



ORGANIZATIONAL CAPACITY STATEMENT

Partnership for Nutrition in Tanzania (PANITA)

Health • Nutrition • Early Childhood Care and Development

250+

Member CSOs

2010

Established

20

Projects delivered

Tanzania's SUN Civil Society Alliance

September 2026

1 ABOUT PANITA

The Partnership for Nutrition in Tanzania (PANITA) is a Civil Society Alliance of over 250 local and international organizations, dedicated to building the political and public will, commitment and support needed to end malnutrition in Tanzania. Since 2010 PANITA has worked to improve the nutrition, early childhood development and health status of Tanzanians through advocacy, system strengthening at all levels, governance and accountability, coordination, capacity building, and direct community programming.

PANITA was established in 2010 and registered as an independent organization in 2013 with technical and financial support from Irish Aid, UNICEF and Save the Children. Our members deliver nutrition-specific and nutrition-sensitive interventions across Health, ECD, Agriculture, Education, Community Development, Gender, HIV/AIDS, WASH, Livestock and Fisheries, and Social Protection.

1.1 Objectives

- Maintain a vibrant civil society platform across all nutrition-relevant sectors for policy advocacy, dialogue and information exchange.
- Build the capacity of CSOs and other stakeholders to engage in quality service delivery, planning and policy processes.
- Advocate for greater prioritization of nutrition and ECD in development plans and budgets, from community to national level.
- Implement programmes and research with members and partners in nutrition, health (reproductive, maternal, child and adolescent), ECD, WASH, gender, nutrition-sensitive agriculture and social protection.

1.2 Standing in National and Global Platforms

PANITA represents civil society in the High-Level Steering Committee for Nutrition (HLSCN), the Joint Multisectoral Nutrition Annual Review (JMNR), the Technical Working Group for Nutrition and the Development Partners Group on Nutrition (DPG-N). At the sub-national level, members sit on Regional and Council Multi-Sectoral Nutrition Steering Committees. Globally, the SUN Civil Society Network Secretariat has recognized PANITA as a learning model for growth and sustainability among Civil Society Alliances.

2 RELEVANT TECHNICAL EXPERIENCE

2.1 Early Childhood Care and Development (ECCD)

PANITA designs and implements comprehensive ECD programmes at scale, aligned with the National Multisectoral Early Childhood Development Programme (NM-ECDP), NMNAP I and II, and the WHO/UNICEF Nurturing Care Framework. Our approaches cover all five nurturing care domains: good health, adequate nutrition, responsive caregiving, security and safety, and early learning.

Good health Domain 1	Adequate nutrition Domain 2	Responsive caregiving Domain 3	Security & safety Domain 4	Early learning Domain 5
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- **Nurturing care at community level:** support groups, household visits, early stimulation and play sessions, and developmental milestone tracking integrated into growth monitoring.

- **ECD hubs:** community-anchored hubs that coordinate service delivery, referrals and local governance.
- **Community modelling for behaviour change:** trained facilitators and ECD Champions who spread positive caregiving practices through demonstrations and peer learning.
- **Gender-transformative programming:** father engagement and men's and women's peer groups, informed by gender assessments on couple communication, workload sharing and household food distribution.
- **Policy translation:** operationalizing the NM-ECDP at district and community levels, and integrating ECD modules into the national MIYCAN training curriculum for frontline health workers.

2.2 Nutrition

- Maternal, infant and young child nutrition (MIYCAN/IYCF) counselling through community support groups using the Mkoba wa Siku 1,000 (1,000 Days) kit.
- Village Health and Nutrition Days (VHNDs): screening, growth monitoring, cooking demonstrations and supplementation.
- Household food security and dietary diversity through homestead food production, and demand creation for fortified foods and diverse diets (school meals with GAIN/Sanku).
- Anaemia prevention and Multiple Micronutrient Supplementation (MMS) scale-up advocacy and technical assistance (PINNS 3.0).
- Consumer awareness on healthy diets and food safety (Amplifying Consumer Voices with BBC Media Action).

2.3 Health

- Training health providers in MIYCAN, ECD and the Baby-Friendly Hospital Initiative, and strengthening primary health facilities to deliver integrated MIYCAN services, developmental screening and management of acute malnutrition.
- Training and supporting Community Health Workers (CHWs) to deliver integrated nutrition, early stimulation and responsive care guidance.
- Community mobilization on Reproductive, Maternal, Newborn and Child Health (RMNCH), WASH and HIV/AIDS through member CSOs.
- Integration of nutrition and ECD into Council Comprehensive Health Plans (CCHP) and Medium-Term Expenditure Frameworks (MTEF).

