

# BUILDING A STRONG NUTRITION SYSTEM ACROSS SECTORS

A Manual for Strengthening District Capacity to Improve Multi-sectoral Nutrition Planning and Action



Tanzania Food and  
Nutrition Centre

# **BUILDING A STRONG NUTRITION SYSTEM ACROSS SECTORS**

## **A MANUAL FOR STRENGTHENING DISTRICT CAPACITY TO IMPROVE MULTI-SECTORAL NUTRITION PLANNING AND ACTION**

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## Acronyms

AAR	After-Action-Review
CHW	Community Health Worker
CSO	Civil Society Organization
DED	District Executive Director
DMO	District Medical Officer
DMNSC	District Multi-sectoral Nutrition Steering Committee
DNuO	District Nutrition Officer
DPLO	District Planning Officer
FAO	Food and Agriculture Organization of the United Nations
FBO	Faith-Based Organization
HIV	Human Immunodeficiency Virus
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MSN	Multi-Sectoral Nutrition
NGO	Non-Governmental Organization
NMNAP	National Multi-sectoral Nutrition Action Plan
NACS	Nutrition Assessment, Counselling and Support
PMO	Prime Minister's Office
REACH	Renewed Efforts Against Child Hunger and Under-nutrition
RNuO	Regional Nutrition Officer
SUN	Scaling Up Nutrition
UN	United Nations
TFNC	Tanzania Food and Nutrition Centre
ToR	Terms of Reference
UNICEF	United Nations Children's Fund
WARC	Ward Agricultural Extension Officer
WASH	Water, Sanitation, and Hygiene
WHA	World Health Assembly
WHO	World Health Organization

## Definitions

<b>Building Strong Nutrition Systems Project</b>	<i>The Building Strong Nutrition Systems Project was a two-year Bill &amp; Melinda Gates foundation-funded grant focused on increasing multi-sectoral nutrition (MSN) engagement and capacity of key officers at the district level to improve nutrition of women and young children in support of the Tanzanian National Nutrition Plan, and in doing so, to demonstrate approaches, including mentoring, stakeholder mapping, and MSN engagement workshops that could be used in other regions of Tanzania to scale up district MSN planning and outreach.</i>
<b>Capacity Building</b>	<i>The process of developing and strengthening the skills, instincts, abilities, processes and resources that individuals and organizations need to adapt and thrive in a complex and fast-changing environment. It can improve the ability to perform functions, solve problems, and achieve objectives at the individual, institutional, and societal level.</i>
<b>Civil society organizations (CSOs)</b>	<i>Non-profit groups that work at a local level to improve life for residents. The focus is to build equity in all key aspects of society – health care, environment, quality of education, and access to technology, to name a few.</i>
<b>Collaboration</b>	<i>Exchanging information, altering activities, sharing resources, and enhancing one another’s capacity for mutual benefit and to achieve a common purpose.</i>
<b>Core competency</b>	<i>A particular area of knowledge, expertise, or skill needed in order to be successful at a job or specific activity.</i>
<b>District Multi-sectoral Nutrition Steering Committee (DMNSC)</b>	<i>Those involved in the preparation of the Council’s plans and budgets, under the overall guidance of the District Planning Officer. The Committee is tasked with identifying key actions to include in the district’s annual plan and budget to address and prevent malnutrition.</i>
<b>Engagement workshop</b>	<i>An event that brings multiple stakeholders together to share expertise and experience, identify answers to issues or present challenges, and tap the knowledge of officers and professionals in other sectors and geographical areas. Workshops promote an interchange of fresh perspectives and an exchange of knowledge to solve problems in a collaborative and creative environment.</i>
<b>Mentorship</b>	<i>A reciprocal, mutual, and supportive learning relationship where someone with more experience passes on knowledge and skills, and opens doors to otherwise out of reach opportunities. With mentor support, mentees strengthen their knowledge and ability to communicate and network with stakeholders to better meet professional goals. Mentors gain a greater understanding of the challenges facing program planners and implementers and help them overcome barriers. Mentorship is about supporting someone to ask important questions, promote greater self-awareness, and make more informed decisions.</i>
<b>MSN stakeholders</b>	<i>Individuals and organizations engaged in community-level implementation of nutrition-relevant actions. This includes government officers, as well as non-governmental organization (NGO) and CSO members working in nutrition-sensitive</i>

