

RECEIPTS AND EXPENDITURES COVERING THE PERIOD 01 JANUARY 2025 TO 30 JUNE 2025

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S/N	Project Name	Name of the Stakeholder who render the fund	Funds Received (TZS)*	Expenditure (TZS)	Fund Purposes
1.	Reducing Nutrition-Related Noncommunicable Diseases in Adolescence and Youth: Interventions and Policies to Boost Nutrition Fluency and Diet Quality in Africa (ARISE-NUTRINT)	European Union (EU).	115,440,391.65	117,768,316.11	<ol style="list-style-type: none"> 1. Improve adolescent health surveillance by better understanding diets, nutrition, and physical activity-related risks of NCDs, as well as other important aspects of health and health behaviors among adolescents in seven countries in SSA (surveillance). 2. Co-design and paper prototype a context-appropriate adolescent nutrition fluency intervention (ANFI) in one country (Burkina Faso) and adapt for three further countries (Ethiopia, Tanzania and Uganda) in SSA (ANFI co-design). 3. Implement the ANFI in four countries (Burkina Faso, Ethiopia, Tanzania and Uganda) and evaluate its associated impact, performance and cost-effectiveness (ANFI evaluation).

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					4. Evaluate the impact, performance, and cost-effectiveness of sugar-sweetened beverage (SSB) tax in three countries (Ghana, Nigeria and South Africa) (SSB tax evaluation).
3.	Research Network for Design and Evaluation of Adolescent Health Interventions and Policies in Sub-Saharan Africa (DASH)	Deutsche Gesellschaft für Internationale Zusammenarbeit GIZ.	244,002,432.82	334,122,371.74	<ol style="list-style-type: none"> 1. Surveillance of health and health-related risks (Surveillance) 2. Evaluation of light-touch intervention (Light-touch evaluation) 3. Co-design of DASH interventions (Co-Design) 4. Evaluation of DASH interventions (Intervention evaluation) 5. Evaluation of population-level policies (Policy evaluation) 6. Transportability of DASH interventions and population-level policies (Transportability)
4.	Promoting Co-designed Sustainable health Interventions with Young Changemakers for Reduced Risk of Non-communicable Diseases: CHANGEMAKER	European Union (EU).	0	98,100,900.91	To implement and evaluate a sustainable health intervention program on health, nutrition, and environmental outcomes for the primary prevention of adolescent obesity and other related non-communicable diseases (NCDs) together with adolescents in three rapidly urbanizing cities in Tanzania.

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					<ol style="list-style-type: none"> 1. Coordinate the implementation of the co-designed intervention in urban settings. 2. Co-design, with adolescent changemakers and other key stakeholders, a multi-component, sustainable health intervention in each setting. 3. Determine the effects of the multi-component intervention focusing on health, nutrition, and environmental outcomes. 4. Define the uptake, causal mechanisms, and enabling factors of Changemaker. 5. Drive widespread uptake of project findings through policy efforts and youth advocacy across multiple sectors and settings.
5.	Meals, Education, and Gardens for In-School Adolescents (MEGA 2.0).	IZUMI Foundation through Harvard T. H. Chan School of Public Health.	63,587,186.37	36,754,276.66	<p>To pilot integrated school nutrition interventions including school meals, school gardens, and nutrition education for improving adolescent nutrition status, food security, and building sustainable skill sets.</p> <ol style="list-style-type: none"> 1. Participate in the development of instruments and standard operating

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					<p>procedures for effectiveness design and evaluation of the program.</p> <ol style="list-style-type: none"> 2. Perform Sensitization Meetings with the Government and community. 3. Establish and refine the school feeding, gardening, and nutrition education programs in intervention schools building on the preceding phase of the program. 4. Train Focal Teachers, Agricultural Extension Workers, and Project Staff to build their capacity for executing their responsibilities relevant to the implementation of the MEGA Program. 5. Enroll and conduct baseline, mid-study, and end-line evaluations per the approved protocol. 6. Participate in the data analysis and result dissemination of the MEGA Program.
6.	Global Health Ecosystem Catalytic Grant	Grand Challenges Canada.	140,864,257.85	18,404,606.51	Lead the Being Ecosystem Catalyst project in Tanzania, with a focus on improving national-level coordination and advocacy efforts among key stakeholders around the development, sustainable financing, and

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					<p>implementation of the new mental health strategic plan.</p> <ol style="list-style-type: none"> 1. Strengthen leadership, governance and coordination among key ecosystem stakeholders. 2. Improve planning, financing, and mobilization of resources. 3. Enhanced utilization of mental health information and innovation.
8.	Demonstrating Non-Inferiority of Lower Dose Calcium Supplementation During Pregnancy for Reducing Pre-eclampsia and Neonatal Outcomes.	Bill and Melinda Gates Foundation through Harvard T. H. Chan School of Public Health.	51,959,461.45	16,596,066.57	To generate causal evidence for decision-making on the potential non-inferiority of a lower dose of calcium in preventing preeclampsia and preterm birth and to understand the acceptability, uptake, and adherence to the WHO recommended 1500 mg calcium supplementation among pregnant women in Tanzania.
9.	Individually randomized trial of higher-dose iron (60 mg, 45 mg) compared to low dose iron (30 mg) in multiple micronutrient supplements in pregnancy on moderate and severe maternal anemia (MMS – MAP Study).	Bill and Melinda Gates Foundation through George Washington University.	392,303,838.02	243,697,630.91	To assess the effect of MMS containing 60 and 45 mg iron as compared to MMS that contains 30 mg of iron (standard MMS dose) on maternal anemia and other important maternal and infant health outcomes.

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10.	Initiative on the Future of Health and Economic Resiliency in Africa (FHERA).	Harvard T. H. Chan School of Public Health.	0	21,085,729.22	For convenings, analysis and stakeholder consultations on food systems and nutrition.
11.	Strengthening Precision Mental Health among Young People in Tanzania: A Mixed Methods Design Study (MAISHA).	The Health + Life Science Alliance Mannheim Heidelberg.	0	13,324,199.62	<ol style="list-style-type: none"> 1. Assess socio-cultural factors that influence emotion regulation to elucidate biopsychological mechanisms that affect wellbeing. 2. Determine accessibility, usability, desirability, and cross-country transferability of a hybrid mental health training. 3. Employ human-centered approaches to explore the needs of adolescents and co-design a hybrid mental health training.
12	Training Tanzanian Researchers for HIV/AIDS Implementation Science.	National Institutes of Health (NIH) through Harvard T. H. Chan School of Public Health.	0	30,712,530.53	For annual symposium preparation.
14.	Scaling Multiple Micronutrient Supplementation and Calcium in Tanzania via Government and Philanthropy.		3,615,168,060	33,984,088.13	To provide technical support to the Government of Tanzania towards creating a roadmap for scaling up MMS as part of the recommended maternal nutrition essential services delivered through the ANC. The roadmap will include revised policy and

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					guidelines, stakeholder analysis, monitoring and evaluation (M&E) framework, strengthened supply chain systems, as well as the costing and financing plans.
	Total		4,623,325,628.16	964,550,716.91	

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