2.4 Systems Strengthening, Planning and Coordination

- Strengthening Regional Secretariats and LGAs to run Regional and Council Multi-Sectoral Nutrition Steering Committees (R/CMSCN) according to their Terms of Reference, and cascading these to Ward and Village levels.
- Building LGA capacity in PLANREP (Planning, Budgeting and Reporting), multi-sectoral planning, pre-budget scrutiny and supportive supervision.
- Contributing to national frameworks: NMNAP I (2016–2021), NMNAP II (2021–2026), NM-ECDP (2021–2026), the R/CMSCN Terms of Reference and supportive supervision guidelines.
- Engaging the private sector, including GAIN and Sanku, to mobilize additional resources for nutrition.

2.5 Data, Scorecards and Accountability

- Strengthening community information systems through training and mentoring WEOs, VEOs and CHWs on data tools, collection and reporting from village to council level.
- Training district nutrition officers and HMIS focal persons on the Multisectoral Nutrition Information System (MNIS), with PO-RALG, and improving its data elements.
- Digitizing the Integrated Monitoring and Evaluation System (iMES) and cascading it to Ward and Village levels.
- Using Nutrition Compact scorecards, community scorecards, budget statistics and HMIS data to track allocations and spending and to drive accountability.

2.6 Advocacy, SBCC and Media

- Parliamentary engagement through the Parliamentary Group on Nutrition, Food Security and Child Rights (PGNFSCR) and 35 MPs designated as Nutrition Champions.
- Sub-national advocacy with regional and district leaders to raise political commitment and the functionality of steering committees.
- Gender-transformative SBCC through interpersonal counselling, peer groups, community theatre, radio and mass media.
- A media arm and the "Lishe News" newsletter, with training for journalists on nutrition and ECD reporting.

2.7 Capacity Building

PANITA builds the capacity of the full chain of actors who deliver and sustain services. These include CSOs and volunteers, CHWs, health providers, local leaders, council planning and finance officers, parliamentarians, religious leaders and journalists. It also covers caregivers themselves, through facilitators and ECD Champions.

3 OPERATIONAL PRESENCE AND GEOGRAPHIC COVERAGE

3.1 Where PANITA Operates and Has Implementation Experience

Through its member network PANITA has national reach, and members are active at community level in rural areas across the country. Direct project implementation has covered the regions below.

Region	Projects (period)
Dodoma	USAID Lishe Endelevu (consortium led by Save the Children) 2018–2022 PANITA led coordination strengthening, rolling out CMSCN Terms of Reference, training trainers, orienting ward and village leaders, and providing supportive supervision to councils and CSOs. The project covered all councils.
	Boresha Lishe Project (Funded by the European Commission and implemented by WFP and Save the Children) 2017 - 2021 The project aimed to reduce stunting in children under five in Dodoma and Singida by 2021. PANITA's role in the Boresha Lishe project in Dodoma was to lead efforts ensuring the sustainability of project gains, particularly under Expected Result 3. This involved: Strengthening data management capacity at Local Government Authorities (LGAs): and enhancing multisectoral collaboration and coordination among stakeholders. ■ PANITA Pooled Fund (2019–20)

Region	Projects (period)
	- Advocacy for ENRICH Sustainability (2019–20) - National advocacy (ongoing)
Singida	Advocacy for ENRICH Sustainability (2019–20)
Morogoro	Lishe Endelevu (2018–22); District Nutrition Scorecard pilot (2016)
Iringa	Lishe Endelevu (2018–22)
Njombe	Sub-national Advocacy (2015–17); USAID Lishe (2023–25); Amplifying Consumer Voices, Makete (ongoing)
Mbeya, Ruvuma	Sub-national Advocacy (2015–17)
Songwe	USAID Lishe (2023–25)
Rukwa	Lishe Endelevu (2018–22); Sub-national Advocacy (2015–17); Replication Geographies (2018–20); Accountable DNSCs, Kalambo (2017); USAID Lishe (2023–25)
Katavi	Sub-national Advocacy (2015–17); Replication Geographies (2018–20); Pooled Fund (2019–20); USAID Lishe (2023–25)
Kigoma	ASTUTE (2016–20); District Nutrition Scorecard pilot (2016); USAID Lishe (2023–25)
Mwanza	ASTUTE (2016–20); AMKA, (2019–21)
Shinyanga	ASTUTE (2016–20); Advocacy for ENRICH Sustainability (2019–20)
Geita	ASTUTE (2016–20)
Kagera	ASTUTE (2016–20); Enhancing Healthy Diets, Bukoba MC/DC and Muleba DC (2023–24)
Simiyu	AMKA, Itilima (2019–21)
Kilimanjaro	Amplifying Consumer Voices, Moshi (ongoing)
Mtwara	Amplifying Consumer Voices, Newala (ongoing)
Pemba	Amplifying Consumer Voices (ongoing)
All regions	ReMAC, Engage Plus, SuPreM, PLANCORD, Evidence-based Policy, PINNS 3.0 (2025–28)

4 KEY PROJECTS AND RESULTS

4.1 Flagship Health, Nutrition and ECCD Programmes

USAID Lishe Endelevu (Sustainable Nutrition) | 2018–2022 | Dodoma, Morogoro, Iringa, Rukwa

A USAID-funded consortium (Save the Children lead, with Deloitte, PANITA, AAPH and the Manoff Group) to improve the nutrition of women, children and adolescent girls. The programme targeted 1.5 million women of reproductive age, 1.1 million children under five and 330,000 adolescent girls. PANITA led the coordination and capacity-strengthening component with LGAs and CSOs.