*sectors, community leaders, and outreach workers, such as community health workers (CHWs).*

**Multi-sectoral nutrition (MSN)**

*Achieving nutrition’s full impact on health and development requires a multi-sectoral approach. Nutrition-specific interventions are key to accelerating progress. However, nutrition sensitive interventions (in areas of food and nutrition security, care of vulnerable groups, and social services in health, education, and water and environmental sanitation) are important as well. Involving other sectors—like agriculture, education, and social welfare—helps to integrate interventions and strategies for addressing the underlying causes of malnutrition. A truly multi-sectoral approach will achieve optimal nutrition outcomes through greater coverage, while also helping other programs achieve more powerful results and demonstrate their own potential for impact.*

**Nutrition-sensitive interventions and programs**

*Actions, services or strategies that are implemented to address the underlying determinants of nutrition—such as policy, income and social status, food security, early childhood development, and a safe and hygienic environment—are intended to enhance the coverage and effectiveness of nutrition-specific interventions.*

**Nutrition-specific interventions and programs**

*Actions, services or strategies that are implemented to address the immediate causes of malnutrition, including inadequate dietary intake and poor health, as well as underlying causes such as feeding practices and access to food.*

## Acknowledgements

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We express our heartfelt gratitude to the regional and district officers and key stakeholders embedded in the two pilot districts where learning and documentation took place, especially to the dedicated District Nutrition Officers involved in the capacity building activities who shared their time, experiences, and learnings. Special thanks to the academic mentors who supported pilot districts directly, provided guidance and technical expertise, and offered comments and suggestions on the final draft of this manual: Mary Moshia and Rune Philemon (KCMUCo); Akwilina Mwanri and Joyce Kinabo (SUA); Anna Kessy and Naomi Saronga (MUHAS); and Haikael Martin and Clara Mollay (NM-AIST). Many thanks also to Joyceline Kaganda and Luitfrid Nnally of TFNC for their support and constructive inputs as well as Sia Msuya and Rachel Manongi (KCMUCo) for their technical expertise. Gina Chapleau, Christina Stark, Katherine Dickin, and Rebecca Stoltzfus supported the design and implementation of the project and developed the final draft of the manual (Cornell).

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# Part 1: Introduction to Building a Strong Nutrition System across Sectors

## 1.1 Purpose of the Manual

Complex factors determine the health and nutritional status of individuals and populations. Working together across sectors to improve nutrition is referred to as multi-sectoral nutrition (MSN) action. This manual explores ways to strengthen district capacity to improve MSN efforts. One approach to strengthen district capacity is to mentor district officers tasked to plan, coordinate, and implement multi-sectoral activities. Mentoring is a mutual, supportive, learning relationship among two or more people that aims to strengthen knowledge, skills, and competencies. This manual describes how to be a mentor and how to conduct a mentoring approach to support activities that promote MSN planning and outreach within communities.

There is momentum for using multi-sectoral coordination to improve the delivery of nutrition actions. But there is minimal guidance for how to coordinate MSN outreach. This manual provides *supervisors* with the knowledge and skills they need to mentor district officers. It also provides *district officers* a set of frameworks, examples, and step-by-step instructions for nutrition capacity building approaches.

### Three Approaches to Capacity Building

This manual explains three approaches that can be used to strengthen multi-sectoral nutrition collaboration and outreach at the district level in Tanzania.

1. **Mentorship** of district officers.
2. **Community-based Mapping** of MSN stakeholders in districts.
3. **Participatory Engagement Workshops** to build localized MSN knowledge and partnerships.

