <i>(more than one may be applicable)</i> a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	0.5 0.5	✓
4.4 There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector. <i>(more than one may be applicable)</i> a. Space for Breastfeeding/Breastmilk expression b. Crèche	1 0.5	✓
4.5 Women in informal/unorganized and agriculture sector are: a. accorded some protective measures b. accorded the same protection as women working in the formal sector	0.5 1	✓
4.6 <i>(more than one may be applicable)</i> a. Information about maternity protection laws, regulations, or policies is made available to workers. b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	0.5 0.5	✓ ✓
4.7 Paternity leave is granted in public sector for at least 3 days.	0.5	✓
4.8 Paternity leave is granted in the private sector for at least 3 days.	0.5	✓

<i>Guidelines for scoring</i>		
<b>Criteria</b>	<b>Scoring</b>	<b>Results</b> ✓ Check that apply
4.9 There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	✓
4.10 There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	✓
<b>Total Score:</b>	<b>7.0/10</b>	

**Information Sources Used (please list):**

1. *Employment and Labour Relation Act, 2004*
2. *Zijue Haki za Uzazi katika Sheria Mpya ya Kazi Tanzania*
3. *National Guidelines, Infant and Young Child Feeding, (July, 2013)*

**Conclusions:** (Summarize which aspects of the legislation are appropriate, and which aspects need improvement and why, identify areas needing further analysis)

Efforts should be made to ratify the ILO conventions of 184 of 2000 which provides maternity leave of at least **16** weeks

**Gaps:** (List gaps identified in the implementation of this indicator)

1. *Enforcement/ compliance monitoring system for maternity protection is not adequate*
2. *Inadequate awareness regarding maternity protection in both the formal and informal sectors*

**Recommendations:** (List action recommended to bridge the gaps)

1. *Ministry of Labour, President's Office Public Service Management, Human Resource officers should strengthen monitoring and enforcement system and **i**ncrease awareness for maternity protection under formal and informal sector*
2. *Advocate for integration of breastfeeding corners/space into OSHA guidelines to facilitate monitoring*
3. *Advocate for increased maternity leave from 12 to 16 weeks as per ILO convention 184 of 2000 with consideration for immediate action to increase maternity leave for mothers who delivered premature babies*

## Indicator 5: Health and Nutrition Care Systems (in support of breastfeeding and IYCF)

**Key question:** Do care providers in these systems undergo skills training, and do their pre-service education curriculum support optimal infant and young child feeding; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to Code are in place?

Guidelines for scoring	Scoring ✓ Check that apply		
Criteria	Adequate	Inadequate	No Reference
5.1 A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country <sup>6</sup> indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	1	0
	✓		
5.2 Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care. (See Annex 5b Example of criteria for mother-friendly care)	2	1	0
	✓		
5.3 There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. <sup>7</sup>	2	1	0
		✓	
5.4 Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country.	1	0.5	0
		✓	
5.5 Infant feeding and young feeding information and skills are integrated, as appropriate, into training programmes focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women's health, NCDs etc.)	1	0.5	0
	✓		
5.6 In-service training programmes referenced in 5.5 are being provided throughout the country. <sup>8</sup>	1	0.5	0
		✓	
5.7 Child health policies provide for mothers and babies to stay together when one of them is sick.	1	0.5	0
	✓		
<b>Total Score:</b>	<b>8/10</b>		

<sup>6</sup> Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

<sup>7</sup> The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

<sup>8</sup> Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

**Information Sources Used:**

1. *Training curriculum for health care providers (Nurses/Social Workers/Community Development Officers)*

**Conclusions:** *(Summarize which aspects of health and nutrition care system are appropriate and which need improvement and why. Identify areas needing further analysis)*

- The quality of training of the health care workers and low training coverage are key factor in inadequate provision of IYCF services.
- Regular in-service and refresher/ on job training on MIYCAN are needed for all health workers. Health care workers also need a training on the Code of Marketing and relevant WHA Resolutions within formal service provision.