182

VHNDs held

54,436

people reached at VHNDs

1,601

local leaders oriented

508

wards covered

- **182 VHNDs** delivering screening, growth monitoring, cooking demonstrations and supplements to **54,436 people**.
- **1,601 local leaders** oriented across **508 wards** who committed to putting nutrition and ECD on Ward Development Committee agendas.

ASTUTE: Addressing Stunting in Tanzania Early | 2016–2020 | Kigoma, Shinyanga, Geita, Kagera, Mwanza

A DFID-funded consortium (IMA World Health, PANITA, Cornell University and Development Media International) to reduce stunting and improve ECD in the first 1,000 days. PANITA developed CSO Terms of Reference, selected and assessed partner CSOs, built their capacity, supervised delivery and monitored performance.

410,678 beneficiaries reached	624 CSO volunteers trained	100% session execution (80% target)	51% → 69% father engagement
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- **410,678 beneficiaries** reached through ECD integrated into a large-scale stunting reduction programme.
- **624 CSO volunteers across 50 partner CSOs** trained and mentored to run support groups and household visits. Partner CSOs achieved **100%** execution of quarterly behaviour-change sessions, against an 80% benchmark.
- Father engagement in caregiving rose from **51% to 69%**, and overall stimulation practices improved from **42.3% to 57.5%**.

ECD stimulation activity (ASTUTE)	Baseline	Endline
Talking to child while feeding	89.6%	94.7%
Singing songs to child	72.0%	89.6%
Naming objects and surroundings	57.7%	77.2%
Counting objects with child	26.3%	38.6%
Drawing / scribbling with child	13.2%	24.5%

USAID Lishe Project | Aug 2023 – Jan 2025 | Kigoma, Katavi, Rukwa, Songwe, Njombe

A multi-sectoral USAID programme on maternal and child nutrition. PANITA led Intermediate Result 4, which increased council capacity to use data, plan, budget and deliver quality nutrition services.

- Integrated nutrition interventions into CCHPs and MTEFs, and supported regional nutrition officers in pre-budget scrutiny.
- Trained district nutrition officers and HMIS focal persons on MNIS with PO-RALG, and improved the system's community data elements.
- Embedded early stimulation, responsive parenting and milestone tracking into routine growth monitoring, and strengthened facilities in developmental screening and management of acute malnutrition.
- Strengthened community ECD hubs and facilitators, and used scorecards and budget data to push for higher execution of nutrition budgets.

4.2 Policy, Financing and Systems Results

Achievements	Contributing projects
Nutrition included as a key component of the Five-Year Development Plan (2016–2020)	Engage Plus (Gates Foundation/NVF); ReMAC (Irish Aid); Evidence-based Policy (IDS/DFID)
Government commitment of USD 115 million for the NMNAP at the 2016 World Bank Human Capital Summit, the first commitment of this size	Engage Plus (Gates Foundation/NVF)
Directive for each council to budget TZS 1,000 per child under five for nutrition, and for each Regional Secretariat to budget TZS 10 million per council	Engage Plus; ReMAC
Parliamentary approval of TZS 16.2 billion for nutrition interventions (FY 2023/24)	Sustained parliamentary budget advocacy, including the PANITA Pooled Fund (SUN/UNOPS)
35 MPs designated as Nutrition Champions, and nutrition included in all major parties' 2015 election manifestos	Working Together for Better Nutrition (Irish Aid); ReMAC; Evidence-based Policy (Hanci)
About 50% of PANITA-proposed indicators adopted into the national District Nutrition Scorecard	District Scorecard pilot, Kigoma and Morogoro (IDS)
CSO financial contribution to the national nutrition plan quantified for the first time	PLANCORD (UNICEF)
ECD and WASH modules integrated into the national MIYCAN curriculum	ASTUTE (DFID)
Performance contracts introduced for District Nutrition Steering Committees	Accountable DNSCs, Kalambo (SUN CSA Innovation Award)
Maternal and child health and nutrition made a standing agenda item of political and administrative organs	ENRICH Sustainability (Nutrition International); Sub-national Advocacy (GMT/CRS)

5 ORGANIZATIONAL CAPACITIES

5.1 Governance and Management

- Board of Directors providing oversight, and a full-time Secretariat managing programmes, finance, administration, M&E and communications.
- Zonal coordinators across 10 zones who link the Secretariat to member CSOs and to regional and council structures.
- Institutional systems strengthened under USAID (SuPREM) and Irish Aid (ReMAC, AMKA). These include financial management and compliance with defined policies and procedures, internal controls, a work plan and M&E plan with systematic data collection, and a membership database with e-filing.