This manual offers easily adaptable tools and approaches for individuals interested in maximizing multi-sectoral partnerships and strengthening MSN capacity ([Annexes 1.1–4.5](#)). Through evidence-based practice briefs at the end of each chapter, this manual expands upon each approach, describing how it was piloted in two districts in Tanzania. The pilot project, *Building Strong Nutrition Systems*, explored how to build capacity of District Nutrition Officers (DNOs) and help them to strengthen key relationships in other sectors. The project brought together academia, government, and civil society to learn how to better work together to improve district MSN efforts. Although the project focused on DNOs, other key district officers, and community stakeholders, the approaches and lessons learned presented here are applicable for many different users.

## 1.2 Overview of the Manual

### How is the manual organized?

This manual provides three capacity building approaches tailored to the goal of increasing multi-sectoral nutrition action in key sectors. The manual is organized into 4 sections, and includes 4 evidence-based practice briefs, and 17 annexes.

- **Section 1 introduces the manual**, why it was developed, the main audiences, how the document is organized, and provides a short background on the multi-sectoral nutrition approach.
- **Section 2 describes the mentoring approach** for use in scaling up high impact multi-sectoral nutrition (MSN) planning. It includes a rationale for the approach and steps for how supervisors (or others) can perform the approach. The steps include how to mentor a multi-sectoral team to assess the district situation, set MSN goals, and identify activities to meet those goals, such as mapping stakeholders and facilitating MSN engagement workshops.
- **Section 3 provides information on community-based stakeholder mapping** and outlines how district officers can go about identifying key stakeholders, collecting data on “who is doing what where”, learning key challenges and opportunities for MSN collaboration, and building rapport for potential future partnerships.
- **Section 4 presents the engagement workshop approach** and helps district officers learn how to engage community-based stakeholders to develop co-understanding of MSN, increase motivation and collaborative partnerships, and engage in joint decision making to identify priority MSN areas and next steps.
- **Evidence-based practice briefs** at the end of each chapter describe how the approaches of mentoring, stakeholder mapping, and facilitating workshops were conducted in two pilot districts to explore how they might be used to strengthen the collaborative multi-sectoral response to malnutrition.
- **Annexes provide helpful frameworks, practical tools, and additional resources** that can help supervisors and district officers engage in mentoring, stakeholder mapping, and workshops. Most of the frameworks and tools included were created, tested, and improved during the *Building Strong Nutrition Systems* pilot project. Annexes include a mentoring framework, stakeholder mapping tool adapted from REACH ([www.reachpartnership.org](http://www.reachpartnership.org)), and workshop evaluation form, among others.

The three approaches presented in this manual can strengthen individual work performance, increase partnerships, establish networks, and encourage joint decision-making. Most importantly, these approaches can be used to improve planning and delivery of multi-sectoral interventions that aim to boost nutrition and health of families and communities. They may also be adapted for different audiences and different time frames and tailored to the specific context where they are implemented.

**Each section of the manual is further broken down into the following sub-sections:**

- purpose of the approach
- overview
- key beneficiaries
- rationale
- step-by-step guide on how to perform the approach
- evidence-based practice brief outlining the approach tested in the *Building Strong Nutrition Systems* pilot project, 2015/16

## Goals of the Manual

As a result of reviewing this manual, users will be able to understand the following:

- The concept of mentoring and its components.
- How mentoring contributes to multi-sectoral nutrition planning and outreach.
- The benefits and impact of mentorship and its importance as a supplement to traditional training programs.
- The benefits of tools such as stakeholder mapping and participatory engagement workshops to strengthen multi-sectoral nutrition partnerships.
- Steps for how to conduct mentorship, stakeholder mapping, and engagement workshops, and how to use tools to perform each approach.
- Key considerations with implementing these approaches as identified through a pilot project in two districts.

## 1.3 Beneficiaries of the Manual

This manual describes how to use mentoring to strengthen MSN capacity among district officers and a wider range of stakeholders. However, mentoring is a flexible approach. Focus mentoring on the goals of those involved and the larger district context. As mentees gain knowledge and skills, use mentoring to address new areas and tasks. No two individuals are the same or develop skills at the same pace. Therefore, use the information provided in this manual as guidance. Customize and adjust mentoring to meet each person's needs and the changing situation.