**Gaps:** *(List gaps identified in the implementation of this indicator)*

1. *In-services training on MIYCAN are implemented only in areas where there are nutrition partners with IYCF interventions*
2. *Inadequate or lack of awareness and knowledge on Code among health care workers and the public*

**Recommendations:** *(List action recommended to bridge the gaps)*

1. *TFNC to translate The National Regulations on the Code into Kiswahili and distribute them widely to create awareness among general public and health care workers.*
2. *PORALG and MoHCDGEC should disseminate messages regarding Code to all health facilities through media and CHMT supportive supervision plan*
3. *District should allocate funds for in-service training on MIYCAN in the Council plans*
4. *TFNC should develop on job training/mentorship guide on MIYCAN to all health care workers.*



## Indicator 6: Mother Support and Community Outreach - Community-based support for the pregnant and breastfeeding mother

**Key question:** *Are there mother support and community outreach systems in place to protect, promote and support optimal infant and young child feeding.*

<i>Guidelines for scoring</i>	<b>Scoring</b> <i>✓ Check that apply</i>		
	<b>Yes</b>	<b>To some degree</b>	<b>No</b>
6.1) All pregnant women have access to community-based ante-natal and post -natal support systems with counseling services on infant and young child feeding.	2	1	0
		✓	
6.2) All women receive support for infant and young child feeding at birth for breastfeeding initiation.	2	1	0
		✓	
6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage.	2	1	0
	✓		
6.4) Community-based counseling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/Nutrition Policy.	2	1	0
	✓		
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	1	0
		✓	
<b>Total Score:</b>	<b>7/10</b>		

### **Information Sources Used:**

1. *National Guidelines, Infant and Young Child Feeding, (July, 2013)*
2. *LGA Bottleneck Analysis (BNA) reports*
3. *National ANC, PNC Guidelines*
4. *Stakeholders Mapping reports*
5. *Councils and Partners reports*

**Conclusions:** *(Summarize which aspects of a health and nutrition care system are adequate and which need improvement and why. Identify areas needing further analysis)*

This indicator is doing well, however access to IYCF support at community and facility levels is inadequate due to shortage of human resource.

**Gaps:** *(List gaps identified in the implementation of this indicator)*

1. *IYCF Services are limited only in places where there are nutrition implementing partners*

2. *Inadequate knowledge and skills on IYCF among health service providers*

**Recommendations:** *(List action recommended to bridge the gaps)*

1. *MoHCDGEC and PO-RALG should ensure that every village has trained community health workers*
2. *MoHCDGEC should continue strengthening the capacity of community health workers and health facility workers*

## Indicator 7: Information Support

**Key question:** Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?

<i>Guidelines for scoring</i>		<b>Scoring</b> <i>✓ Check that apply</i>		
<b>Criteria</b>		<b>Yes</b>	<b>To some degree</b>	<b>No</b>
7.1 There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts of interest are avoided.		2	0	0
		✓		
7.2a National health/nutrition systems include individual counseling on infant and young child feeding		1	0.5	0
			✓	
7.2b National health/nutrition systems include group education and counseling services on infant and young child feeding		1	0.5	0
		✓		
7.3 IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding		2	1	0
		✓		
7.4. IEC programmes (e.g. World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence		2	1	0
		✓		
7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF). <sup>9</sup>		2	0	0
		✓		
<b>Total Score:</b>		<b>9.5/10</b>		

### **Information Sources Used:**

1. *Heath Promotion Archive for electronic media spots*
2. *National IEC and Materials on IYCF*
3. *National Health Communication strategy*
4. *National nutrition SBCC strategy*
5. *Health Sector Strategic Plan IV*

<sup>9</sup> to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;

**Conclusions:** *(Summarize which aspects of the IEC programme are appropriate and which need improvement and why. Identify areas needing further analysis)*

IEC materials and strategies are available, however, provision of individual counseling and group education or counseling services need to be improved.

**Gaps:** *(List gaps identified in the implementation of this indicator)*

1. *Monitoring and follow up on dissemination and use of IEC/SBCC materials is not adequate*
2. *Use of electronic IEC/SBCC materials is not adequate for increased access of information to the public*

**Recommendations:** *(List action recommended to bridge the gaps)*

1. *PO-RALG and MoHCDGEC to improve dissemination and use of available IEC/SBCC materials on IYCF*
2. *IPs and Councils should support development of electronic materials on IYCF/Nutrition.*

## Indicator 8: Infant Feeding and HIV

**Key question:** Are policies and programmes in place to ensure that HIV - positive mothers are supported to carry out the national recommended Infant feeding practice?

