World Breastfeeding Trends Initiative (WBTi)

MINISTRY OF HEALTH

Tanzania Assessment Report

August 2022

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Dr. Germana Leyna
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TFNC

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Clinic
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral Drugs
BFHI	Baby-Friendly Hospital Initiative
BMS	Breast milk Substitutes
CCM	Chama Cha Mapinduzi
CHW	Community Health Workers
COUNSENUTH	The Centre for Counseling, Nutrition and Health Care
CPD	Continuous Professional Development
DHIS2	District Health Information System
CSOs	Civil Society Organizations
eMTCT	Elimination of Mother to Child Transmission
GLOPAR	Global Participatory Research
HIMS	Tanzania Health Management System
HIV	Human Immunodeficiency Virus
HTC HIV	Testing and Counseling
IBFAN	International Baby Food Action Network
ILO	International Labour Organization
iMES	Integrated Monitoring and Evaluation System
IYCF	Infant and Young Child Feeding
KRAs	Key Result Areas
MNAP II	National Multisectoral Nutrition Action Plan II
MoH	Ministry of Health
NCD	Non-Communicable Diseases
NGOs	Non-Governmental Organizations
PIF	Powdered Infant Formula
PIHTC	Provider-Initiated HIV Testing and Counseling
RCH	Reproductive and Child Health
RMCH	Reproductive, Maternal, and Child Health
SBCC	Socio-Behavioral Change Communication
TEPRP	Tanzania Emergency Preparedness and Response Plan
TFNC	Tanzania Food and Nutrition Centre
TZS	Tanzanian Shillings
UN	United Nations
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
VCCT	Voluntary and Confidential Counseling and Testing
WABA	World Alliance for Breastfeeding Action
WBT*i*	World Breastfeeding Trend Initiative
WHA	World Health Assembly
WHO	World Health Organization

1. BACKGROUND

1.1 Situation of Nutrition in Under five Children

Tanzania is experiencing unacceptable levels of malnutrition. Major nutritional problems affecting in children under five years of age are low birthweight (of less than 2.5 kg), stunting (low height-for-age: which is a form of chronic undernutrition), underweight (low weight for age), wasting (low weight-for-height: which is a form of acute malnutrition) and anemia (low haemoglobin level: as a result of iron deficiency and other non-nutritional factors). Available data show that 31.8 per cent of under-five children are stunted, 14.6 per cent are underweight, and wasting is <5 percent[1]. Further data show that prevalence of anemia in children aged 6 – 59 months is 56 percent and prevalence of low birth weight is 7 percent[2]. Over recent years, prevalence of overweight and obesity in under-five children decreased from 3.5 percent in 2015/16[3] to 2.5 in 2018[4].

1.2 Contributing Factors of Malnutrition

The correlates of child nutrition are categorized into three levels, which are: enabling (basic), underlying and immediate determinants. The immediate causes are known to be inadequate intake of food and diseases. The underlying causes are food insecurity, suboptimal caring practices, and inadequate social services such as limited access to safe water, hygiene and sanitation, education and health services. Key issues are challenges in accessing age-appropriate and nutrient-rich foods including breast milk and complementary foods for children in the first two years of life. Other issues are limited access to safe drinking water and household food security for all children and women, as well as poor child feeding practices, which comprises of age-appropriate dietary practices – including breastfeeding, responsive feeding and stimulation in early childhood – with adequate food preparation, food consumption and hygiene practices. Basic causes include political, financial, social, cultural, and environmental conditions that enable good nutrition for women and children, economic status, cultural norms, legislative and policy landscape.

[1] Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) [Tanzania Mainland], Ministry of Health (MoH) [Zanzibar], Tanzania Food and Nutrition Centre (TFNC), National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and UNICEF. 2018. Tanzania National Nutrition Survey (TNNS) 2018. Dar es Salaam, Tanzania: MoHCDGEC, MoH, TFNC NBS, OCGS, and UNICEF. www.tfnc.go.tz /uploads/files/Leaflet_Tanzania%20National%20Nutrition%20Survey%202018_Printed.pdf

[2] Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) [Tanzania Mainland]. Ministry of Health (MoH) [Zanzibar], National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and ICF (2016). Tanzania demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015-16. Dar es salaam, Tanzania and Rockville, Maryland, USA: MoHCDGEC, MoH, NBS, OCGS,and ICF. https://dhsprogram.com/publications/publication-fr321-dhs-final-reports.cfm

[3] (TDHS-MIS) 2015-16

[4] (TNNS) 2018

1.3 National Response to Address Malnutrition

Since time immemorial, Tanzania has taken a number of actions to address the challenge of malnutrition among under five children. The Tanzania Food and Nutrition Centre was established[5] in 1973 in order to lead the national action to tackle the challenge of malnutrition. Evidence of the political will to address malnutrition in Tanzania includes the inclusion of nutrition concerns in various policy frameworks such as the ruling party Chama cha Mapinduzi (CCM) election manifesto 2020-2025[6]; the National Vision 2025[7]; and The 3rd National Five Year Development Plan (2021/22 – 2025/26)[8]; African Union Agenda 2063[9]; the East Africa Development Vision 2050[10,11]; the SADC Food and Nutrition Security Strategy 2015 – 2025[12]; the World Health Assembly Targets (WHA 2025)[13] and the Sustainable Development Goals 2030[14].

In terms of program to address malnutrition in infants and young children, Tanzania was among the countries which adapted the 1981 WHO/UNICEF International Code of Marketing of Breastmilk Substitutes (WHA34.22) and the 1989 Convention on the Rights of the Child which recognizes the right of all children to the highest attainable standard of health, and specifically the right to good nutrition. In addition, Tanzania adopted the 1991 Baby-Friendly Hospital Initiative (BFHI) which is the global effort by UNICEF and the WHO to ensure that all maternity services whether free standing or in a hospital, become centers of breastfeeding support, protection and promotion. In addition, Tanzania adopted the 2002 Global Strategy for Infant and Young Child Feeding.

1.4 Assessment of National IYCF Policies and Programmes

World Breastfeeding Trend Initiative (WBT*i*) is an innovative standardized approach used by countries to monitor implementation of the Global Strategy for IYCF. The approach uses an assessment tool that was developed by the Asian International Baby Food Action Network (IBFAN Asia) has innovatively summarized the WHO Global Strategy monitoring tool of 2002 and the World Alliance for Breastfeeding Action (WABA) Global Participatory Research

[5] The Tanzania Food and Nutrition Act, 1973. https://www.tfnc.go.tz/uploads/publications/sw1559225926-TFN%20ACTs.1973.pdf
[6] Ilani ya Chama cha Mapinduzi kwa Ajili ya Uchaguzi Mkuu wa Mwaka 2020.
[7] The Tanzania Development Vision 2025 Planning Commission
[8] The United Republic of Tanzania National Five Year Development Plan 2021/22 - 2025/26 "Realising Competitiveness and Industrialisation for Human Development". Ministry of Finance and Planning, June 2021
[9] African Union. Framework Document. Agenda 2063, The Africa We Want, "A shared strategic framework for inclusive growth and sustainable Development & a global strategy to optimize the use of Africa's Resources for the benefit of all Africans". African Union Commission, Addis Ababa, Ethiopia.
[10] East African Community Vision 2050 (2015), Regional Vision for Socio-Economic Transformation and Development, Arusha, Tanzania
[11] Resolution WHA65.6. Comprehensive implementation plan on maternal, infant and young child nutrition. In: Sixty-fifth World Health Assembly Geneva, 21–26 May 2012. Resolutions and decisions, annexes. Geneva: World Health Organization; 2012:12–13 (http://www.who.int/nutrition/topics/WHA65.6_resolution_en.pdf?ua=1,
[12] The SADC Food and Nutrition Security Strategy 2015 – 2025, Gaborone, Botswana
[13] World Health Organization. Global targets 2025. To improve maternal, infant and young child nutrition (www.who.int/nutrition/topics/nutrition_globaltargets2025/en/,
[14] United Nations () Transforming the World. The 2030 Agenda for Sustainable Development Goals.A/RES/70/1.

(GLOPAR) of 1993 into a more manageable, fast tool- which is now popularly known as the WBTi Tool. The first WBTi assessment in Tanzania was conducted in June 2015 whereas the second assessment was conducted in November 2018 and report finalized in January 2019.

1.5 Objective of the Assessment

The 2022 WBTi assessment for Tanzania, conducted in August 2022 provides an update on the country situation of breastfeeding in particular and IYCF practices; and national policies, strategies and programs. The objectives of WBTi assessment are:

i. To monitor the status of infant and young child feeding policy and program implementation, with identification of areas for improvement.
ii. To provide critical information to Government and stakeholders of infant and young child nutrition about actions needed to bridge the gaps in policy and programs in order to increase rates of breastfeeding and infant and young child feeding practices.

2.0 ASSESSMENT PROCESS/METHODOLOGY

2.1 The WBTi Core Group Lab

Tanzania Food and Nutrition Centre formed a team of experts from the Government Ministries and Agencies, UN organizations, CSOs and Non-Governmental Organizations (Annex 1). The experts formed the WBTi Core Group. A three day working session was organized from 26th to 28th July 2022 to undertake the assessment. During this working session, members of the WBTi Core Group were able to discuss and plan for the assessment. A lead facilitator from TFNC guided the team to undertake the assessment according to WBT guidelines. The team members were divided into smaller groups which were assigned indicators to undertake the assessment basing on their knowledge and experiences. When undertaking the assessment, the teams were guided to collect credible information and references that are necessary to substantiate the results. Following group works, the presentation was made in plenary session where the results were debated and consensus made with regard to the final score per indicator, supportive qualitative and quantitative information, identified gaps and recommendations. The draft report was finalized showing the status of IYCF Policy and program in the country, performance of key IYCF indicators, gaps in implementation and recommendations.

PHOTO: Core group in assessment session conducted on 26th to 28th July 2022

2.2 Validation of WBTi Assessment Results

A validation meeting was organized on 30th August 2022 for the purpose of presenting the draft report to a wider audience for review, comments and final consensus. Participants of the validation meeting were IYCF stakeholders. This includes officers from Government Ministries, Departments and Agencies, UN Organizations, Civil Society Organizations including native and international Non-Governmental Organizations, Faith Based Organizations, Training and Academic Institutions (Annex 2). During this workshop, the draft

WBTi report 2022 was presented, together with the process used to develop it and background historical perspectives on IYCF policy and programme in Tanzania. The participants worked in buzz groups to undertake a thorough review of the draft assessment report. This was followed by presentation of comments from groups in plenary session for final consensus. Key inputs and suggestion from the participants of the validation meeting were taken and incorporated into the report. This paved a way for finalisation of the report by the Core Group ready for sharing the report with WBTi Global Secretariat for review and verification.