Users of this manual may be from various levels of regional and district government and from diverse sectors and job roles. However, a strong multi-sectoral nutrition system will have a cascade of individuals in supportive roles that transfer skills and knowledge from the regional to the community level. Thus, multiple other users may benefit from this manual's approaches including members of civil society organizations (CSOs) and those who supervise community health workers.

Manual users may have some supervisory skills and experience in coordinating nutrition-relevant activities and are seeking ways to grow and expand in their roles. Others may be newer to nutrition or to the manual's approaches and may simply wish to learn more. Mentees may also grow in their role and use this manual to become mentors themselves.

## 1.4 Rationale

### 1.4.1 Health and Nutrition Challenges

Tanzania is one of the most stable and prosperous African countries. Robust growth has led to continued investment in institutions and infrastructure. The government has made strong gains in organizing to improve health and nutrition outcomes.

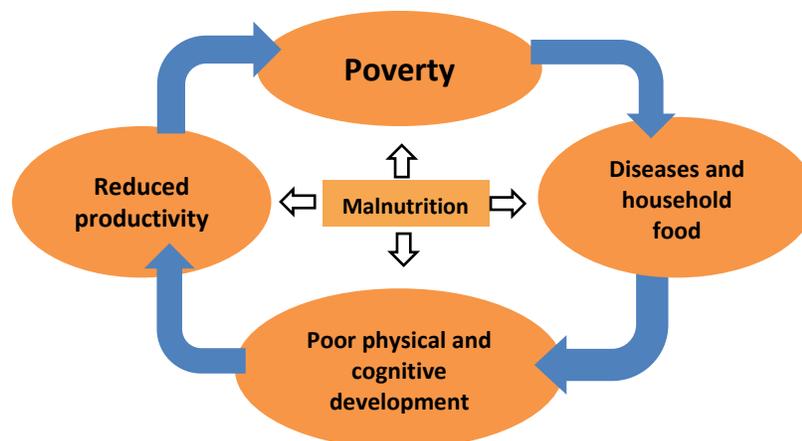
Yet challenges remain. The majority of Tanzanians live outside of urban areas and rely on subsistence farming. Nearly half of rural households consume less than 3 meals per day with over 74% not consuming adequate amounts of meat or fish (Tanzania DHS-MIS 2015-16). Over 22% of households reported having problems satisfying food needs. Not consuming enough important nutrients causes malnutrition—making people, especially children, vulnerable to deadly illnesses like diarrhea and pneumonia and prone to repeated infectious diseases. Malnutrition can be used to describe any imbalance in the amount and types of foods consumed. It is the persistent, long-standing malnutrition that impacts a child’s ability to learn and function to their fullest as an adult.

#### Improving Nutrition Helps Children Reach Their Full Potential

When children are short for their age (stunted), the effects last for a lifetime. In Tanzania, there are 2.7 million children under-five years of age who are stunted. These children missed key nutrients when in the womb and during the first two years of life. Because of missed opportunities during this key time, these children can have poorer health and cognitive ability compared to their peers. The chronic undernutrition that causes stunting can also affect the ability to learn, work, and earn money, even as adults.

Malnutrition functions in a cycle, because it affects not only personal health, but a nation’s larger labor force and economic progress. The broad and more hidden causes of malnutrition make it a difficult problem to address and a large threat to the country’s workforce capacity.

#### Poor Nutrition Affects A Country’s Overall Productivity



Source: Adapted from Food and Agriculture Organization of the United Nations

Not having enough food or the right kinds of food can be caused by many factors, including economic hardship, crop disease, inconsistent markets, or other factors. Many families in Tanzania are subsistence farmers, which puts their food supply at risk when crops fail. When a family is dependent on selling their crops for income, they are unable to devote land and time to growing nutritious foods for themselves. This can result in chronic malnutrition. A nutrition profile of women and children in Tanzania is below.

### Tanzania Nutrition Statistics

- 41 %** Infants under 6 months who are not exclusively breastfed.
- 60 %** Children (6 to 23 months) not receiving the minimum amount of food.
- 70 %** Children (6 to 23 months) not receiving diverse enough foods.
- 90 %** Children (6 to 23 months) not fed within minimum acceptable standards.
- 34 %** Children under 5 who are stunted.
- 45 %** Women aged 15 to 49 who have anemia.

