

Policy brief

ON PRIORITIZING NUTRITION IN THE GLOBAL FINANCING FACILITY (GFF) PROGRAMMING IN TANZANIA.

1.0 Introduction

The Global Financing Facility (GFF) is a multi-stakeholder platform coordinated by ending preventable maternal, newborn, and child deaths and improving adolescent health. Since its launch, the GFF has provided both grants and concessional loans to support countries in strengthening their health systems and achieving measurable health outcomes.

In Tanzania, the GFF supports the implementation of the National Plan for Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition for 2021-2022 – 2025/2026 ("One Plan III"), which serves as the country's comprehensive strategy for maternal, newborn, child, and adolescent health (MNCAH), including nutrition interventions. The program focuses on improving the quality and coverage of primary health care (PHC) services, with a particular emphasis on maternal, neonatal, and child health (MNCH).

The total budget for Tanzania's One Plan III investment case is approximately USD 2.347 billion, of which 77% is expected from the Government of Tanzania. The World Bank through the Tanzania Maternal and Child Health Investment Program (TMCHIP) 2022-2027, provided USD 250 million credits in concessional loan and GFF co-financed with USD 25million in grants together with USD 8.54 million for Safer Birth Bundle of Care (SBBC) innovation to strengthen delivery of essential health and nutrition services for women, children and adolescents. By integrating investments in health systems, nutrition, and cross-sectoral interventions, the GFF represents a critical platform for achieving sustainable improvements in maternal and child health in Tanzania.

1.1 The Health and Economic Costs of Malnutrition and Micronutrient Deficiencies in Tanzania

The burden of malnutrition and micronutrient deficiencies remains substantial worldwide, particularly in developing countries. Globally, undernutrition is responsible for approximately

50% of deaths among children under five years of age. Micronutrient deficiencies (iron, iodine, vitamin A, and zinc), continue to affect more than 2 billion people. In Tanzania, Iron deficiency anemia affects approximately 59% of children aged 6–59 months and 41.5% of women aged 15–49 years. Similarly, deficiencies in iron, vitamin A, and zinc affect up to 58% of children under five years and about 45% of women of reproductive age

Beyond health consequences, multiple micronutrient deficiencies and child malnutrition are estimated to result in economic losses equivalent to Tsh 3.47 trillion each year, equivalent to roughly 2% of the national GDP, due to reduced workforce productivity, higher healthcare expenditures and diminished human capital development

Despite ongoing interventions including supplementation programmes, food fortification initiatives, and nutrition education campaigns, critical gaps remain in ensuring adequate micronutrient intake across vulnerable population groups, particularly among women of reproductive age, infants, and young children.

1.2 The Case for Locally Available, Nutrient-Rich Food-Based Solutions

Against this backdrop, there is growing evidence that locally available, nutrient-dense food-based solutions offer a practical, cost-effective, and culturally appropriate pathway to addressing micronutrient deficiencies in Tanzania. Plants such as Seamoss (*Chondrus crispus*) and Moringa oleifera are indigenous and widely cultivated across sub-Saharan Africa and are rich in essential micronutrients, including vitamin A, iron, zinc, folate, and calcium — the very nutrients in which Tanzanian women and children are most deficient

Formulations such as SeamossPlus, a multiple micronutrient supplement derived from local natural food sources, demonstrate that a single food-based product can deliver a broad spectrum of essential nutrients simultaneously. This multi-nutrient delivery model mirrors the approach of Multiple Micronutrient Supplementation (MMS), whereby a single product delivers a broad range of essential vitamins and minerals simultaneously. WHO recognizes MMS containing up to 15 vitamins and minerals, including iron, folic acid, zinc, and vitamin A, as an effective antenatal nutrition intervention in populations affected by micronutrient deficiencies

The integration of these food-based solutions into national nutrition programmes is consistent with Tanzania Development Vision 2050, which recognizes human capital development as a cornerstone of the country's long-term social and economic transformation. By addressing micronutrient deficiencies and improving nutrition outcomes among women, children, and adolescents, such interventions contribute directly to the development of a healthier, more productive, and resilient population and also offering a compelling opportunity to bridge the gap of supplementation-dependent approaches. Therefore, harnessing locally available

2.0 Purpose of the Brief

This policy brief examines the extent to which nutrition is currently prioritized within Global Financing Facility (GFF) programming in Tanzania, particularly through the Tanzania Maternal and Child Health Investment Program (TMCHIP). It also provides recommendations to strengthen the positioning of nutrition within future GFF programming, with the aim of increasing its prioritization, mobilizing greater financial resources, and supporting interventions with a higher potential to address the country's persistent burden of multiple micronutrient deficiencies among women, adolescents, and children.