PHOTO: Validation workshop participant in discussion session conducted on 30th August, 2022

2.3 Endorsement of the WBTi Report

The final report will be submitted to the relevant Government authority for final approval ready for uploading to the WBT portal.

3.0 ASSESSMENT FINDINGS

PART I
IYCF POLICIES AND PROGRAMMES

3.1 Indicator 1: National Policy, Governance and Funding

Key question/s: *Is there a national breastfeeding/ infant and young child feeding policy that protects, promotes and supports optimal breastfeeding and infant and young child feeding (IYCF) practices? Is the policy supported by a government programme? Is there a plan to implement this policy? Is sufficient funding provided? Is there a mechanism to coordinate like e.g. National breastfeeding committee and a coordinator for the committee?*

Criteria for Assessment – Policy and Funding	✓***Check all that apply***	
1.1) A national breastfeeding/infant and young child feeding policy/guideline(stand alone or integrated) has been officially approved by the government	❑ **Yes = 1** ✓	❑ No=0
1.2) The policy recommends initiation of breastfeeding within one hour of birth and exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	❑ **Yes = 1** ✓	❑ No=0
1.3) A national plan of action is approved with goals, objectives, indicators and timelines	❑ **Yes = 2** ✓	❑ No = 0
1.4) The country (government and others) is spending a minimum of per child born on breastfeeding and IYCF interventions[15] a. no funding b. < $1 per birth c. $1-2 in funding per birth d. $2-5 in funding per birth e. at least $5 in donor funding per birth	√ Check one which is applicable ❑ 0 ❑ **0.5** ✓ ❑ 1 ❑ 1.5 ❑ 2.0	
1.5) There is a National Breastfeeding/IYCF Committee	❑ Yes = 1	❑ **No = 0**✓
1.6) The committee meets, monitors and reviews the plans and progress made on a regular basis	❑ Yes = 2	❑ **No = 0**✓
1.7) The committee links effectively with all other sectors like finance, health, nutrition, information, labor, disaster management, agriculture, social services etc.	❑ Yes = 0.5	❑ **No = 0**✓
1.8) The committee is headed by a coordinator with clear terms of reference, regularly coordinating action at national and sub national level and communicating the policy and plans.	❑ Yes = 0.5	❑ **No = 0**✓
Total Score	**4.5/10**	

[15] Enabling Women To Breastfeed Through Better Policies And Programmes – Global Breastfeeding Scorecard, 2018

3.1.1 Conclusions for Indicator 1

i. IYCF National Policy Framework

Tanzania has a National Guideline on Infant and Young Child Feeding (2013)[16]. The guidelines provide policy framework on issues of infant and young child feeding and guidance that are in line with WHO/UNICEF recommended best practices as well as the World Health Assembly resolutions relevant to IYCF[17]. The policy guidance on IYCF is well integrated in other relevant guidelines, including those on Prevention of Mother to Child Transmission of HIV, and the National Multisectoral Nutrition Action Plan II[18]. However, existing policy and guidelines are outdated, hence the need for review.

ii. IYCF Indicators and Targets

The National Multisectoral Nutrition Action Plan (NMNAP) 2021//22 – 2025/26 envisages to address nutritional problems on four Key Result Areas (KRAs) including matters related to IYCF. The KRAs are reducing undernutrition; reducing micronutrient deficiencies, reducing overweight and obesity; and strengthening the enabling environment. Planned impact results include stunting reduction among children underfives from 32.8 to 24 percent, maintaining global acute malnutrition at <5 percent, reducing vitamin A deficiency among children 6 – 59 months from 33 to 20 percent and maintaining prevalence of overweight among children uderfives at <5 percent[19]. Further targets have been set at outcome levels, targeting the key nutritional practices as per WHA Global nutrition targets 2025. **Funding of IYCF Actions**

The Government of Tanzania has given a directive to all councils to allocate 1000 TZS (0.5 $) per underfive children in the council annual plans and budget, to cater for nutrition interventions including IYCF[20]. This directive has been integrated in national guidelines and tools for planning and budgeting at the council level. This amount falls far short of the benchmark requirement of US$8.50 estimated by the World Bank to reach the 2025 global nutrition targets set by the World Health Assembly[21].

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[16] The United Republic of Tanzania (2013). Infant and Young Child Feeding National Guidelines, Ministry of Health and Social Welfare,Tanzania Food and Nutrition Centre, ISBN 978-9976-914-66-7. Retrieved at https://www.tfnc.go.tz/uploads/publications/sw1514892995-GUIDELINE%20-IYCF%202013.pdf

[17] United Republic of Tanzania (2004). Tanzania National Strategy on Infant and Young Child Nutrition. Ministry of Health and Social Welfare, Tanzania Food and Nutrition Centre. https://extranet.who.int/nutrition/gina/ en/node /14762

[18] United Republic of Tanzania (2021). National Multisectoral Nutrition Action Plan 2021/22 – 2025/26 (MNAP II). Prime Minister's Office, Dodoma retrieved at: https://www.tfnc.go.tz/uploads/publications/sw1556116940-NMNAP%202016%20-%202021.pdf

[19] United Republic of Tanzania (2021). National Multisectoral Nutrition Action Plan 2021/22 – 2025/26 (MNAP II). Prime Minister's Office, Dodoma

[20] PO-RALG 2016. Allocation of Funds for Nutrition Interventions in the Plans and Budget of Regions, Towns, Municipal and District Councils for the Financial Year of 2016/17 – 2018/19 (Cited in Ministry of Finance and Planning (MoFP) and United Nations Children's Fund (UNICEF). 2018. Nutrition Public Expenditure Review 2014–2016: Mainland Tanzania: October 2018. Dar es Salaam: MoFP and UNICEF -Mainland-2018-Nutrition-Public-Expenditure-Review.pdf

[21] Ministry of Finance and Planning (MoFP) and United Nations Children's Fund (UNICEF) 2018. Nutrition Public Expenditure Review 2014–2016: Mainland Tanzania: October 2018. Dar es Salaam: MoFP and UNICEF. https://www.unicef.org/tanzania/media/1451/file/Tanzania-Mainland-2018-Nutrition-Public-Expenditure-Review.pdf

iii. Coordination of IYCF Actions

Under the five year National Multisectoral Nutrition Action Plan (2021-2026) coordination of IYCF fall under the Thematic Working Groups namely, the Nutrition Service Delivery, Nutrition Promotion, Enabling Environment and Nutrition Sensitive Interventions. These Thematic Groups report to the National Multisectoral Nutrition Technical Working Group under the Chairmanship of the Prime Minister's Office. Although this arrangement will assure linkage between the IYCF coordination across sectors; it poses a risk of inadequate scrutiny of IYCF matters as the scope of Thematic working groups is far wide beyond IYCF.

3.1.2 Overall Score for Indicator 1

The assessment has revealed that although Tanzania has a strong national breastfeeding/ infant and young child feeding policy that protects, promotes and supports optimal breastfeeding and infant and young child feeding practices, with substantial political will and government support, clear implementation plan and infrastructure, the allocated funds are likely to be insufficient. Based on the current NMNAP 2021, the IYCF governance is split under four Thematic Working Groups, thus posing a risk of inadequate scrutiny due to wider scope of the thematic working group's mandates. At sub-national levels, however, IYCF issues are discussed under the Regional and District Multisectoral Nutrition Committees and Health Management Team meetings at those levels, which also cover a broad range of issues related to nutrition. In view of these observations, the assessment score allocated for indicator one is **4.5**, as shown herein below:

Scores	*Colour-coding*	*Assessment Assigned Score*
0 – 3.5	**Red**	**Score 4.5**
4 – 6.5	**Yellow**	
7 – 9	**Blue**	
> 9	**Green**	

3.1.3 IYCF Policy and Program Gaps

1. NMNAP Coordination structure has no specific thematic working group or sub-group for IYCF thus posing a risk of inadequate scrutiny and discussion on IYCF matters. The existing policy and guidelines are also outdated, hence need to be reviewed.
2. The mandatory allocation of 1000 TZS per under-five child in all Districts Councils is still not adequate (as compared to the World Bank recommended amount of $8.5) to address barriers to optimal IYCF.
3. Low and late disbursement of the allocated funds by the Local Government Authorities affect implementation of IYCF interventions.
4. Inadequate mechanism to facilitate regular orientation on IYCF at national and sub-national levels focal persons and stakeholders.

3.1.4 Recommended Actions to Strengthen IYCF Policy Action

1. IYCF matters should be a permanent agenda in all the NMNAP Thematic Working Groups meetings to ensure adequate scrutiny and discussions for improvement of policies and programs related to IYCF

2. Continue advocating for increasing the amount allocated per child by councils annually gradually (i.e TZS 1000) to match the amount recommended by Word Bank
3. Enforcement of timely disbursement of funds allocated for Child nutrition interventions
4. Regular capacity strengthening and improved collaboration amongst Regional and District Nutrition officers and Reproductive and Child Health Coordinators on planning and budgeting for IYCF interventions
5. Policy and guidelines pertaining to IYCF National policy framework needs to be updated for example the Food and Nutrition Policy and the NMNAP coordination Structure to adequately reflect IYCF

3.2 Indicator 2: Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding

Key questions

- *What percentage of hospitals/maternity facilities are designated/ accredited/awarded for implementing the ten steps within the past 5 years?*
- *What is the quality of implementation of BFHI?*

i. Quantitative Criteria for assessment

2.1) 0 out of 1,295[22] total hospitals(both public &private) offering maternity services that have been designated/accredited/awarded for implementing10 steps within the past 5 years ***(2018 – 2022)*** *0%*

Criteria for assessment	√ **Check one which is applicable**
0	❑ **0** √
0.1 – 20%	❑ 1
20.1 – 49%	❑ 2
49.1 – 69%	❑ 3
69.1-89 %	❑ 4
89.1 – 100%	❑ 5
Total score 2.1	**0/5**

ii. Qualitative Criteria for assessment

Criteria for assessment	***Check that apply***	
2.2) There is a national coordination body/mechanism for BFHI / to implement Ten Steps with a clearly identified focal person.	❑ **Yes = 1** √	❑ No=0
2.3) The Ten Steps have been integrated into national/ regional/hospital policy and standards for all involved health professionals.	❑ **Yes = 0.5** √	❑ No=0
2.4) An assessment mechanism is used to accreditate/designate/award the health facility.	❑ **Yes = 0.5** √	❑ No=0
2.5) Provision for the reassessment[23] have been incorporated in national plans to implement BFHI/ Ten Steps including a standard monitoring system.	❑ Yes = 0.5	❑ **No=0** √

[22] United Republic of Tanzania (2020). Tanzania in Figures. National Bureau of Statistics Ministry of Finance and Planning Dodoma June 2021

[23] ***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.