Source: 2015-16 TDHS-MIS Key Findings. Rockville, Maryland, USA: MoHCDGEC, MoH, NBS, OCGS, and ICF

## 1.4.2 The Need for a Holistic Approach

To break the cycle of malnutrition, a more holistic response to the underlying challenges is needed ([Annex 1.1](#)). Although malnutrition is directly caused by too little nutrient intake and illness, it cannot be solved by activities in the health sector alone. Proven interventions targeting nutrient intake can only reduce the current prevalence of stunting by 20 percent (Source: Bhutta ZA, et al., Lancet 2013). Because of the broader causes of malnutrition, activities to promote and protect health require active involvement of other sectors and a broader network of partners in all steps of the process.

A multi-sectoral nutrition (MSN) system must include both *nutrition-specific* activities and *nutrition-sensitive* approaches. Nutrition-specific activities address the direct causes of malnutrition, such as promotion of exclusive breastfeeding for young infants. Nutrition-sensitive approaches improve the underlying causes of malnutrition. For example, the Ministry of Community Development, Gender and Children (MCDGC) might aim to improve women’s decision-making to manage their time and resources, in turn increasing their capacity to follow nutritional advice.

### Programs in Sectors Not Focused on Nutrition can Significantly Reduce Malnutrition. Sectors can:

1. Strengthen nutrition focused goals and assess impacts on nutrition.
2. Integrate health concerns (e.g., stunting) into relevant policies, priorities, and activities.
3. Design programs to increase women’s decision-making power and autonomy.
4. Improve the targeting, timing, and duration of exposure to key programs to enhance the nutritional benefits of pregnant women and children under 2 years of age.
5. Use available opportunities to increase access to program services. For example, cash transfer services can integrate nutrition education to enhance wise spending.

There is strong will and commitment to utilize a MSN approach. The Tanzanian government issued a National Multi-sectoral Nutrition Action Plan (NMNAP) 2016-2021. This plan provides guidelines for strengthening nutrition-specific and nutrition-sensitive actions in communities.

To achieve Tanzania's nutrition and human development targets, ([Annex 1.2](#)), it is critical to increase capacity to improve focus on nutrition within all key sectors. The challenge of tackling malnutrition is great and the need for sectors to work together is immediate. Working across different sectors requires strong leadership and a winning coalition of multi-sectoral stakeholders. The box below lists the actors of an effective multi-sectoral nutrition system.

## The Tanzania National Multi-sectoral Nutrition Action Plan is a Community-centered, Multi-sectoral Approach

A multi-sectoral nutrition system is composed of:

### Multiple sectors

- Agriculture; health; water, sanitation, and hygiene (WASH); education; social protection; and environment

### Actors at all levels

- National – ministries, departments and agencies
- Local government authority levels – regions, districts, and communities

### Multiple partners

- Government—National, regional, district, ward
- Development partners—United Nations (UN) agencies, multi- and bi-lateral organizations
- Civil society organizations (CSOs)—non-governmental organizations (NGOs) and faith-based organizations (FBOs)
- Academia and private sector

Adapted from: The United Republic of Tanzania. *National Multi-sectoral Nutrition Action Plan (NMNAP), from evidence to policy to action, 2016-2021.*

Strong national guidance can bring about effective results. However, the implementation of multi-sectoral interventions faces challenges in collaboration and building a unified nutrition effort at all levels. There is a need for strengthened awareness of malnutrition as a multi-sectoral issue; communication channels between sectors; alignment between national and district priorities; and capacity to implement and oversee activities.

By sharing relevant tools and practical examples of how the health sector can successfully engage with other sectors, it is possible to overcome challenges and build an effective MSN approach. This manual is meant to contribute to the efforts of the Scaling Up Nutrition (SUN) movement ([scalingupnutrition.org](http://scalingupnutrition.org)) by providing simple guidance and practical tools for common planning and support of MSN activities. The three approaches presented (mentorship, stakeholder mapping, and engagement workshops) are examples of how to develop district MSN capacity and strengthen effective partnerships for nutrition.

