Mentored District Nutrition Officers put training into practice

Nutrition policy and action: closing the gap

In Tanzania, there is strong national support to stop malnutrition. There is also support for many sectors to work on nutrition efforts together. However, it is a challenge to turn important nutrition policies into action at the district level.

District Nutrition Officers (DNuOs) play a vital role in coordinating across sectors. They work closely with community health workers to reach community members. Vital programs must reach rural areas where more than two out of three (70 percent) Tanzanians reside.

The government continues to transfer authority to the local levels where it is essential to strengthen governance and coordination. The government boosted district nutrition capacity by hiring DNuOs in 2011. DNuOs participated in a two-week national training program in 2015, led by the Tanzania Food and Nutrition Centre (TFNC). DNuOs require support to take advantage of the skills they learned during training. There is an opportunity to learn more about how to enhance their ability to work across sectors and reach those most in need. Mentoring is one way to help DNuOs build upon their training and strengthen their skills.

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Mentors enhanced DNuOs’ skills

Mentoring programmes can improve health expertise, professional relationships, work performance, and healthcare delivery. In Tanzania, the quality of local health services improved when frontline health officers received mentorship. As part of the Building Strong Nutrition Systems project, academic mentors supported DNuOs in two districts over one year. Mentors met with DNuOs monthly and provided advice, counsel, and encouragement. Mentors helped DNuOs access and better utilize the knowledge and resources needed to improve and grow in their roles. Mentorship included goal setting, finding gaps, problem solving, and creating strategies and action plans. Mentorship enhanced DNuOs’ ability to work across sectors and lead new activities that support improved nutrition.

Mentors and DNuOs focused on four key areas:

- **National guidance.** DNuOs increased understanding of national plans, terms of reference, and guidelines that support nutrition.
- **Resources.** DNuOs received TFNC resources and nutrition education materials. Mentors also provided case studies from other countries.
- **Mapping key stakeholders.** DNuOs conducted stakeholder mapping. This helped find existing community stakeholders who could be part of an expanded nutrition network.
- **Engagement workshops.** DNuOs held one-day workshops with community stakeholders to discuss malnutrition, multi-sectoral action, and priority areas for future collaboration.
Expanding the mentoring approach to other districts

Supportive supervision and engagement from the heads of different departments is key to a coordinated effort for nutrition. Yet professional demands on time and energy are a challenge. Mentorship can provide additional support to DNuOs who coordinate nutrition activities district wide. A group of mentors who are already present in the system need to be identified.

One approach could build better relationships between supervisors and DNuOs. In this case, mentors could include Regional Nutrition Officers (RNuOs), regional TFNC Representatives, or District Medical Officers (DMOs). Another approach could encourage more localized peer mentoring. In this case, DNuOs who have already been mentored would in turn mentor other DNuOs in their region.

DNuOs do not have their own workforce. One solution is to foster mentoring and skills building among DNuOs, nutrition focal points, extension officers, and trained Community Health Workers. Adding civil society and village-level workers can also help expand this workforce. This approach, called “mentoring circles”, has increased teamwork in other settings.

“Mentoring is a continuous process. If you want to change the mind or attitude of someone, it takes time. So for those who will receive this kind of mentorship, they should get an opportunity to take the knowledge to other DNuOs. This is the essence of the Scaling Up Nutrition Movement.”

[District Nutrition Officer]

DNuOs were enthusiastic about how they could mentor other DNuOs in their region. They would encourage DNuOs to partner with community organizations. For example, they would advise that DNuOs add key nutrition messages to agricultural activities. In turn, community organizations may have a platform to host a workshop for local multi-sectoral nutrition planning.

The conclusion—mentoring and support make a difference

DNuOs viewed mentoring in a positive way. They said it greatly improved their skills and provided support. DNuOs saw academic mentors as credible sources of knowledge and resources. However, both DNuOs and academic mentors had high workloads. This made it a challenge to plan visits and engage in new activities. Including mentorship responsibilities among government officers already in the system is one way to increase support of DNuOs.

After three mentoring visits, DNuOs reported improved:

- Nutrition knowledge
- Awareness of national and local nutrition plans
- Advocacy and problem-solving skills
- Self-confidence
- Capacity to do their job

Mentoring activities improved relationships between officers in different sectors. Activities also fostered a teamwork approach to nutrition planning. Moving forward, DNuOs are looking for support to make the most of new relationships as they plan nutrition activities.

Summary of key points:

- National response to malnutrition is strong. Yet, more can be done to understand the DNuOs’ capacity to lead multi-sectoral activities in their districts.
- Academics supported DNuOs in two districts over one year. The goal was to identify factors that help or hinder DNuOs’ skills.
- Mentored DNuOs took specific steps toward a teamwork approach. They held workshops for Council leaders and worked on stakeholder mapping of community organizations.
- Mentoring helped DNuOs strengthen core skills and build new relationships needed to plan and coordinate multi-sectoral nutrition activities.