Criteria for assessment	*Check that apply*	
2.6) The accreditation/designation/awarding process for BFHI/implementing the Ten Steps includes assessment of knowledge and competence of the nursing and medical staff.	❑ Yes = 1	❑ **No=0** √
2.7) The assessment process relies on interviews of mothers.	❑ Yes = 0.5	❑ **No=0** √
2.8) The International Code of Marketing of Breastmilk Substitutes is integrated to BFHI / hospital designation programme	❑ **Yes = 0.5**√	❑ No=0
2.9) Training on the Ten Steps and standard of care are included in the pre-service curriculum for nurses, midwives and doctors and other involved health care professionals.	❑ Yes = 0.5	❑ **No=0** √
Total Score (2.2 to 2.9)	**2.5/5**	

Total Score (2.1 to 2.9)	**2.5/10**

3.2.1 Conclusions for Indicator 2

i. BFHI Accredited Health Facilities

The BFHI requires that all facilities providing maternity services implement fully the Ten Steps to Successful Breastfeeding. In Tanzanian context, maternity services are provided in all hospitals, and health centers. According to the National Bureau of Statistics there are 360 hospitals and 926 health centers in Tanzania as of 2020. From 2018 to 2022 BFHI assessment was conducted in only four health facilities in Chemba District, Dodoma Region in May 2022 and results indicated that these health facilities qualified to be awarded the Baby Friend status. Tanzania has adopted the new WHO/UNICEF BFHI Guidance of 2018 and develop the National Guide on implementation of the Ten steps to successful breastfeeding. The guide explains the process for assessment and accreditation of BFHI that requires integration into ongoing Quality improvement approaches. However, The process to integrate BFHI into the ongoing Quality Improvement Systems is not yet finalized thus currently there is no clear assessment and accreditation system for implementation of BFHI.

ii. Coordination of BFHI

Coordination mechanism for BFHI action at national level is through the leadership of the Reproductive and Child Health Services Department of the Ministry of Health. At subnational level, coordination is under Reproductive and child Health Coordinators in collaboration with Nutrition officers at the regional and council levels. At the health facility level, the Nursing Officer in charge of the facility and in-charge of the reproductive and child health services unit are the focal point for coordination of BFHI actions at that level. However, there are no clear roles and responsibilities for coordinators to ensure BFHI implementation at different levels.

iii. Mainstreaming of BFHI in Education Curriculum

Most of pre-service curricula for nurses, midwives and doctors and other involved health care delivery are not adequately covering important knowledge and skills required for implementation of the BFHI /Ten Steps to Successful Breastfeeding. However BFHI knowledge and skills are integrated in different modules indirectly. Therefore, the current initiative for capacity strengthening of health care providers on the implementation of BFHI is to mainstream IYCF issues, including BFHI in Continuous Professional Development (CPD) accredited courses for the health service professionals. Various training packages on IYCF, breastfeeding, complementary feeding and maternal nutrition are available, although they are not yet accredited by relevant professional bodies.

3.2.2 Overall Score for Indicator 2

Despite having a strong national IYCF policy that protects, promotes and supports optimal breastfeeding and complementary feeding practices, with a substantial political will and support, there is a weak implementation of the Baby Friendly Hospital Initiative. Between 2019 –2022 only 4 facilities have been assessed and passed the assessment, but they have not yet given the BFHI certificate following the revised WHO/UNICEF BFHI Guidance of 2018. The Ministry of Health has already developed BFHI implementation guidelines based on revised/updated BFHI guidance and is in the process mainstreaming the BFHI assessment and accreditation into the quality improvement standards, guidelines and tools of the health system. The quality improvement guidelines and tools will facilitate the implementation of the 10 steps to successful breastfeeding in all health facilities providing maternal and newborn and child health services. In view of this, the following score accorded for indicator two is **2.5**, as shown herein under:

Scores	*Colour-coding*	*Assessment Assigned Score*
0 – 3.5	Red	Score 2.5
4 – 6.5	Yellow	
7 – 9	Blue	
> 9	Green	

3.2.3 Gaps in implementation of BFHI

1. Slow pace of integration of BFHI assessment and accreditation in the Quality Improvement (QI) system
2. Inadequate coordination of BFHI implementation due to competing role and responsibilities assigned to Health workers supervisors at all level
3. Inadequate awareness and capacity among health workers to implement BFHI in their health facilities

3.2.4 Recommended Actions to Strengthen BFHI

1. Fast track the process of integration of BFHI/ Ten steps assessment and accreditation into the QI system
2. Development of lactation management and BFHI implementation packages for Continuous Professional Development (CPD) Courses for nurses, midwives, clinicians nutritionists and other health allied professionals
3. QI assessment and accreditation should show specific performance of BFHI /Ten Steps implementation in the facilities.
4. Advocate for appointment of focal person for QI and BFHI coordination with very clear roles and responsibilities at all levels

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

Key questions: *Are the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions in effect and implemented in the country? Has any action been taken to monitor and enforce the above?*

Criteria for Assessment (*Legal Measures that are in Place in the Country***)**	
3a: Status of the International Code of Marketing **Score** √ ***Check that applies upto the questions 3.9. If it is more than one, tick the higher one.***	
3.1 No action taken	❑ 0
3.2 The best approach is being considered	❑ 0.5
3.3 Draft measure 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 World Health Assembly (WHA) resolutions subsequent to the Code are included in the national legislation Provisions based on 1 to3 of the WHA resolutions as listed below are included	❑ 5.5
a. Provisions based on more than 3 of the WHA resolutions as listed below are included	❑ **6**√
Total score 3a	**6**
3b: Implementation of the Code/National legislation *Check that applies. It adds up to the 3a scores.*	
3.10 The measure/law provides for a monitoring system independent from the industry	❑ **1**√
3.11 The measure provides for penalties and fines to be imposed to violators	❑ **1**√
3.12The 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**
Total Score 3b	2

Total Score (3a + 3b)	8/10

3.3.1 Conclusions for Indicator 3

i. Status of Implementation of the Code and National legislation

Tanzania is amongst the earliest countries in African continent which adopted the International Code[24] of Marketing of Breast milk Substitutes and Designated products in 1994 into National legislations/laws. The National legislation on BMS comprises all relevant provisions of World Health Assembly (WHA) resolutions subsequent to the Code[25]. All aspects of the Code are well Implemented, however, control of advertisement in through new media, including social media platforms remain a challenge.

3.3.2 Overall Score for Indicator 3

The results of this assessment indicate that Tanzania has made substantial strides in implementing the Code. Achievements linked to the Code implementation include restrictions of BMS, complimentary foods and designated product promotion through various channels including informational and educational materials, health system, and mass media. Prohibition of donations of BMS is in full effect, compliance with labeling requirements and registration of products is also well implemented. However, the country needs to strengthen enforcement of these regulations and transparency in reporting about the violators and actions taken against them.

However, current experience indicates an increasing number of small and medium scale entrepreneurs who manufacture food used for complementary feeding. These food products are mainly blended flours and are often unregistered. Adding to that, the advent of new media platforms such as internet based social media networks and mobile phone application has created a new opportunity for Code violators. This calls for the development of new innovative strategies for Code monitoring. The updated WHO guidelines on BFHI which propose removal of prohibition of the use of feeding bottles, teats and pacifiers[26] have also been a new challenge that requires further research on practicability and safety in the local context. In view of these findings the final score accorded for indicator three is **8.0.**

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[24] According to the resolution WHA34.22 (1981), in which the Code was adopted, the World Health Assembly stresses that adoption of and adherence to the Code is a minimum requirement for all countries, and urges all countries to implement it "in its entirety

[25] Following WHA resolutions are included in the Tanzanian legislation and are enforced through legal orders.

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)
5. Ending inappropriate promotion of foods for infants and young children (WHA 69.9)

[26] Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: implementing the revised Baby-friendly Hospital Initiative 2018. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2018. Licence: CC BY-NC-SA 3.0 IGO. https://apps.who.int/iris/bitstream/handle/10665/272943/9789241513807-eng.pdf

Scores	*Colour-coding*	*Assessment Assigned Score*
0 – 3.5	Red	Score 8.0
4 – 6.5	Yellow	
7 – 9	Blue	
> 9	Green	

3.3.3 Gaps in implementation of the Code

1. Irregular monitoring and supervision of code violation, coverage in all marketing outlets and documentation.
2. Inadequate Monitoring of promotional activities for infants and young children foods through new media platforms such as social media.