# 1.5 “Building Strong Nutrition Systems” Evidence-Based Brief Multi-sectoral Nutrition: A case for joint action



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



**Malnutrition** is caused by eating too little, too much, not eating the right foods, or the body’s inability to process nutrients because of illness.

**A Multi-sectoral Nutrition Approach** addresses malnutrition by including nutrition goals and actions within multiple key sectors.

## Nutrition Profile of Infants and Young Children in Tanzania



### Low breastfeeding rates

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.

**41% of infants under 6 months are not exclusively breastfed**



### Too few meals per day

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.

**60% of children 6 to 23 months do not receive enough food**



### Lack of diverse foods

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.

**74% of children 6 to 23 months do not eat enough different kinds of food**



### Reduced growth rate

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.

**34% of children under 5 years are stunted**

## 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

*Malnutrition 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



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



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.
- ▶ **Focus on women’s nutrition and empowerment;** design programs to increase women’s decision-making power and autonomy.
- ▶ **Improve targeting, timing, and duration of exposure to key programs;** to enhance the nutritional benefits of the most vulnerable.
- ▶ **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?”

 <b>AGRICULTURE</b> Facilitate access to food storage technologies; provide guidance on anti-pest techniques; promote diversified cropping	 <b>EDUCATION</b> Expand school gardens; promote cooking/safe food storage demonstrations; use school feeding programs as a platform for nutrition education
 <b>LIVESTOCK &amp; FISHERIES</b> Increase use of community fish ponds and improved poultry pens; promote meat and egg consumption among children 6 to 24 months	 <b>COMMUNITY DEVELOPMENT</b> Mobilize men’s participation and provision of support to infant feeding; support programs that address teen pregnancy; mainstream nutrition education in women’s groups
 <b>WATER SANITATION &amp; HYGIENE</b> Promote water treatment, education on hygiene practices, toilet use, and safe disposal of child faeces	 <b>HEALTH</b> Deliver nutritional services and counselling through antenatal care, routine immunisation, and family planning



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# Part 2: Developing District Multi-sectoral Nutrition Capacity through Mentorship

## 2.1 Purpose of Mentorship for Building Capacity

Nutrition-sensitive actions are increasingly supported in national policies and programs. Progress could be facilitated by strengthening the skills and capacity of council officers and frontline workers and by laying the groundwork for multi-sectoral collaboration.

Capacity-building strategies can be used to complement traditional training programs. Professional training is known to improve knowledge and behaviours. In practice however, there is a gap between immediate improvement and long-term outcomes. Mentorship is one longer-term strategy. Mentoring offers continual support and guidance on how to adapt and apply skills learned during training. Mentoring offers hands-on technical support from experienced professionals. This support enables mentees to effectively address the practical challenges of building alliances across sectors and organizing an MSN response.

District Nutrition Officers (DNOs) are at the center of district MSN planning. Mentorship can support DNOs to build a strong MSN action team to plan, deliver, monitor, and report on community activities. Building a team across sectors to tackle common problems requires not only effective coordination, but also leadership, team building, and advocacy skills. In this way, mentorship is a strategic approach that can strengthen professional skillsets for joint nutrition action. It can also reduce gaps in outreach and identify new opportunities for leveraging nutrition-sensitive activities.

## 2.2 Overview of Mentorship

Mentorship is a supportive learning relationship where someone with more experience passes on knowledge, skills, and provides opportunities what are otherwise out of reach. Mentors provide support and guidance to strengthen mentee’s skills, professional development, and work performance. They point out talents and stimulate ideas about what the mentee can accomplish.

Mentorship is about building a relationship that helps mentees ask important questions, acquire greater self-awareness, and make more informed decisions while undertaking his or her job duties. This dynamic learning relationship has been shown to be an effective way to strengthen knowledge and skills of mentees in their job, address challenges in implementation and coordination of nutrition interventions across sectors, and strengthen collaboration and networking of nutrition stakeholders.

