“Aligned implementation across sectors achieves results far greater than what could have been achieved alone.” —The Tanzania National Multi-sectoral Nutrition Strategy

<table>
<thead>
<tr>
<th>Malnutrition</th>
<th>A Multi-sectoral Nutrition Approach</th>
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<tbody>
<tr>
<td>is caused by eating too little, too much, not eating the right foods, or the body’s inability to process nutrients because of illness.</td>
<td>addresses malnutrition by including nutrition goals and actions within multiple key sectors.</td>
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<tr>
<th>Nutrition Profile of Infants and Young Children in Tanzania</th>
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<tbody>
<tr>
<td>Low breastfeeding rates</td>
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<tr>
<td>Infant and young child feeding practices are a challenge. Babies under 6 months of age need breastmilk only—not water, other liquids or foods, which can cause illness.</td>
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<tr>
<td>41% of infants under 6 months are not exclusively breastfed</td>
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<tr>
<td>Too few meals per day</td>
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<tr>
<td>As a baby reaches 6 months of age, other kinds of foods are needed besides breastmilk. Foods should be prepared in a safe environment and offered several times a day.</td>
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<tr>
<td>60% of children 6 to 23 months do not receive enough food</td>
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<tr>
<td>Lack of diverse foods</td>
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<td>Eating a variety of quality foods is important for a healthy diet. There is often a gap between what foods are grown and available and what foods are needed to maintain health.</td>
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<tr>
<td>74% of children 6 to 23 months do not eat enough different kinds of food</td>
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<td>Reduced growth rate</td>
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<td>Stunting is caused by long-term lack of nutrients. Children who are stunted are too short for their age and also have differences in their brains that can affect the ability to learn, even as an adult.</td>
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<tr>
<td>34% of children under 5 years are stunted</td>
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</tbody>
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**Hidden Causes of Malnutrition**

Malnutrition is a complex issue. It is strongly affected by a child’s environment. While direct causes of malnutrition include lack of nutritious food and different diseases, there are several hidden causes, including:

- Poverty, lack of economic independence
- Inadequate access to education and resources
- Lack of safe water and sanitary environments
- Barriers to healthcare
- Lack of behavior change communication
- Political and social injustice

**Facilitating Factors for Good Nutrition**

甘 nutrition is a diverse challenge—if not addressed it can have lasting effects on individuals and whole societies
Scaling up Nutrition through a Multi-sectoral Approach

20% of stunting can be addressed by increasing the intake of nutritious food.

80% of stunting can be addressed by improving agriculture, infrastructure, education, water and sanitation, health care, and more.

Sectors not focused on nutrition can significantly reduce malnutrition through their actions. Sectors can:

- Strengthen nutrition focused goals; integrate a specific health concern (e.g., stunting) into relevant policies and activities.
- Improve targeting, timing, and duration of exposure to key programs; to enhance the nutritional benefits of the most vulnerable.
- Focus on women’s nutrition and empowerment; design programs to increase women’s decision-making power and autonomy.
- Use conditions to increase demand for program services; for example, cash transfer services can require utilization of nutrition counselling.

Multi-sectoral Nutrition Strategies: “How can my sector improve nutrition?”

**Agriculture**
Facilitate access to food storage technologies; provide guidance on anti-pest techniques; promote diversified cropping

**Education**
Expand school gardens; promote cooking/safe food storage demonstrations; use school feeding programs as a platform for nutrition education

**Livestock & Fisheries**
Increase use of community fish ponds and improved poultry pens; promote meat and egg consumption among children 6 to 24 months

**Community Development**
Mobilize men’s participation and provision of support to infant feeding; support programs that address teen pregnancy; mainstream nutrition education in women’s groups

**Water Sanitation & Hygiene**
Promote water treatment, education on hygiene practices, toilet use, and safe disposal of child faeces

**Health**
Deliver nutritional services and counselling through antenatal care, routine immunisation, and family planning

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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 and strategies 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.

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 key areas:

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

“Mentorship changed my attitude about nutrition issues because I realized I can start to plan myself by reviewing nutrition guidelines and national documents.”

[District Nutrition Officer]
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 in in-service training within the government system will benefit many officers including DNUOs.

After three mentoring visits, DNUOs reported improved:

- Nutrition knowledge and self-confidence
- Awareness of national and local nutrition plans
- Advocacy and problem-solving skills
- Capacity to partner with officers in other sectors

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.