3.3.4 Recommended Actions to Strengthen Code Implementation

1. Strengthen monitoring and supervision in all marketing outlets.
2. Strengthen awareness and advocacy on Code/ National legislation to the public to create more watchdogs for violations done through new media and other communication channels
3. Documentation of Code violations and measures taken to violators
4. Transparency in reporting Code violation for future reference.
5. Engage other stakeholders (watch dogs) in monitoring of Code violations

3.4 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 mothers working in the informal sector?*

Criteria for Assessment	**Scores**
4.1) Women covered by the national legislation are protected with 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	*Tick one which is applicable* ❑ **a=0.5**√ ❑ b=1 ❑ c=1.5 ❑ d= 2
4.2) Does the national legislation provide at least one breastfeeding break or reduction of work hours? a. Unpaid break b. Paid break	*Tick one which is applicable* ❑ a=0.5 ❑ **b=1**√

4.3) The national legislation obliges private sector employers to a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks.	*Tick one or both* ❑ a=0.5 ❑ **b=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. a. Space for Breastfeeding/ Breastmilk expression b. Crèche	*Tick one or both* ❑ a=1 ❑ b=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	*Tick one which is applicable* ❑ a=0.5 ❑ b=1
4.6) a. Accurate and complete information about maternity protection laws, regulations, or policies is made available to workers by their employers on commencement. b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	*Tick one or both* ❑ a=0.5 ❑ **b=0.5**√
4.7) Paternity leave is granted in public sector for at least 3 days.	*Tick one which is applicable* ❑ **YES(0.5)**√ ❑ NO
4.8) Paternity leave is granted in the private sector for at least 3 days.	*Tick one which is applicable* ❑ **YES(0.5)**√ ❑ NO
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.	*Tick one which is applicable* ❑ YES(0.5)√ ❑ NO
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	*Tick one which is applicable* ❑ YES(1) √ ❑ NO
Total Score	**5/10**

3.4.1 Conclusions for Indicator 4

i. National Legislation on Maternity Protection

Although Tanzania has not fully ratified the ILO Convention 183 on maternity protection since it entered into force in 2002[27] , notable effort in Maternity Protection Section 33-34 of The Employment and Labour Relations Act Cap 366,2019 provide for Maternity leave of 84 and 100 days to women begotten one or more children respectively. This is equivalent to minimum of 12 weeks maternity leave for all women and 3 days for a man. Under the said legislation female workers in the formal sector, both public and private, are entitled to at least twelve weeks (84 days) of fully paid maternity leave.

Issues of maternity protection are included in sub-part D (S.34 - maternity leave and 34 – 3 days paternity leave and other forms of leave).

ii. Baby-friendly Working Places

Creating workspaces that are supportive of breastfeeding is crucial intervention which contributes to increased women's labor productivity, improve infant and young child nutrition as well as prevention of stress among working women. Best practice in working place is establishment of breastfeeding corners equipped with necessary equipment and space and privacy for breastmilk expression. The current legislation, however, doesn't include the establishment of breastfeeding corners or crèches as a mandatory practice thus most workplaces are missing these facilities. However, other employers in their mission to establish baby-friendly working places are creating crèches.

iii. Maternity Protection for Shadow Economy

The current maternity protection labour related laws provide for such protection for all workers. However, practice in most non formal and unorganized employment settings shows weak compliance due to lack of knowledge to both employers and employees. In line with that, the National Social security policy has extended issues of maternity rights to persons working in the communities. However, most communities and ethnic groups do not have norms which are supportive to breastfeeding or any known traditional form of maternity protection which last for a period of at least 14 weeks. It's common to see women with neonate babies working on farms, and unorganized sector in urban areas.

[27] https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:11310:0::NO:11310:P11310_INSTRUMENT_ID:312328:NO

iv. Awareness Creation and compliance Monitoring

The Labour Institutions Act Cap 300, 2019 has established various Labour Institutions which performs the function of administration of Labour laws. The Labour department among other functions it has a role of providing education to employers, employees and their unions on Labour Standards. It has the mandate to conduct inspections, issues compliance orders and execute the same in the court in case of employers who do not comply with the Standards provided for by the Labour Laws. Other administrative institutions made are The Commission for Mediation and Arbitration (CMA) Responsible for Mediation and Arbitration of Labour disputes and The High Court Labour Division responsible for review and revision of CMA decision, The Labour Economic and Social Council (LESCO). All these institutions operate in Tripartite in which there is Employers' Associations Representations (For Employers), Trade Unions Representation (For Employees) and Government Representation as Overseer, Regulator and Policy makers. The three Pillars in Tripartite have the rights and duties of educating its members of their rights and duties based on the labour laws.

v. Protection Against Hazardous Work

The said legislation provides for a safe working environment and health protection for pregnant and breastfeeding workers. This includes prohibition of hazardous conditions in the workplace, provision of alternative non-hazardous work at the same wage until when the women are no longer pregnant or breastfeeding. The legislation strictly prohibits any form of employment discrimination and provides assurance of job protection for women workers during pregnancy and breastfeeding period. Regardless of the provisions in the legislation, some women are not aware of the hazardous conditions to their health and babies in their work places.

3.4.2 Overall Score for Indicator 4

The results of this assessment indicate that Tanzania is doing relatively fine in enforcement of Maternity rights provided by the Employment and Labor Relations Act Cap 366, 2019.

The overall score assigned for indicator four is **7.0** as shown below:

Scores	*Colour-coding*	*Assessment Assigned Score*
0 – 3.5	Red	Score 7
4 – 6.5	Yellow	
7 – 9	Blue	
> 9	Green	

3.4.3 Gaps in Maternity Protection

1. Inadequate enforcement of maternity protection rights by both employers and employees in the informal and unorganized sectors.

2. Inadequate awareness regarding maternity protection among employees
3. Inadequate enforcement, monitoring mechanism for maternity rights related laws and programs, both in public and private sector.
4. Some women are not aware of the hazardous conditions to their health and babies in their work places.

3.4.4 Recommended Actions to Strengthen Maternity Protection

1. Strengthen maternity protection monitoring and enforcement system/mechanisms and awareness creation, targeting all stakeholders, including women who are working in the formal and informal sector on their rights.
2. Advocate for ratification of C 183-Maternity Protection Convention of 2000 together with other Conventions, which if ratified, would have greater impact on maternity protection and gender equality in the world of work. Such conventions are C189 - Domestic Workers Convention, 2011 and C190 - Violence and Harassment Convention, 2019, C156 - Workers with Family Responsibilities Convention, 1981 and C102 - Social Security (Minimum Standards) Convention, 1952 (No. 102).
3. Maternity protection services should also cover women who are working in informal sectors.
4. Establish and strengthen support for breastfeeding and childcare at workplaces

3.5 Indicator 5: Health and Nutrition Care System Breastfeeding and IYCF Support

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

Criteria for assessment	√ ***Check that apply***		
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country[28] indicates that IYCF curricula or session plans are adequate/inadequate	(> 20 out of 25 content/skills are included) ❑ 2	(5-20 out of 25 content/ skills are included) ❑ **1**√	Fewer than 5 content/skills are included) ❑ 0
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been disseminated to all facilities and personnel providing maternity care.	(Disseminate to > 50% facilities) ❑ 2	(Disseminate to 20-50% facilities) ❑ **1**√	No guideline, or disseminated to < 20% facilities ❑ 0

[28] 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.

5.3) There are in-service training programmes available providing knowledge and skills related to IYCF for relevant health/nutrition care providers.[29]	Available for all relevant workers ❑ **2**√	Limited Availability ❑ 1	Not available ❑ 0
5.4) Health workers are trained on their responsibilities under the Code and national regulations, throughout the country.	Throughout the country ❑ 1	Partial Coverage ❑ **0.5**√	Not trained ❑ 0
5.5) Infant and young child feeding information and skills are integrated, as appropriate, into training programmes not covered in 5.1 but where the care providers may have some contact with families with infants and young children.(Training programmes such as diarrhea control, HIV, NCDs, Women's Health etc.)	Integrated in > 2 training programmes ❑ 1	1-2 training programmes ❑ **0.5**√	Not integrated ❑ 0
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country.[30]	Throughout the country ❑ 1	Partial Coverage ❑ **0.5**√	Not provided ❑ 0
5.7) Health policies provide for mothers and babies to stay together when one of them is hospitalised.	Provision for staying together for both ❑ 1	Provision for only to one of them: mothers or babies ❑ 0.5	No provision ❑ **0**√
Total Score	**5.5/10**		

3.5.1 Conclusions for Indicator 5

i. IYCF Education programs and Curricula

There is no a standalone module on IYCF in the pre-service training curricula for health professional in Tanzania. IYCF has been incorporated in some training programs at certificate, diploma and degree levels for Nurses and Clinicians in the Newborn Care, Child Nutrition and Hygiene modules[31]. However, these training programs have less focus to build competency, therefore the initiative to establish CPD packages for IYCF is necessary.

ii. Dissemination of Standards and Guidelines for BFHI

Standards and guidelines for mother-friendly childbirth procedures and support are part and parcel of the National Plan for Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition One Plan RMCH Guidelines[32]**.** Under this plan, there are several

[29] The types of health providers that should receive training may vary from country to country, but should include providers who care for mothers and children in fields such as pediatrics, OB-Gynae, nursing, midwifery, nutrition and public health.
[30] 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. Partial could mean more than 1 provinces covered.
[31] United Republic of Tanzania (2010). CMT 05106 Nutrition NTA Level 5 Semester 1. Ministry of Health and Social Welfare – Tanzania 2010https://drive.google.com/drive/folders/12QXwsPMCDKvXJ4lT 4uiIObScLzIeKWu1
United Republic of Tanzania (2010). CMT 05212 Paediatrics and Child Health 2 NTA Level 5 Semester 2 https://drive.google.com/drive/folders/1-CMNPP9y8yJhPfQK-Buc5fg-M6Alj2wS
[32] The United Republic of Tanzania, Ministry of Health, Community Development, Gender, Elderly and Children, National Plan for Reproductive, Maternal, Newborn, Child and Adolescent Health & Nutrition (2021/2022 - 2025/2026) One Plan III
https://www.globalfinancingfacility.org/sites/gff_new/files/Tanzania-One-Plan-III.pdf

guidelines which incorporate mother-friendly childbirth procedures and IYCF issues. These include ANC, Essential New Born Care, Neonatal Care Unit establishment, and Basic Obstetric Care Guidelines. Since these guidelines are part and parcel of working tools for health care providers, the dissemination of IYCF including BFHI in the health system is well considered, although the capacity of health workers to implement the guideline might be challenging.

iii. In-service Training Programmes

There are various in-service training programs on nutrition and IYCF which are specifically designed for health care providers and Community health workers with the aim of providing knowledge, skills and competence on relevant health/nutrition issues[33]. Other in-service training courses are offered through on-line. These include online training courses in lactation management offered by TFNC. The current initiatives for in-service training include repackaging these training modules and register them with the Professional Bodies for health including The Tanzania Nurses and Midwifery Council (TNMC) and Medical Council of Tanganyika (MCT)

iv. IYCF Training in the Context of the Code

The training courses do cover issues of Health Worker responsibilities for implementation of the Code and national regulations. Moreover, IYCF issues are well covered in other training packages such as Trainer Manual on Prevention of Mother to Child Transmission of HIV[34], Pocket Guide on Prevention of Mother to Child Transmission of HIV[35], and various job aids on essential new born care, neonatal care unit and basic obstetric care among others. However the coverage of these in-service training programs is not well spread throughout the country[36].