5.2 Grants and Partnership Management

- Managed 19 projects for bilateral, multilateral, foundation and INGO funders, including USAID, FCDO (DFID), Irish Aid, the Gates Foundation, UNICEF, SUN Movement/UNOPS, Nutrition International, GAIN, Graça Machel Trust, CRS, IDS and BBC Media Action.

- Proven consortium partner alongside Save the Children, IMA World Health, Deloitte, Cornell University, Development Media International, the Manoff Group, AAPH, TCDC and CS-SUNN Nigeria.
- Experience in CSO sub-partner management, including drafting ToRs, competitive selection, capacity assessments, mentoring and supportive supervision (50 CSOs under ASTUTE).

5.3 Monitoring, Evaluation and Learning

- Results tracked against programme and ECD indicators using baseline and endline measurement, with routine data from HMIS, MNIS, iMES and scorecards.
- Findings used to adapt programmes (for example, the gender-responsive redesign of the Mkoba wa Siku 1,000 kit) and to inform advocacy.

5.4 Relationships with Government

- Working relationships with PO-RALG, sector ministries, Regional Secretariats and LGAs, and a seat in national coordination platforms (HLSCN, JMNR, TWG-Nutrition, DPG-N), which help programmes align with government systems and be sustained by them.

ANNEX: PROJECT REFERENCE LIST

S/n	Project	Funder	Implementation areas	Period
1	Working Together for Better Nutrition in Tanzania	Irish Aid (via Save the Children)	National	2012–2013
2	Strengthening Evidence-based Policy (Hanci)	DFID / IDS	National	2013–2015
3	Reducing Malnutrition through Advocacy and Coordination (ReMAC)	Irish Aid	National	2015–2018
4	Sub-national Advocacy Initiatives	Graça Machel Trust & CRS	Katavi, Rukwa, Mbeya, Njombe, Ruvuma	2015–2017
5	Support PANITA for Reduction of Hunger & Malnutrition (SuPREM)	USAID (US Alliance to End Hunger)	National	2016
6	Civil Society Engagement: Nutrition for Growth Advocacy (Engage Plus)	Gates Foundation / New Venture Fund	National	2016
7	Evidence-Based District Level Advocacy (District Scorecard pilot)	IDS	Kigoma, Morogoro	2016
8	Addressing Stunting in Tanzania Early (ASTUTE)	DFID	Kigoma, Shinyanga, Geita, Kagera, Mwanza	2016–2020
9	Accountable District Nutrition Steering Committees	SUN CSA Innovation Award	Kalambo DC (Rukwa)	2017
10	Boresha Lishe Project	European Commission (implemented by WFP and Save the Children)	Dodoma	2017–2021
11	Planning and Coordination for CSOs (PLANCORD)	UNICEF	National	2018
12	USAID Lishe Endelevu (Sustainable Nutrition)	USAID	Dodoma , Morogoro, Iringa, Rukwa	2018–2022
13	Strengthening Nutrition Advocacy in Replication Geographies	Graça Machel Trust	Rukwa, Katavi	2018–2020

S/n	Project	Funder	Implementation areas	Period
14	Sustainable Action and Advocacy to Reduce Malnutrition (AMKA)	Irish Aid	Misungwi (Mwanza), Itilima (Simiyu)	2019–2021
15	PANITA Pooled Fund	SUN Movement / UNOPS	Dodoma (national) , and Katavi	2019–2020
16	Advocacy for ENRICH Project Sustainability	Nutrition International	Shinyanga, Singida	2019–2020
17	Enhancing Healthy Diets in Schools and Communities	GAIN / Sanku	Bukoba MC, Bukoba DC, Muleba DC (Kagera)	2023–2024
18	USAID Lishe Project	USAID	Kigoma, Katavi, Rukwa, Songwe, Njombe	2023–2025
19	PINNS 3.0 (MMS scale-up and anaemia prevention)	Gates Foundation (via CS-SUNN Nigeria)	National; cross-country with Nigeria, Ethiopia, Kenya	2025–2028
20	Amplifying Consumer Voices in a Changing Food Environment	BBC Media Action	Moshi, Newala, Makete, Pemba	Ongoing

Partnership for Nutrition in Tanzania (PANITA)

Catalyst to end malnutrition in Tanzania

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