<i>Guidelines for scoring</i>		<b>Scoring</b> <i>✓ Check that apply</i>		
<b>Criteria</b>		<b>Yes</b>	<b>To some degree</b>	<b>No</b>
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV		2	1	0
	✓			
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation		1	0.5	0
	✓			
8.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.		1	0.5	0
			✓	
8.4) HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.		1	0.5	0
	✓			
8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.		1	0.5	0
			✓	
8.6) Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible.		1	0.5	0
			✓	
8.7) HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake.		1	0.5	0
	✓			
8.8) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.		1	0.5	0
	✓			
8.9) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.		1	0.5	0
	✓			
<b>Total Score:</b>		<b>8.5/10</b>		

**Information Sources Used:**

1. *National Guidelines for management of HIV/AIDS (2017)*
2. *National IYCF Guidelines (2013)*

**Conclusions:** *(Summarize which aspects of HIV and infant feeding programming are appropriate, and which aspects need improvement and why. Identify areas needing further analysis)*

This indicator is well implemented in Tanzania; however, Community Health Workers need to be oriented on the National recommendations on IYCF in the context of HIV.

**Gaps:** *(List gaps identified in the implementation of this indicator)*

1. *Current international (WHO 2016) recommendations on IYCF and HIV have been adopted but health workers lack adequate orientation on them*

**Recommendations:** *(List action recommended to bridge the gaps)*

1. *MoHCDGEC should ensure that all health care workers are well oriented on the WHO 2016 recommendations on IYCF and HIV and is integrated in Community Health Workers training*

## Indicator 9: Infant and Young Child Feeding during Emergencies

**Key question:** Are appropriate policies and programmes in place to ensure that mothers, infants and young children will be provided adequate protection and support for appropriate feeding during emergencies?

<i>Guidelines for scoring</i>		<b>Scoring</b> ✓ <i>Check that apply</i>	
Criteria	Yes	Criteria	Yes
9.1 The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance	2	1	0
	✓		
9.2 Person(s) tasked with responsibility for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	0
		✓	
9.3 An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers: a) basic and technical interventions to create an enabling environment for breastfeeding, including counseling by appropriately trained counselors, support for re-lactation and wet-nursing, and protected spaces for breastfeeding b) measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and procurement management and use of any infant formula and BMS, in accordance with strict criteria, the IFE Operational Guidance, and the International Code and subsequent relevant WHA resolutions			
	1	0.5	0
		✓	
	1	0.5	0
		✓	
9. Resources have been allocated for implementation of the emergency preparedness and response plan	2	1	0
		✓	
9.5 a) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service	1	0.5	0
		✓	
	1	0.5	0
			✓

<i>Guidelines for scoring</i>	<b>Scoring</b> <i>✓ Check that apply</i>		
<b>Criteria</b>	<b>Yes</b>	<b>Criteria</b>	<b>Yes</b>
training for emergency management and relevant health care personnel. b) Orientation and training are taking place as per the national emergency preparedness and response plan			
<b>Total Score:</b>	<b>5.5/10</b>		

***Information Sources Used:***

1. *National Infant and Young Child Feeding guideline, (July, 2013)*
2. *National MIYCN Training materials 2014*
3. *Infant and Young Child Feeding in Emergency: Operational guidance for Emergency Relief IYCF in emergency 2017*

***Conclusions:*** (Summarize which aspects of emergency preparedness and response are appropriate and which need improvement and why. Identify areas needing further analysis)

This indicator is performing poorly in Tanzania due to the fact that nutrition is not featured in the National emergency preparedness plan and the NMNAP.