3.5.2 Overall Score for Indicator 5

With regards to pre-service and in-service training programs for frontline workers who provide IYCF services, it appears that the country is rich in terms of availability of training packages and curriculum. However, still challenge exists as far as accessibility of these training programs by the targeted audience. There is no coherent, fully funded in-service training program on IYCF. Most in-service training activities are program based and largely funded by NGOs and implementing partners of the nutrition interventions. Since funding is recognized as a key limiting factor, novel strategy to enhance sustainability of these training

[33] The types of health providers that should receive training may vary from country to country, but should include providers who care for mothers and children in fields such as pediatrics, OB-Gynae, nursing, midwifery, nutrition and public health.
[34] United Republic of Tanzania (2007). Prevention of Mother-to-Child Transmission of HIV. Trainer Manual. Ministry of Health and Social Welfare. https://www.medbox.org/preview/5368918a-016c-449b-afbd-77ea1fcc7b89/doc.pdf
[35] United republic of Tanzania (2013). Prevention of Mother to Child Transmission of HIV. Pocket Guide. Ministry of Health and Social Welfare. https://core.ac.uk/download/pdf/77101823.pdf
[36] 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. Partial could mean more than 1 provinces covered.

programs is to integrate IYCF training modules into existing Continuous Professional Development Systems for health and allied professional. The overall score assigned for indicator five is **5.5**:

Scores	*Colour-coding*	*Assessment Assigned Score*
0 – 3.5	Red	**Score 5.5**
4 – 6.5	Yellow	
7 – 9	Blue	
> 9	Green	

3.5.3 Gaps in Health and Nutrition Care System, Breastfeeding and IYCF Support

1. Outdated IYCF/BFHI training materials and guidelines
2. Inadequate capacity of health care workers to provide quality IYCF services
3. Inadequate funds to carry out IYCF in-service training programs regularly covering the whole country

3.5.4 Recommended Actions to Strengthen Health and Nutrition Care System, Breastfeeding and IYCF Support

1. Review and repackage IYCF and BFHI training materials and guidelines to meet accreditation standards of the Continuous Professional Development.
2. Capacity building to health care workers to provide quality IYCF services
3. Councils to allocate funds to support frontline workers to access the training courses on IYCF and BFHI

3.6 Indicator 6: Counseling Services for the Pregnant and Breastfeeding Mothers

Key question: *Are there counseling services in place to protect, promote and support breastfeeding and optimal infant and young child feeding practices both at facility and community level*

Criteria of assessment	√	***Check that apply***	
6.1) Pregnant women receive counseling services f**or** breastfeeding during ANC.	>90% ☑ 2	50-89% ❑1	**<50% ❑0**
6.2) Women receive counseling and support for initiation breastfeeding and skin to contact within an hour birth.	>90% ❑ 2	**50-89% ☑ 1**	<50% ❑ 0
6.3) Women receive post-natal counseling for exclusive breastfeeding at hospital or home.	>90% ❑ 2	**50-89% ☑ 1**	<50% ❑ 0
6.4) Women/families receive breastfeeding and infant and young child feeding counseling at community level.	>90% ❑ 2	**50-89% ☑ 1**	50% ❑ 0
6.5) Community-based health workers are trained in counseling skills for infant and young child feeding.	**>50% ❑ 2**	<50% ☑ 1	No Training ❑ 0
Total Score:	**6/10**		

3.6.1 Conclusions for Indicator 6

i. Coverage of IYCF Counseling in ANC and postnatal services

Antenatal Services provided in all health facilities from the highest super specialized referral hospital, regional and district level hospitals, health centers to dispensaries include among others health education and counseling on optimal breastfeeding, adequate complementary feeding and feeding of the sick child. Coverage of antenatal care in Tanzania is 98 percent[37]. Counseling on prevention of mother-to-child transmission of HIV is also an integrated ANC service. However, most counseling sessions are prioritizing Group Counseling. Individual counseling is seldom done, due to understaffing and high client load. While group counseling and health education are universally available, the main challenge is the quality of counseling services provided.

Counseling on initiation of breastfeeding within one hour of birth is also provided during ANC, but more likely to be provided during delivery to mothers who deliver at the health facilities. Postnatal counseling on exclusive breastfeeding, which is provided after childbirth, is a critical intervention for both mothers and her newborn. Available data indicates that accessibility of counseling on IYCF during the postpartum period is 37 percent[38].

ii. Coverage of IYCF Counseling at Community Level

Community systems for providing IYCF support, including counseling on IYCF does exist. Community based IYCF counseling interventions are mainly delivered as part of Socio-Behavioral Change Communication (SBCC) for nutrition[39]. Main approaches used to implement IYCF counseling intervention are home visits, peer support groups, and village health and nutrition days[40]. However, community-based nutrition interventions are mainly funded by development partners.

3.6.2 Overall Score for Indicator 6

Coverage of counseling on IYCF to mothers and families with newborn babies is relatively high. However, the intervention is challenged by the low quality of IYCF counseling due to limited counseling skills amongst the frontline workers who deliver the services, high client load and inadequate staff to provide that service. Moreover, postnatal coverage is still inadequate, with implication on coverage of counseling and support on exclusive breastfeeding amongst mothers with newly born infants. Also, some Community Health Workers are not readily available to deliver IYCF counseling in the community due to competing priorities and lack of harmonized incentives.

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[37] (TDHS-MIS) 2015-16
[38] TDHS-MIS 2015-16
[39] The United Republic of Tanzania (2014). National Nutrition Social and Behavior Change Communication Strategy July 2013 – June 2018. Ministry of Health and Social Welfare. Tanzania Food and Nutrition Centre. https://scalingupnutrition.org/wp-content/uploads/2014/01/TANZANIA-NATIONAL-NUTRITION-SOCIAL-AND-BEHAVIOR-CHANGE-COMMUNICATION-STRATEGY-2013-latest-1.pdf
[40]The World Bank (018). Mapping Existing Nutrition and Early Stimulation Programs In Tanzania.

The overall score for this indicator is **6.0**

Scores	*Colour-coding*	*Assessment Assigned Score*
0 – 3.5	Red	**Score 6**
4 – 6.5	Yellow	
7 – 9	Blue	
> 9	Green	

3.6.3 Gaps in Counseling Services for the Pregnant and Breastfeeding Mothers

1. Low quality of IYCF counseling service due to inadequate *knowledge and skills in IYCF counseling amongst the frontline workers*
2. Inadequate coverage of community-based nutrition services due competing priorities and lack of harmonized incentive scheme for Community Health Workers.

3.6.4 Recommended Actions to Strengthen Counseling Services for the Pregnant and Breastfeeding Mothers

1. Councils and nutrition stakeholders to support capacity strengthening through training/mentorship/coaching of frontline workers (Health Care Workers, District Nutrition Officers and Community Health Workers) on nutrition counseling and communication skills to enhance the effectiveness of counseling.
2. Develop/revise and disseminate Job aids and IYCF counseling materials for frontline workers.
3. Councils should find a harmonized way of motivating the CHWs for effective IYCF services

3.7 Indicator 7: Accurate and Unbiased 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?*

Criteria for assessment	***Check that apply***	
7.1) There is a national IEC strategy for improving infant and young child feeding.	**YES ☑ 2**	NO ❑ 0
7.2) Messages are communicated to people through different channels and in local context.	**YES ☑ 1**	No ❑ 0
7.3) IEC strategy, programmes and campaigns like WBW and are free from commercial influence.	**YES ☑ 1**	No ❑ 0
7.4) Breastfeeding/IYCF IEC materials and messages are objective, consistent and in line with national and/or international recommendations.	**YES ☑ 2**	No ❑ 0
7.5) IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at national and local level.	**YES ☑ 2**	No ❑ 0
7.6) IEC materials/messages include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF).[41]	YES ❑ 2	**No ☑ 0**
Total Score:	**8/10**	

[41] 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. This is to minimize health hazards. Parents 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.

3.7.1 Conclusions for Indicator 7

i. Presence of National IYCF IEC Strategy

Tanzania developed the first Nutrition Social and Behaviour Change Communication Strategy in 2013. The SBCC strategy largely contains harmonized key messages on IYCF. Currently, the Nutrition SBCC strategy is being reviewed to incorporate contemporary issues in nutrition and aligning the strategy with the reviewed National Multisectoral Nutrition Action Plan II 2021/22 – 2025/2026[42].

ii. Dissemination of IYCF Messages

Promotion of recommended IYCF practices employs the socio-ecological model of health[43], whereby the focus is on individuals, family members, communities and policy and decision-makers, since all of them are significant in bringing positive social and individual behaviour change. Dissemination of IYCF messages is largely done through the health system whereby the key players are Health Care Workers in antenatal clinics, maternity services, postnatal clinics and pediatric sessions amongst others. Community-based interpersonal channels of communication used include home visits, peer support groups, and village health and nutrition days. The key behaviours promoted focus on optimal breastfeeding and complementary feeding. Commemorations and exhibition events such as the famous World Breastfeeding Week, World Food Day, World HIV/AIDS Day, They Day of African Child, and National Farmers Day among others are used to promote optimal IYCF practices.

Electronic and print materials are other channels of communication that are used to disseminate IYCF messages and promote optimal practices. These include mass media platforms such as newspapers, television and radio. The new Media platform such as social media networks (Facebook, Instagram, WhatsApp and Twitter) are also used although these are not much deployed in the existing SBCC interventions. In addition, mobile phone text messages and campaigns are used to disseminate IYCF.

iii. Conflicting Interest in Promotion IYCF

The implementation of IYCF SBCC interventions is undertaken based on the national IYCF guidelines, WHO recommended IYCF practices, subsequent WHA resolutions, Code compliance and free from commercial influence. IYCF promotion messages that are developed are harmonized and validated by IYCF stakeholders and endorsed by Government authorities. The existing challenge is inadequate awareness on conflict of interest issues among IYCF Stakeholders.