3.0 Positioning of Nutrition in the GFF

Nutrition related interventions are summarized in the table below:

Key Results Area	Disbursement Linked Indicators	Responsible Entity	Disbursement Frequency	USD, millions
Maternal and child health services	DLI1. Improved annual delivery of maternal and child health services by the LGAs as measured by average LGA scorecard	MoH, PORALG, LGAs	Annual	IDA: 70 GFF: 20
	DLI 2. Improved annual performance of MoH, PORALG and RHMTs in supporting the LGAs to deliver PHC services	MoH, PORALG and RHMT's	Annual	IDA: 10

Table 1.0: Summary of Disbursement Linked Indicators for KRA 1

The assessment of indicator performance is conducted annually using a composite scorecard comprising ten criteria, six of which measure RMNCAH-N service delivery and four that assess health systems strengthening. However, only two of these indicators are directly related to nutrition. This limited focus reduces the visibility and prioritization of nutrition within the broader RMNCAH-N agenda, as performance-based incentives are not sufficiently linked to nutrition outcomes. Consequently, nutrition interventions may receive less attention, investment, and accountability, potentially slowing progress in addressing malnutrition and multiple micronutrient deficiencies and their adverse effects on maternal and child health.

LGA Scorecard	
6 quantity indicators	1 4+ antenatal care visits (ANC4)
	2 Mothers receiving 2 doses of IPT during pregnancy
	3 Institutional deliveries
	4 Modern family planning use
	5 Pregnant women receiving Iron and Folate tablets
	6 Vitamin A supplementation (children aged 12-59 months)
6 quality indicators	7 PHC facilities with “3 stars” rating or higher
	8 PHC facilities with at least one skilled staff
	9 Availability of 10 tracer medicines
	10 LGAs with functional Council Health Service Boards
	11 Completeness of quarterly DHIS 2 entry by LGA
	12 Percentage of LGAs with unqualified opinion in the external audit report

Fig 2.0: LGA Score Card Indicators under GFF PforR program

4.0 Policy Recommendations

To ensure that nutrition is adequately prioritized and effectively implemented in the upcoming GFF-supported RMNCAH-N program, the following recommendations are put forward:

1. Establish a Standalone Key Result Area for Nutrition with Clearly Defined Activities and Disbursement-Linked Indicators

Nutrition should be elevated into a dedicated and standalone KRA within GFF-supported programs, with clearly defined interventions and corresponding Disbursement-Linked Indicators (DLIs). This

will ensure stronger prioritization, clearer accountability, and more systematic tracking of nutrition outcomes.(Table 2.0 highlight Proposed Nutrition Key Result Area, Strategic Intervention and Disbursement Linked Indicators for Future GFF Programming)

2. Ring-Fence Financing and Strengthen Accountability for Nutrition Interventions

Dedicated funding should be earmarked for nutrition interventions to prevent under-allocation and re-allocation of resources. This should be complemented by strengthened accountability mechanisms to ensure that allocated funds are effectively utilized and translate into measurable nutrition outcomes.

3. Finance and Scale Locally Produced, Food-Based Nutritional Solutions

The GFF investment case should explicitly include financing for the research, development, and scale-up of locally available, nutrient-dense food-based solutions, such as Moringa *oleifera* and Seamoss (*Chondrus crispus*). Investing in locally produced nutritional solutions will reduce Tanzania's dependence on imported supplements, lower the cost of nutrition interventions, support smallholder farmers and local enterprises, and strengthen the country's long-term nutritional sovereignty.

The next GFF-supported RMNCAH-N programme should strengthen and expand Tanzania's national food fortification programme as a cost-effective strategy for reducing micronutrient deficiencies among women, adolescents, and children. This should include support for improving compliance with mandatory fortification standards for staple foods such as maize flour, wheat flour, edible oil, and salt, strengthening quality assurance and regulatory monitoring systems, and expanding the reach of fortified foods to underserved populations.

4. Strengthen and Scale Up National Food Fortification Initiatives

Table 2.0: Proposed Nutrition Key Result Area, Strategic Intervention and Disbursement Linked Indicators for Future GFF Programming.

Proposed Key Result Area (KRA)	Proposed Strategic Intervention	Proposed Disbursement Linked Indicator (DLI)
Nutrition Service Delivery	Expand the delivery of essential evidence based nutrition interventions for women, adolescents and children.	DLI 1: Improved annual delivery of quality nutrition services by Local Government Authorities (LGAs) as measured by the LGA Scorecard.
	Promote research, local production, procurement, and scale-up of nutrient-rich food-based supplements.	DLI 2: Improved annual availability and utilization of locally produced nutrient-rich food-based supplements among women, adolescents, and children.

Strengthen the production, regulation, quality assurance, distribution, and consumption of fortified foods.

DLI 3: Improved annual access to and utilization of quality fortified foods among women, adolescents, and children.

References

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