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“Building Strong Nutrition Systems” Evidence-Based Brief

Mapping community stakeholders improves nutrition collaboration across sectors

Stakeholder mapping: A community approach to nutrition

Collaboration is key for different sectors to work together. It is important to assess the nutrition related activities of various sectors. One way to do this is through a process called “stakeholder mapping”. Mapping activities can help coordinate different actors around a common goal.

A “stakeholder” is an individual, group, or institution with a common interest. In this case, stakeholders are those who do work that already contribute to improving nutrition. They include individuals who work in health, education, agriculture, and other sectors. Community stakeholder mapping can help District Nutrition Officers (DNuOs) understand the complex causes of malnutrition and act on national multi-sectoral nutrition policies.

DNuOs conduct community mapping to:

- Build relationships with people in other sectors and advocate for mainstreaming nutrition priorities in their plans.
- Improve access to nutrition data and pool resources for a coordinated response to malnutrition.
- Support community work and strengthen partnerships with civil society.
- Identify local causes and locally acceptable solutions to address malnutrition.

In 2011, the Tanzania Food and Nutrition Centre (TFNC) worked on nutrition stakeholder mapping. TFNC mapped nutrition actions at the national level. They used a tool developed by Renewed Efforts Against Child Hunger and undernutrition (REACH). The goal was to find gaps and implementation challenges.

Academic mentors from the Building Strong Nutrition Systems project supported District Nutrition Officers (DNuOs) in two districts. With mentor support, DNuOs adapted the REACH tool and pilot tested the new tool to map stakeholders across their district. The tool aims to gather information and build joint efforts with stakeholders.

In each district, DNuOs:

1. Gained an overview of the nutrition-relevant workforce. They learned who is doing what and where.
2. Developed a plan to engage stakeholders and increase linkages. The plan suggests how to strengthen activities by adding nutrition content.

DNuOs learned about potential partners

The adapted mapping tool helped DNuOs gather key information. They learned about current stakeholders and relevant nutrition activities. For each activity, they asked about the target audience and methods for reaching the audience.

DNuOs conducted face-to-face interviews with stakeholders. DNuOs learned about nutrition activities like breastfeeding counselling. They also wanted to know about activities beyond the health sector. To do this, DNuOs asked, “Which activities of your organization might affect the growth, health, or food choices of mothers and young children?”

Mapping questions covered three thematic areas:

1. Successes and challenges in planning and delivering community programs and activities.
2. How different sectors work together to improve health or nutrition. If this doesn’t happen, the value of focusing on joint action.
3. New ways and underutilized approaches to enhance education and services that contribute to reducing malnutrition.
Stakeholder mapping uncovered challenges and new opportunities

DNuOs identified a few challenges and potential solutions. Districts aim to register all organizations in their district. Such a list can help DNuOs identify stakeholders. The district’s list contained many inactive organizations. Improving relationships and the registration process will help DNuOs better identify and work with stakeholders.

Interviewing stakeholders requires time and money. Conducting routine mapping would mean changes for human and financial resources. One solution is to establish a team of 2 to 3 individuals from different sectors. The team can pool resources and work together to map. This team might include the DNuO, nutrition focal points in other departments, ward level officers, or trained community health workers.

In addition, further adapting the mapping tool to include common nutrition goals and indicators important to other departments might create an opportunity for data collection that benefits everyone.

Potential plan to support stakeholders

DNuOs shared mapping results with council leaders. The results helped the DNuOs advocate for joint nutrition activities. Mapping helped DNuOs document and build upon a community-level nutrition workforce. Using the results, DNuOs led conversations on how to add nutrition to ongoing activities and improve partnerships across sectors. From the data, DNuOs developed a plan. This plan outlined potential ways to support and follow up with stakeholders who were most ready to work together.

Stakeholders were eager to collaborate

One of the most important things that DNuOs said they learned is that there are a number of community programs that can include nutrition education. One example is household gardening plot programs. DNuOs wanted to support stakeholders to include education on how vegetables can be stored and prepared to make them more nutritious.

Another example is cash crop programs. DNuOs found an opportunity to support these programs to include lessons on how fathers can use income to buy foods that are vital for pregnant women and young children.

Stakeholders were interested in working together. They wanted to learn which community organizations have similar activities. In addition, they wanted to know how to get more nutrition resources and support. Nearly all stakeholders felt their activities were relevant to nutrition. Some were interested in working with the DNuO to make their activities better.