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[42] The United Republic of Tanzania (2014). National Nutrition Social and Behavior Change Communication Strategy July 2013 – June 2018. Ministry of Health and Social Welfare. Tanzania Food and Nutrition Centre. https://scalingupnutrition.org/wp-content/uploads/2014/01/TANZANIA-NATIONAL-NUTRITION-SOCIAL-AND-BEHAVIOR-CHANGE-COMMUNICATION-STRATEGY-2013-latest-1.pdf

[43] D. Lawrence Kincaid, Maria Elena Figueroa, Doug Storey, and Carol Underwood (2020). A Socio-Ecological Model of Communication for Social and Behavioral Change A Brief Summary. Johns Hopkins Bloomberg School of Public Health https://breakthroughactionandresearch.org/wp-content/uploads/2020/12/socio-ecological-model-of-communication-for-sbc.pdf

3.7.2 Overall Score for Indicator 7

The assessment results indicate that the national IYCF Social and Behaviour Change Communication components are appropriate and free from commercial influence. The social media are mostly used by individuals to disseminate IYCF content which is developed by unprofessional informal sources. Such information often is not in line with evidence-based from WHO and national guidelines and loaded with lots of misinformation including health claims and commercial interest.
The overall score for this indicator is: **8.0**

Scores	*Colour-coding*	*Assessment Assigned Score*
0 – 3.5	Red	Score 8
4 – 6.5	Yellow	
7 – 9	Blue	
> 9	Green	

3.7.3 Gaps in Strengthening Accurate and Unbiased Information Support

1. Inadequate utilization of innovative new media to disseminate IYCF information to the public.
2. Inadequate awareness on conflict of interest issues among IYCF Stakeholders.
3. Inadequate control mechanisms for content development in new media platforms contributing to misinformation.

3.7.4 Recommended Actions to Strengthen Accurate and Unbiased Information Support

1. Strengthen the IYCF - SBCC interventions by widening the scope of communication channels to include both traditional channels of mass communication and innovative new media.
2. Strengthen advocacy and awareness creation on issues related Conflict of interest among Nutrition stakeholders.
3. Strengthen Monitoring and control of nutrition information in new media platforms by engaging key stakeholders including Tanzania Communication Regulatory Authority

3.8 Indicator 8: Infant Feeding and HIV

Key question: Are policies and programmes in place to ensure that mothers living with HIV are supported to carry out the global/national recommended Infant feeding practice?

Criteria for Assessment[44]	*√ Check that apply*	
8.1) The country has an updated policy on Infant feeding and HIV, which is in line with the international guidelines on infant and young child feeding and HIV[45].	**YES** √❑ **2**	No policy ❑ 0
8.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation.	**YES** √❑ **1**	No ❑ 0
8.3) Health staff and community workers of HIV programme have received training on HIV and infant feeding counseling in past 5 years.	**YES** √❑ **1**	No ❑ 0
8.4) HIV Testing and Counseling (HTC)/ Provider-Initiated HIV Testing and Counseling (PIHTC)/ Voluntary and Confidential Counseling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	**YES** √❑ **1**	No ❑ 0
8.5) The breastfeeding mothers living with HIV are provided ARVs in line with the national recommendations.	**YES** √❑ **1**	No ❑ 0
8.6) Infant feeding counseling is provided to all mothers living with HIV appropriate to national circumstances.	**YES** √❑ **1**	No ❑ 0
8.7) Mothers are supported and followed up in carrying out the recommended national infant feeding	**YES** √❑ **1**	No ❑ 0
8.8) Country is making efforts 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.	**YES** √❑ **1**	No ❑ 0
8.9) Research on Infant feeding and HIV is carried out 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.	YES ❑ 1	**No ❑ 0**√
Total Score:	**9/10**	

3.8.1 Conclusions for Indicator 8

i. Presence of Code Compliance in IYCF in the Context of HIV Policy

Policy guidelines on infant feeding and HIV in Tanzania are included in the National Guidelines on IYCF[46] and the National Guidelines for the Management of HIV and AIDS[47].

[44] Some of the questions may need discussion among the core group, and based on information sources the Core group may decide about the strengths.
[45] Updated guidance on this issue is available from WHO as of 2016. Countries who may be using the earlier guidance and are on way to use the new guidance if not completely may be included here.
[46] The United Republic of Tanzania (2013). Infant and Young Child Feeding National Guidelines, Ministry of Health and Social Welfare,Tanzania Food and Nutrition Centre, ISBN 978-9976-914-66-7.
[47] The United Republic of Tanzania (2019). National Guidelines for The Management of HIV and AIDS, 7 T^{h} Edition April 2019. Ministry of Health, Community Development, Gender, Elderly, and Children National AIDS Control Programme.

These guidelines promote care giving practices which are in line with the WHO guidelines on IYCF in the context of HIV and the national Legislation on BMS[48]. The WHO 2016 recommendation on IYCF in context of HIV requires HIV positive mothers to continue breastfeeding for 2 years or beyond as per general population, however the Tanzania National guidelines on PMTCT have not incorporated this recommendation due to issues related to adherence to ART by HIV+ mothers.

ii. Training of Health Care Workers on IYCF in the Context of HIV

IYCF in the context of HIV Training for Health Care Workers and Community Health Workers is mainstreamed in the existing IYCF training packages and programs (see indicator 5). Through these training packages, Health Care Workers and Community Health Workers are acquainted with appropriate knowledge and skills on HIV and infant feeding counselling and support. However, challenges explained in indicators 5 are also applying in this section.

iii. Availability of HIV Counseling, Testing and ART

Actions for preventing HIV transmission from mother to child are integrated into routine Reproductive and Child Health Services including antenatal care services. HIV Testing and Counselling are based on individual voluntary as well as Providers initiated HIV counselling and testing. Counselling and testing for HIV is also offered routinely to couples before, during pregnancy and after delivery. Other preventive services are postpartum care for the mother, addressing maternal health and nutrition concerns of the mother and baby, the availability of early infant diagnosis, and pediatric ART to improve the survival of infants who are infected with HIV. All mothers who are diagnosed HIV positive are provided with lifetime ART and they are supported and followed up in carrying out the recommended infant feeding practice and adherence to the ART. Regardless of available HIV counselling, testing and ART services, low adherence and lost to follow up remain the main challenge.

iv. Action to Address Misinformation on HIV and Infant Feeding

Current guideline regarding HIV and IYCF in Tanzania promotes, protects and supports breastfeeding for women infected with HIV[49]. Issues related to accurate and unbiased Information Support as explained in indicator 7 also applies to address misinformation on HIV and infant feeding.

v. Research on Infant feeding and HIV

Despite lack of research agenda and secured funds, individual research scientists and institutions are undertaking research on IYCF and HIV[50]. Key players who undertake such

[48] The Tanzania Food, Drugs and Cosmetics (Marketing of Foods and Designated Products for Infants and Young Children) Regulations, 2013
[49] National Guidelines for the Management of HIV and AIDS (47).
[50] Rose F., Fabiola V. M. (2022). Exclusive breastfeeding practice among HIV infected mothers in the southern highlands of Tanzania; assessing the prevalence and factors associated with the practice, an analytical cross-sectional survey. AIDS Research and Therapy (2022) 19:29 https://doi.org/10.1186/s12981-022-00451-6

studies are scientists working in institutions of higher learning, medical practitioners working in referral hospitals and postgraduate students in universities[51]. The dissemination of these researches at the national level is hardly done.

3.8.2 Overall Score for Indicator 8

The assessment results indicate that the national IYCF policy in the context of HIV to a large extent is aligned with the principles of the International Code of marketing of breastmilk substitutes as well as WHO/UNICEF Guideline Updates on HIV and infant feeding. Restrictions of replacement milk are ensured in the health care facilities standard operating procedures of prevention of mother to child transmission of HIV. Donation of infant formula in health facilities including those which provide HIV Care and Treatment is prohibited. Misinformation about HIV and infant feeding happens through new media platforms. The overall score for this indicator is **9.0**

Scores	*Colour-coding*	*Assessment Assigned Score*
0 – 3.5	Red	Score 9
4 – 6.5	Yellow	
7 – 9	Blue	
> 9	Green	

3.8.3 Gaps in Delivery of Accurate and Unbiased Information Support

1. Inadequate researches and dissemination of research findings on general IYCF and Infant feeding in the context of HIV.
2. Inadequate male involvement in Reproductive and Child Health issues.
3. Inadequate adherence to the ART and other recommended practices

3.8.4 Recommended Actions to Strengthen Accurate and Unbiased Information Support

1. Engagement of universities and research institutions to conduct research on IYCF and HIV.
2. Research Institutions to come up with resource mobilization mechanisms for undertaking researches on IYCF and HIV
3. Strengthen platform and modalities for sharing and dissemination of research findings on general IYCF and Infant feeding in the context of HIV.
4. Advocacy and sensitization on meaningful involvement of men in RCH matters to ensure their engagement and support to their spouse to enhance adherence to the ART and other recommended practices

[51] Rasheed MH, Philemon R, Kinabo GD, Maxym M, Shayo AM, Mmbaga BT. Adherence to exclusive breastfeeding and associated factors in mothers of HIV-exposed infants receiving care at Kilimanjaro Christian Medical Centre, Tanzania. East Afr Med J. 2018;2(1):33–42. doi:10.24248/eahrj.v2i1.565.