***Gaps:*** (List gaps identified in the implementation of this indicator)

1. *Emergency response coordination body doesn't involve nutrition experts*
2. *National MIYCAN training materials lack a component of infant feeding in emergency*

***Recommendations:*** (List actions recommended to bridge the gaps)

1. *PO-RALG should ensure nutrition officers/experts are included in the emergency committees at all levels.*
2. *MoHCDGEC and TFNC should ensure Nutrition/MIYCAN is integrated in National emergency preparedness plan*
3. *TFNC should identify nutrition/MIYCAN team for emergency and link them to the MOHCDGEC emergency preparedness unit*



## Indicator 10: Mechanisms of Monitoring and Evaluation System

**Key question:** *Are monitoring and evaluation systems in place that routinely collect, analyse and use data to improve infant and young child feeding practices?*

Guidelines for scoring	Scoring ✓ Check that apply		
	Yes	Criteria	Yes
10.1 Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1	0
		✓	
10.2 Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions	2	1	0
		✓	
10.3 Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2	1	0
		✓	
10.4 Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2	1	0
		✓	
10.5 Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2	1	0
	✓		
<b>Total Score:</b>	<b>6/10</b>		

### Information Sources Used:

1. Nutrition service Bottleneck Analysis tool
2. Tanzania Demographic and Health Survey (TDHS, 2015/16)
3. Monitoring frame work (CRRAF) of the NMNAP
4. Nutrition score card

**Conclusions:** *(Summarize which aspects of monitoring and evaluation are appropriate and which need improvement and why. Identify areas needing further analysis)*

This indicator is fairly good implemented in Tanzania, however there is a need to establish the robust M & E System for nutrition/MIYCAN Services.

**Gaps:** *(List gaps identified in the implementation of this indicator)*

1. There is inadequate data collection and utilization for decision making for key indicators on IYCF.

**Recommendations:** *(List actions recommended to bridge the gaps)*

1. TFNC and partners should establish the robust M & E System for nutrition/MIYCAN Services
2. PO-RALG and MoHCDGEC should ensure data collection for IYCN practices at sub-national level is strengthened

3. *PO-RALG and MoHCDGEC should disseminate existing data for informed decision making at all levels*

### Indicator 11: Early Initiation of Breastfeeding

**Key question:** *What is the percentage of babies breastfed within one hour of birth?*

#### Guideline:

Indicator 11	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
Initiation of Breastfeeding (within 1 hour)		<i>Scores</i>	<i>Colour-rating</i>
	0.1-29%	3	<b>Red</b>
	29.1-49%	6	<b>Yellow</b>
	49.1-89% (51%)	9✓	<b>Blue</b>
	89.1-100%	10	<b>Green</b>

#### Data Source (including year):

1. *Tanzania Demographic and Health Survey (TDHS, 2015/16)*

#### Summary Comments:

Though the score is 9 out of 10, but it is on the lower side of the scale; possibly due to high number of home delivery which is 37.4 % and inadequate support from health facility workers.

#### Gap

1. *Inadequate support from health facility workers*
2. *Home delivery*

#### Recommendation

1. *MoHCDGEC, PO-RALG to improve quality of health services and training of health workers*
2. *Partners to continue advocating for increased uptake of health services*
3. *TFNC to strengthen and increase coverage of health care workers trained on implementation of the Tens steps to successful breastfeeding*

## Indicator 12: Exclusive Breastfeeding for the First Six Months

**Key question:** What is the percentage of babies 0<6 months of age exclusively breastfed<sup>10</sup> in the last 24 hours?

### Guideline:

Indicator 12	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
Exclusive Breastfeeding (for first 6 months)		Scores	Colour-rating
	0.1-11%	3	Red
	11.1-49%	6	Yellow
	49.1-89% (59%)	9✓	Blue
	89.1-100%	10	Green

### Data Source (including year):

1. TDHS 2015/16

### Summary Comments:

Exclusive Breastfeeding (EBF) is still on the lower side of the scale possibly due to inadequate skilled support during ANC, delivery and post-natal services.