Summary of key points:

► National response to malnutrition is strong. Yet district councils need guidance to put nutrition policies and guidelines into practice.
► Academic mentors worked with DNuOs in two districts. With mentor support, DNuOs did community stakeholder mapping. The goal was to assess key stakeholders and activities in different sectors.
► DNuOs interviewed stakeholders on their activities. They also asked them about opportunities and challenges they face in reaching their goals and working across sectors.
► DNuOs made a plan to support stakeholders across sectors to improve nutrition. The plan aims to help stakeholders add nutrition goals and activities to programs, monitor efforts, and expand programs that are working.

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Workshops reveal the meaning of ‘joint nutrition action’

National guidelines explain how different sectors can work together to improve nutrition. They offer examples of how partners from health, water, education, and other sectors can include nutrition in their existing activities. These tools help District Nutrition Officers (DNuOs) and Council members put guidance into action.

Teamwork across sectors is most efficient when key stakeholders have a clear purpose based on shared values and goals. They can work together to find common ground and take joint action to improve health. Multi-sectoral activities that impact nutrition are happening within districts. But these efforts can improve with support from local government.

One way to promote joint nutrition action is through existing Council Nutrition Steering Committees. These Committees meet quarterly and aim to coordinate a multi-sectoral response to nutrition challenges. There have been calls to strengthen Committee membership, terms of reference, and reporting.

Additionally, DNuOs can involve individuals across sectors who implement frontline activities. These individuals can improve their capacity by attending a workshop that uses participatory methods for learning.

Participatory methods increase teamwork

A participatory approach brings a group of people together to exchange knowledge and solve problems. Participatory methods can improve project management and strengthen partnerships. They can also lead to more effective dialogue and decision-making. In Tanzania, participatory learning methods boosted refresher trainings for facility-based staff.

As part of the Building Strong Nutrition Systems project, academic mentors supported DNuOs in two districts. They conducted a series of one-day engagement workshops for those responsible for joint nutrition efforts. DNuOs invited members of the multi-sectoral Council Nutrition Steering Committee and people from local organizations.

“Because of this workshop, I can now see the possibility of how people in the Education Department can work with the Water Department on nutrition issues within schools.”

[Workshop participant]

First, workshop facilitators led discussions about nutrition and development challenges in Tanzania. This provided a common understanding of key challenges and joint nutrition approaches. Participants then worked in both large and small groups to share knowledge and experiences. Participants from different sectors described their priorities. Everyone actively discussed challenges and new ways to work on nutrition activities across sectors.

Engagement Workshops, Objectives:

- Share knowledge and strengthen understanding of the linkages between nutrition and other sectors
- Increase visibility, motivation and buy-in for an effective district multi-sectoral nutrition system.
- Identify challenges and opportunities in current planning and implementation.
- Develop priority areas as a team aimed to increase collaboration across sectors.
District leaders shared ideas on how to improve coordination

Participants focused on the need to:

• Improve communication channels and clarify roles and responsibilities
• Create opportunities to review national policy guidelines as a team.
• Increase knowledge and skills of frontline workers for joint nutrition activities.
• Sensitize Committee members to better allocate resources and plan joint nutrition activities.

Engagement workshops allowed the heads of department and community leaders to discuss how sectors can better work together to support joint nutrition action.

During the workshops, DNUsOs identified motivated individuals and formed positive relationships. Participants saw the benefits of teamwork. They explored ways for all sectors to work with the DNuO to improve activities and plan programs that better serve the community.

Engagement Workshop, Outcomes:

- Discussed the purpose and importance of allotting time and resources to plan for nutrition
- Increased awareness of how to access and apply government guidelines and joint nutrition strategies
- Improved understanding of how sectors can add nutrition goals and activities into their current work
- Documentation of challenges to collaborating across sectors and identified priority areas to work on as a team

Continued efforts are needed to ensure DNUsOs have the support they need to improve nutrition. Participants said the workshops helped motivate them and raise their commitment to nutrition. Continuing to use participatory methods is one way to strengthen joint nutrition planning and a context specific action plan. DNUsOs can promote these participatory methods at the ward and village levels, where key programs take place.

“**We rarely are able to sit down together to discuss the health and development of our nation. This time has been invaluable to share challenges and successes and the way forward as far as nutrition is concerned.”**

[Workshop participant]

Summary of key points:

- National guidelines include helpful examples of how sectors can include nutrition in their activities.
- Academic mentors supported DNUsOs in two districts to lead one-day engagement workshops. They reviewed evidence and discussed ways for participants to support nutrition across sectors.
- Through workshops, DNUsOs increased awareness of the benefits of joint nutrition activities.
- Workshops provided an opportunity for councils to show their support for DNUsOs to overcome challenges to joint nutrition programs.

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