3.9 Indicator 9: Infant and Young Child Feeding During Emergencies

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

Criteria for assessment	**√ Check that apply**	
9.1) The country has a comprehensive Policy/Strategy/ Guidance on infant and young child feeding during emergencies as per the global recommendations with measurable indicators.	**YES ❑ 2** √	NO ❑ 0
9.2) Person(s) tasked to coordinate and implement the above policy/strategy/guidance have been appointed at the national and sub national levels	**YES ❑ 2** √	NO ❑ 0
9.3) The health and nutrition emergency preparedness and response plan based on the global recommendation includes:		
1. Basic and technical interventions to create an enabling environment for breastfeeding, including counseling by appropriately skill trained counsellors, and support for re-lactation and wet-nursing.	**YES ❑ 0.5** √	NO ❑ 0
2. measures to protect, promote and support appropriate and safe complementary feeding practices	**YES ❑ 0.5** √	NO ❑ 0
3. measures to protect and support the non-breast-fed infants	**YES ❑ 0.5** √	NO ❑ 0
4. Safe spaces for IYCF counseling support services.	**YES ❑ 0.5** √	NO ❑ 0
5. Measures to minimize the risks of artificial feeding, including an endorsed Joint statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and minimize the risk of formula feeding, procurement management and use of any infant formula and BMS, in accordance with the global recommendations on emergencies	**YES ❑ 0.5** √	NO ❑ 0
6. Indicators and recording and reporting tools exist to closely monitor and evaluate the emergency response in the context of feeding of infants and young children.	YES ❑ 0.5	**NO ❑ 0**√
9.4) Adequate financial and human resources have been allocated for implementation of the emergency preparedness and response plan on IYCF	YES ❑ 2	**NO ❑ 0** √
9.5) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	YES ❑ 0.5	**NO ❑ 0** √
9.6) Orientation and training is taking place as per the national plan on emergency preparedness and response is aligned with the global recommendations (at the national and sub-national levels)	Yes ❑ 0.5	**NO ❑ 0**√
Total Score:	**6.5/10**	

3.9.1 Conclusions for Indicator 9

i. Guidelines for Management of IYCF During Emergencies

Management of disasters and emerging emergencies in Tanzania are guided by the National Disaster Management Policy of 2004[52] whereas the implementation of preparedness and mitigation actions is guided by the Tanzania Emergency Preparedness and Response Plan (TEPRP)[53]. The TERP provides comprehensive policy guidelines of multisectoral actions for management of emergencies. The TERP is under the review process, whereby comprehensive policy guidelines on nutrition and IYCF during emergencies have been incorporated.

In order to strengthen the general nutrition and IYCF emergency preparedness and response, the process is ongoing to develop Standard Operating Procedures for Delivery of Nutrition Services during Emergencies in Tanzania[54]. The draft Standard Operating Procedures covers all pertinent issues of IYCF in emergency preparedness and management including protection, promotion and supporting breastfeeding, support for re-lactation, measures to protect, promote and support appropriate and safe complementary feeding practices, compliance to the Code of Marketing of BMS, support to non-breast-fed infants, and how to minimize the risk of formula feeding.

ii. Coordination of Emergency and Disaster Preparedness and Response

The Disaster Management Act has set multisectoral platforms / committees at national, regional, council, ward and village levels responsible for coordination and implementation of the emergency preparedness and management policy[55]. The Prime Minister Office is the overall coordinator at national level. The National Disaster Management Department, which is under the Prime Minister's Office, is designated to be the national focal point for the coordination of disasters, risk reduction and management.

Integration of Nutrition and IYCF in the TERP is under the process, therefore monitoring of nutrition and IYCF, capacity building at the national and subnational level and resource allocation both human and financial for provision of nutrition and IYCF services in emergency situations will be covered once the process is accomplished.

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[52] United Republic of Tanzania. The National Disaster Management Policy. 2004. The Prime Minister's Office. CHAPTER ONE (sadc.int)

[53] The United Republic of Tanzania, 2012. Tanzania Emergency Preparedness and Response Plan (TEPRP). 2012. Prime Minister's Office, Disaster Management Department. (Pdf) The United Republic of Tanzania Prime Minister's Office Disaster Management Department Tanzania Emergency Preparedness and Response Plan (TEPRP | Rushubirwa Mboyerwa - Academia.edu

[54] United Republic of Tanzania, Ministry of Health, Community Development, Gender, Elderly and Children (2021). Standard Operating Procedures for Delivery of Nutrition Services during Emergencies in Tanzania. Tanzania Food and Nutrition Centre, Dar es Salaam. (Unpublished – Draft)

[55] United Republic of Tanzania (2015), The Disaster Management Act, 2015. No. 7.

3.9.2 Overall Score for Indicator 9

The assessment results indicate that Tanzania has a well-established policy and legal framework for the management of emergency preparedness and response. This is backed up with a well-established coordination infrastructure and mechanism right from the national to subnational, council and community levels. Despite these strengths, the integration of nutrition component into the TERP is yet to be finalized although key guidelines and Standard Operating Procedures (SOPs) for the implementers at all levels have been developed. In view of these findings the overall score for this indicator is **6.5**.

Scores	*Colour-coding*	*Assessment Assigned Score*
0 – 3.5	Red	Score 6.5
4 – 6.5	Yellow	
7 – 9	Blue	
> 9	Green	

3.9.3 Gaps in implementation of Infant and Young Child Feeding Action in Emergencies

1. The reviewed TERP where the Nutrition and IYCF components have been integrated is still in draft form, thus its implementation is not adequately addressing IYCF.

3.9.4 Recommended Actions to Strengthen Infant and Young Child Feeding Action in Emergencies

1. Fast track integration of nutrition in the TERP, finalization and endorsement of the Standard Operating Procedures for Delivery of Nutrition and IYCF Services at all levels during Emergencies.

3.10 Indicator 10: Monitoring and Evaluation

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

Criteria for assessment	**√ Check that apply**	
10.1) Monitoring and evaluation of the IYCF programmes or activities (national and sub national levels) include IYCF indicators (early breastfeeding within an hour, exclusive breastfeeding 0-6 months, continued breastfeeding, complementary feeding and adequacy of complementary feeding)	**YES** ❑ **2** √	NO ❑ 0
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investment decisions.	**YES** ❑ **1**√	NO ❑ 0
10.3) Data on progress made in implementing IYCF programme and activities are routinely or periodically collected at the sub national and national levels.	**YES** ❑ **3** √	NO ❑ 0
10.4) Data/information related to IYCF programme progress are reported to key decision-makers.	**YES** ❑ **1**	NO ❑ 0√

10.5) Infant and young child feeding practices data is generated at least annually by the national health and nutrition surveillance system, and/or health information system.	**YES** ❑ **3√**	NO ❑ 0
Total Score	**9/10**	

NOTE: 10.3 to 10.5 Data are from DHIS2 as the primary data capturing system which is linked with the IMES (secondary information management system)

3.10.1 Conclusions for Indicator 10

i. Inclusion of IYCF in Information Management Systems

Key IYCF indicators are included in the tools and systems for monitoring and evaluation of nutrition services at national and subnational levels. The IYCF indicators are accommodated in the Multisectoral Nutrition Information System (MNIS) which pulls nutrition data from various sectors, the Integrated Monitoring and Evaluation System[56] (IMES) and the Tanzania Health Management System (HIMS) through the District Health Information Software (DHIS2) which collect nutrition data generated by the health system. Amongst the key IYCF indicators that are collected are early breastfeeding within an hour, exclusive breastfeeding 0-6 months, continued breastfeeding, timing of the introduction of complementary feeding, dietary diversity, age-appropriate frequency of feeding in a day and the minimum acceptable diet[57]. IYCF indicators are also captured in the national representative surveys particularly the Tanzania Demographic and Health Survey – Malaria Indicator Survey and Tanzania National Nutrition Surveys.

ii. Use of IYCF Evidence in Planning and Decision Making

Data and information on progress made in implementing the IYCF programme in Tanzania are used to develop a national plan of action for nutrition. Data related to IYCF program progress are collected and consolidated at various levels and reported to key decision-makers at national and subnational levels for decision making including informing plans and budgets. There are quarterly, biannually and annually progress consolidation and sharing/ reporting.

[56] INTEGRATED MONITORING AND EVALUATION SYSTEM (iMES) (https://imes.tamisemi.go.tz/dhis-web-commons/security/login.action?failed=true)

[57] Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) [Tanzania Mainland]. Ministry of Health (MoH) [Zanzibar], National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and ICF (2016). Tanzania demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015-16. Dar es salaam, Tanzania and Rockville, Maryland, USA: MoHCDGEC, MoH, NBS, OCGS,and ICF

3.10.2 Overall Score for Indicator 10

The assessment results indicate that Tanzania has a well-established information management system which collects data on IYCF. The information management systems of various sectors (agriculture, fishery and livestock, health, education etc.) are well integrated. The data on the progress and performance of IYCF indicators are used by program managers to guide planning and investment decisions. In addition, the data on IYCF program progress is used to inform policy and decision makers, through various platforms at national and sub-national levels. Despite these strengths, the need is recognized to improve the quality of routine IYCF monitoring data that are emanating from health facilities and communities. In view of these findings the overall score allotted for this indicator is **9.0**:

Scores	*Colour-coding*	*Assessment Assigned Score*
0 – 3.5	Red	Score 9
4 – 6.5	Yellow	
7 – 9	Blue	
> 9	Green	

3.10.3 Gaps in IYCF Monitoring and Evaluation System

1. Major challenge as far as monitoring and evaluation of IYCF indicators is concerned, is the low quality of routine data from health facilities and communities. Sometimes there is incompleteness of data recorded, inadequate human resources and working /data collection tools

3.10.4 Recommended Actions to Strengthen IYCF Monitoring and Evaluation System

1. Promote data quality improvement actions in health facilities and communities including use of digital devices to simplify data collection and aggregation. Routine/regular Data quality assessment/supervision need to be strengthened to improve IYCF data quality at all levels

PART II
IYCF PRACTICES

4.1 Indicator 11: Initiation of Breastfeeding (within 1 hour)

Key question: *What is the percentage of newborn babies breastfed within one hour of birth?* ***53.5%***[58]

	Key to rating adapted from WHO tool	*Percentage*	*Colour-rating*
Indicator 11: Initiation of Breastfeeding (within 1 hour)	0.1-29%		**Red**
	29.1-49%		**Yellow**
	49.1-89%	**53.5**	**Blue**
	89.1-100%		**Green**

Causes of delayed initiation of breastfeeding are multifaceted, including health care worker practices, high client load, traditional norms and belief such as the use of prelacteal feeds, children born with disabilities (such as cleft palate/lips and cerebral palsy. Available data show that about 14 percent of children 0-23 are given prelacteal feeds[59].

4.2 Indicator 12: Exclusive Breastfeeding under 6 months

Key question: *What is the percentage of infants less than 6 months of age who were exclusively breastfed*[60] *in the last 24 hours?* ***57.8%***[61]

	Key to rating adapted from WHO tool	*Percentage*	*Colour-rating*
Indicator 12: Exclusive Breastfeeding under 6 months	0.1-11%		**Red**
	11.1-49%		**Yellow**
	49.1-89%	**57.8**	**Blue**
	89.1-100%		**Green**

Contributing factors for early introduction of solid foods, semi-solid foods and other liquids to infants less than 6 months of age include insufficient community support for exclusive breastfeeding, heavy workload, gender and traditional norms, inadequate maternity leave for women who are working in the formal and informal sector, especially in private firms.