### Gaps

1. Inadequate breastfeeding support at health facility, family and community level
2. Women workload due to social economic factors
3. Traditions and customs that negatively affect breastfeeding

### Recommendation

1. MoHCDGEC to ensure BFHI is part and parcel of QA
2. PO-RALG, TFNC, Partners and media to increase efforts to protect, promote and support exclusive breastfeeding

<sup>10</sup>Exclusive breastfeeding means the infant has received only breastmilk (from his/her mother or a wet nurse, or expressed breastmilk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (2)

### Indicator 13: Median Duration of Breastfeeding

**Key question:** *Babies are breastfed for a median duration of how many months?*

#### Guideline:

Indicator 13	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
Median Duration of Breastfeeding		<i>Scores</i>	<i>Colour-rating</i>
	0.1-18Months	3	Red
	18.1-20'	6	Yellow
	20.1-22 (20.1 months)	9✓	Blue
	22.1-24 or beyond	10	Green

#### Data Source (including year):

1. Tanzania Demographic and Health Survey (TDHS, 2015/16)

#### Summary Comments:

Median duration of breastfeeding shows that there is a significant proportion of children who are not breastfed according to the recommended duration of up to 2 years or beyond. Hence, there is a need to strengthen promotion of continued breastfeeding as per the recommended duration.

#### Gaps

1. Tradition, customs and beliefs negatively affecting breastfeeding (e.g. if a child is breastfed for longer period without introduction of other foods, will later refuse to feed)
2. Low uptake of family planning service (e.g. stopping breastfeeding when a woman is pregnant)

#### Recommendation

1. PORALG, TFNC, Partners and media institutions must ensure promotion of breastfeeding is increased

## Indicator 14: Bottle feeding

**Key question:** What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles?

### Guideline:

Indicator 14	Key to rating adapted from WHO tool (see Annex 11.1)	IBFAN Asia Guideline for WBTi	
Bottle Feeding (0-12 months)		Scores	Colour-rating
	29.1-100%	3	Red
	4.1-29% (4.1%)	6✓	Yellow
	2.1-4%	9	Blue
	0.1-2%	10	Green

### Data Source (including year):

2. Tanzania Demographic and Health Survey (TDHS, 2015/16)

### Summary Comments:

1. Bottle feeding is still a problem in Tanzania thus more efforts are needed to create awareness on health hazards associated with the practice.

## Indicator 15: Complementary feeding - Introduction of solid, semi-solid or soft foods

**Key question:** *Percentage of breastfed babies receiving complementary foods at 6-8 months of age?*

### Guideline

Indicator 15	WHO's	IBFAN Asia Guideline for WBTi	
Complementary Feeding (6-8 months)	<i>Key to rating</i>	<i>Scores</i>	<i>Colour-rating</i>
	0.1-59%	3	Red
	59.1-79%	6	Yellow
	79.1-94% (91%)	9✓	Blue
	94.1-100%	10	Green

### Data Source (including year):

1. Tanzania Demographic and Health Survey (TDHS, 2015/16)

### Summary Comments:

Tanzania is doing well in this indicator, however adequacy (quality and quantity) criteria of complementary foods can be included because data are available in Tanzania. Therefore, additional questions for scoring could be as follows

- Do children breastfeed along with complimentary feeding up to at least 2 years?
- Do children aged 6-24 months receive complimentary foods that meet Minimum Acceptable Diet (MAD) criteria?

### NB: Recommendation to IBFAN

Include indicators on breastfeeding up to 2 years and MAD for children 6- 24 months under complementary feeding indicator because these are areas of challenges for many countries.

## Summary Part I: IYCF Policies and Programmes

IYCF Policies and Programmes indicators:	Score (Out of 10)
Indicator 1: National Policy, Programme and Coordination	10.0
Indicator 2: Baby Friendly Hospital Initiative	3
Indicator 3: Implementation of the International Code	9.5
Indicator 4: Maternity Protection	7.0
Indicator 5: Health and Nutrition Care Systems	8
Indicator 6: Mother Support and Community Outreach	7
Indicator 7: Information Support	9.5
Indicator 8: Infant Feeding and HIV	8.5
Indicator 9: Infant Feeding during Emergencies	5.5
Indicator 10: Monitoring and Evaluation	6
<b>Score Part I (Total)</b>	<b>74</b>

### IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated out of 100.

Scores	Colour- rating
0 – 30.9	Red
31 – 60.9	Yellow
61 – 90.9 (74)	Blue✓
91 – 100	Green

**Conclusions** (Summarize the achievements on the various programme components, what areas still need further work)<sup>11</sup> :