[58] Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) [Tanzania Mainland], Ministry of Health (MoH) [Zanzibar], Tanzania Food and Nutrition Centre (TFNC), National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and UNICEF. 2018. Tanzania National Nutrition Survey (TNNS) 2018. Dar es Salaam, Tanzania: MoHCDGEC, MoH, TFNC NBS, OCGS, and UNICEF. www.tfnc.go.tz /uploads/files/Leaflet_Tanzania%20National%20Nutrition%20Survey%202018_Printed.pdf

[59] TDHS-MIS 2015-16

[60] 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)

[61] TDHS 2015-2016

4.3 Indicator 13: Median Duration of Breastfeeding

Key question: *Babies are breastfed for a median duration of how many months?*
20.1 months[62]

Indicator 13: Median Duration of Breastfeeding	*Key to rating adapted from WHO tool*	*Months*	*Colour-rating*
	0.1-18 **Months**		**Red**
	18.1-20 ”		**Yellow**
	20.1-22 ”	**20.1**	**Blue**
	22.1- 24 or beyond ”		**Green**

One of the factors for the Median duration of breastfeeding level to be below 22.1 is low rate of continued breastfeeding practice up to 2years or beyond as recommended. Available data shows that children who continued to be breastfed up to 2years is only 43 percent[66].

4.4 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?* ***4.1 %***[67]

Indicator 14: Bottle-feeding (0-12 months)[63]	*Key to rating adapted from WHO tool*	*Percentage*	*Colour-rating*
	29.1-100%		**Red**
	4.1-29%	**4.1**	**Yellow**
	2.1-4%		**Blue**
	0.1-2%		**Green**

Prevalence of bottle feeding as a national average seems to be low, however, it’s relatively high in sub populations such as urban areas and cities have an alarming prevalence of use of the bottle (e.g. Dar es Salaam 16 percent, Kilimanjaro 8 percent). Community practices are contributing to the use of bottle in urban areas (gifts packs for postpartum women include feeding bottles and gift cards that promote artificial feeding).

[62] TDHS 2015-2016
[63] Defined as Proportion of children 0–12 months of age who are fed with a bottle
[65] TDHS 2025-2016
[66] TNNS 2018
[67] TDHS 2015-2016

4.5 Indicator 15: Complementary feeding (6-8 months)

Key question: *Percentage of breastfed babies receiving complementary foods at 6-8 months of age?* ***92%***[65]

Indicator 15: Complementary Feeding (6-8 months)	*Key to rating adapted from WHO tool*	*Percentage*	*Colour-rating*
	0.1-59%		Red
	59.1-79%		Yellow
	79.1-94%	92	Blue
	94.1-100%		Green

NB: Defined as *Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods*

Tanzania is doing well in this indicator, however adequacy (quality and quantity) criteria of complementary feeding such as Minimum Acceptable Diet (MAD) is still low. Available data shows that only 30.3% of children aged 6-24 months meet these criteria[68].

Suboptimal complementary feeding practices in Tanzania are contributed by community perception that porridge is the only food suitable for children, belief that children are unable to eat foods of animal origin such as meat, fruits and vegetables, inadequate knowledge of parents and care takers on dietary diversification and preparation of complementary foods and women workload limiting their time to prepare food to feed their children.

OVERALL'S OF TSESSMENT

5.1 Summary Part I: IYCF Policies and Programs

Targets:	Score (Out of 10)
1. National Policy, Governance and Funding	4.5
2. Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding	2.5
3. Implementation of the International Code of Marketing of Breastmilk Substitutes	8
4. Maternity Protection	5
5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)	5.5
6. Counseling Services for the Pregnant and Breastfeeding Mothers	6
7. Accurate and Unbiased Information Support	8
8. Infant Feeding and HIV	9
9. Infant and Young Child Feeding during Emergencies	6.5
10. Monitoring and Evaluation	9
Total Country Score	**64**

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

Scores	Total Country Score	Colour-coding
0 – 30.9		Red
31 – 60.9		Yellow
61 – 90.9	**64**	Blue
91 – 100		Green

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

IYCF Practice	Result	Color-coding
Indicator 11: Initiation of Breastfeeding (within 1 hour)	53.5 %	
Indicator 12: Exclusive Breastfeeding under 6 months	57.8 %	
Indicator 13: Median Duration of Breastfeeding	20.1 months	
Indicator 14: Bottle-feeding (0-12 months)	4.1 %	
Indicator 15: Complementary feeding (6-8 months)	92%	

5.3 Comparison of 2018 and 2022 Results.

Indicator:	2018 Score	2022 Score
1. National Policy, Governance and Funding	8.5	4.5
2. Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding	3.0	2.5
3. Implementation of the International Code of Marketing of BMS	9.5	8
4. Maternity Protection	7.0	5
5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)	7.0	5.5
6. Counseling Services for the Pregnant and Breastfeeding Mothers	7.0	6
7. Accurate and Unbiased Information Support	9.0	8
8. Infant Feeding and HIV	8.5	9
9. Infant and Young Child Feeding during Emergencies	5.5	6.5
10. Monitoring and Evaluation	6.0	9
Total Country Score	71	64

5.4 Conclusion

The 2022 WBTi assessment results showed that the overall performance of IYCF policy and program in Tanzania remained in the blue zone, although the 2022 total score of 64 percent is slightly lower than 71 percent of 2018. The indicators which showed improved performance and associated factors include the following:

- **Infant and Young Child Feeding during Emergencies:** The current effort to mainstream nutrition and IYCF in the Tanzania Emergency Preparedness and Response Plan (TEPRP), development of nutrition plan of action for emergency preparedness and response and its respective Standard Operating Procedures (SOPs).
- **Monitoring and Evaluation:** The completion of integration of Information Management Systems of various sectors (including the Tanzania Health Management System / District Health Information Software2) into the Multisectoral Nutrition Information System as well as the Integrated Monitoring and Evaluation System. These integrated systems, pools nutrition data, including IYCF indicators and is accessible to authorized users at all levels.

Regardless of the fair performance of Indicators in both policies, programs and practices of IYCF there are issues that need strong attention. These include

- **National Policy, Governance and Funding:** The current transition from the former National Consultative Group on IYCF to MNAP II Thematic Working Groups which have a wider scope and mandate far beyond IYCF specific issues, timely disbursement of funds for IYCF activities at district level, and lack of regular orientation of IYCF coordination focal persons at national and subnational levels.

- **Baby Friendly Hospital Initiative / Ten Steps to Successful Breastfeeding:** Inactive system of assessment and accreditation in the period under review due to transitioning of BFHI modus operandi from the previous external assessor to the current integration of assessment process in the Quality Improvement system of the health sector. In addition, there are no clear roles and responsibilities for coordinators of BFHI at different levels.

- **Maternity Protection:** There is inadequate compliance, monitoring and enforcement of the maternity leave clause in the Employment and Labour Relations Act, especially in the private sector and inadequate forms of maternity protection for women in the informal sector. In addition, awareness of Maternity rights is low among employees and the general public.

- **Health and Nutrition Care Systems (in support of breastfeeding & IYCF):** Limited accessibility of in-service training programs for frontline workers who provide IYCF services and lack of funded in-service training program on IYCF in the areas with no NGOs support.

- Indicators of key IYCF practices largely remained the same during the period under review (2022 to 2018). Tanzania is doing fairly in Media duration of breastfeeding and complementary feeding. However, early initiations of breastfeeding EBF rate still low and bottle feeding practices have not decreased to meet the WHO recommendations. In addition, adequacy of complementary feeding (quality and quantity) criteria, especially Minimum Acceptable Diet (MAD) is still low, indicating that suboptimal complementary feeding practices in Tanzania need to be addressed.

5.5 Overall IYCF Policy and Program Implementation gaps

1. The mandatory allocation of 1000 TZS per under-five child in all Districts Councils (as compared to the World Bank recommended amount of $8.5) is not adequate to support comprehensively recommended high impact interventions.
2. Low and late disbursement of the allocated funds by the District Councils affects implementation of IYCF services.
3. Inadequate awareness regarding maternity protection among employees, employers, trade unions and administrative officers.

4. Inadequate enforcement, monitoring mechanism for maternity rights related laws and programs, both in public and private sector.
5. Slow pace of integration of BFHI in the Quality Improvement system

5.6 Overall Recommendations for Strengthening IYCF Policy and Program Implementation

1. Advocacy for gradual increase of the 1000 TZS allocated per child in District councils in order to reach the recommended amount per child as recommended by the World Bank.
2. Enforcement of timely disbursement of funds allocated for Child nutrition.
3. Strengthen maternity protection monitoring and enforcement system/mechanisms and awareness creation, targeting all stakeholders including women who are working in the formal and informal sectors.
4. Advocate for ratification of C 183-Maternity Protection Convention of 2000 together with other Conventions, which if ratified, would have greater impact on maternity protection and gender equality in the world of work. Such conventions are C189 - Domestic Workers Convention, 2011 and C190 - Violence and Harassment Convention, 2019, C156 - Workers with Family Responsibilities Convention, 1981 and C102 - Social Security (Minimum Standards) Convention, 1952 (No. 102).
5. Fast track the process of integration of BFHI/ Ten steps assessment and accreditation through the QI system.
6. Development of lactation management and BFHI implementation course to be used in Continuous Professional Development (CPD) programs for nurses, midwives, clinicians nutritionists and other health allied professionals.

Partners/Organizations who participated in the WBTi Assessment and Validation Workshop

1. IMA/USAID-PS3+,
2. PANITA,
3. COUNSENUTH,
4. TBS,
5. TFNC,
6. ILO,
7. UNICEF,
8. Muhimbili National Hospital,
9. Tumbi Regional Referral Hospital,
10. Ilala Regional Referral Hospital,
11. The University of Dodoma,
12. Action Against Hunger, 13. Nursing Council,
13. CUAMM,
11. Save the Children,
12. Nutrition International,
13. JJ Breastfeeding,
14. NUDEC,
15. World Vision ,
16. MOH-PMTCT- RCH,
17. PMO-DMD,
18. PO- RALG,
19. Dodoma Regional Secretariat.

ANNEXURE

Annex 1: List of Members of the WBTi Core Group/Assessment Team

No.	Name	Organization/ Ministry	Contacts
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Annex 2: List of Participants of the WBTi Validation Meeting on 30th August 2022 in Dodoma

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