Tanzania was doing fairly well in policies and programmes although there were few gaps that need strong attention. Based on the above findings Baby Friendly Hospital Initiative indicator and Infant Feeding during Emergencies indicator are poorly performing. BFHI implementation was very weak due to the fact that very few partners are implementing BFHI in the country and there is no monitoring and reassessment plan for previously Baby Friendly declared health facilities, to tackle the gap. It is better to integrate Ten steps to successful breastfeeding into Quality

<sup>11</sup>In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

Improvement/Assurance in all health facilities and to set clear targets on number of health facilities to be achieved on implementation of Ten steps to successful breastfeeding annually. The country performance in Infant Feeding during Emergencies was also very poor, this can be improved by integration of Nutrition/MIYCN in National emergency preparedness plan and involvement of nutrition officers/experts in the Emergency committees at all levels.



## Summary Part II: Infant and young child feeding (IYCF) practices

IYCF Practice	Result	Score
Indicator 11: Starting Breastfeeding (Initiation)	51 %	9
Indicator 12: Exclusive Breastfeeding for first 6 months	59 %	9
Indicator 13: Median duration of Breastfeeding	20.1 %	9
Indicator 14: Bottle-feeding	4.1 %	6
Indicator 15: Complementary Feeding	92 %	9
<b>Score Part II (Total)</b>		<b>42</b>

### IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding Practice (indicators 11-15) are calculated out of 50.

Scores	Colour-rating
0 – 15	Red
16 – 30	Yellow
31 – 45 (42)	Blue✓
46 – 50	Green

**Conclusions** (Summarize which infant and young child feeding practices are good and which need improvement and why, any further analysis needed)<sup>12</sup> :

Tanzania is doing fairly in EBF, Media duration of breastfeeding and complementary feeding. However, early initiation of breastfeeding rate is still low and bottle-feeding practices have not decreased to meet the WHO recommendations.

### Total of Part I and Part II (indicator 1-15): IYCF Practices and Policies and Programmes

Total score of infant and young child feeding **practices, policies and programmes** (indicators 1-15) are calculated out of 150. Countries are then rated as:

Scores	Colour- rating
0 – 45.5	Red
46 – 90.5	Yellow
91 – 135.5 (113)	Blue✓
136 – 150	Green

<sup>12</sup>In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

## Key Gaps

1. Lack of annual set target for the number of health facilities to be assessed as part of quality improvement for health care facilities
2. Although IYCF is well integrated into health service provision plans, the Ten Steps for Successful Breastfeeding (BFHI) are not fully implemented in health facilities.
3. Inadequate enforcement/compliance monitoring system for maternity protection
4. Lack of awareness regarding maternity protection in both the formal and informal sector
5. There is no nationwide strategy to implement IYCF fully. IYCF Services and in-services training on MIYCAN are mostly implemented only in areas where there are nutrition partners with IYCF interventions
6. Lack of training of health care workers on the Code of Marketing and National Regulations
7. Inadequate training on IYCF in emergencies for nutrition officers and low involvement of nutrition officers in emergency response.
8. Inadequate utilization of community health volunteers for breastfeeding support by health care workers.
9. Inadequate monitoring and evaluation of breastfeeding practices in health facilities and communities including use of available IEC/SBCC materials on IYCF

## Key Recommendations

1. TFNC, PORALG and MoHCDGEC to integrate the Ten steps to successful breastfeeding into Quality Improvement/Assurance tools in all health facilities and be monitored to include child growth and development
2. TFNC, PORALG and MoHCDGEC should ensure all nutrition partners working on MIYCAN incorporate implementation of Ten Steps to successful breastfeeding.
3. TFNC, TFDA and partners should create awareness of the BMS Regulations to health care workers and the public
4. Ministry of Labour, Employment and Youth Development and President's Office Public Service Management should create awareness, strengthen monitoring and enforcement for maternity protection
5. MoHCDGEC and MoLEYD should advocate for establishment of breastfeeding corners/space into OSHA guidelines to facilitate monitoring
6. MoHCDGEC and MoLEYD should advocate for increased maternity leave from 12 to 16 weeks as per WHO recommendation
7. TFNC should solicit funding and conduct on job training/mentorship guide on MIYCAN for health care workers
8. *PO-RALG should ensure Nutrition officers/experts are trained on emergency response and included in the Emergency committees at all levels*

## APPENDICES

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