### What is Mentoring?

Mentoring is a relationship-based activity with several specific but wide-ranging goals. The mentor is a facilitator who works with either an individual (mentee) or group of people (mentees) over an extended time period. The agenda is open and continues to evolve over the long term. Mentoring seeks to build wisdom—the ability to apply skills, knowledge, and experience to new situations and processes in one’s job. The role of mentor is not to solve problems, but to question how the best solutions might be found.

Source: The United Republic of Tanzania. *Training Programme for Nutrition Officers at Regional and District Levels*. Module 4: Resource Mobilization, Advocacy & Capacity Building Skills

Mentoring enables mentors and mentees to learn from each other in a friendly environment. Mentors and mentees help and guide each other in regards to strategies and best approaches to deal with real challenges at the work place. Through this engagement, mentees learn how to apply their skills, enhance their knowledge and professional wisdom, and acquire practical experience in dealing with challenges in governance of multi-sectoral nutrition actions. The role of mentor is not to solve problems, but to help mentees find the best possible solutions for addressing experienced challenges.

This guide uses the term '*mentoring*' in a different way than '*supportive supervision*'. Supportive supervision often involves investigation of mistakes in implementation or delivery of services, administrative oversight, provided periodically to oversee and monitor workers, services, records, supplies, or finances. It revolves around planned supervisory visits. Alternatively, '*mentoring*' involves a flexible, relationship-based approach that promotes mutual learning to enable mentees to learn and improve their work performance.

## 2.3 Beneficiaries of Mentorship

Beneficiaries of mentoring include the mentees, the mentors, and the larger regional and district nutrition network. The regional government provides technical support and assists districts to translate national policies into action. Thus, it is at the district level where most MSN planning, budgeting, prioritization, implementation, and monitoring and evaluation (M&E) occurs.

DNuOs manage and coordinate many activities within districts ([Annex 2.1](#)). Strengthening formal connections between DNuOs and officers in other sectors could help to maximize MSN efforts. In view of this, in order to enhance effective implementation of nutrition actions in communities, DNuOs need to have adequate knowledge, skills and professional acumen that will enable them to improve governance and coordination of sectors and nutrition stakeholders at the district level. Therefore, mentorship of DNuOs, and motivated officers in other sectors, is one way to strengthen implementation and coordination of nutrition interventions at the district level.

Potential mentors of district officers should include those who are experienced in management of nutrition-specific and nutrition-sensitive services at various levels such as international, national, regional, or district level. Mentors can be officials working for UN agencies, bilateral and unilateral organizations, government ministries and departments, higher learning institutions, civil society and faith-based organizations, and those in the private sector.

### Benefits of Mentorship

#### Benefits for Mentees:

- Receives advice and encouragement
- Develops a supportive relationship
- Improves problem solving skills, self-reflection, and self-confidence
- Increases professional development opportunities
- Facilitates cross-sector partnerships and action

## Benefits of Mentorship (continued)

### Benefits for Mentors:

- Provides opportunity to reflect on own practice
- Develops professional relationships
- Improves peer recognition
- Makes experiences and expertise available to new people
- Widens understanding of the MSN system and the way it works
- Provides personal satisfaction by supporting the development of others

### Benefits for the Larger Multi-sectoral Nutrition Network:

- Encourages commitment to a MSN response
- Develops a network of enabling relationships and collaboration
- Creates a culture where individuals feel emotionally engaged with their work
- Enhances effectiveness of MSN response in terms of resource allocation, avoidance of duplication of efforts, and sharing of experience, challenges and best practices for up scaling
- Improves communication
- Increases the quality and effectiveness of community interventions

## 2.4 Rationale for a Mentorship Approach

Mentoring has become an effective and popular method to help individuals with problem solving, skills development, and support. Mentoring can provide practical guidance to address technical challenges and improve work performance. In the field of nutrition, it can accelerate progress on key NMNAP objectives, including:

- Clarify terms of reference and improved reporting systems.
- Strengthen nutrition-sensitive plans and actions in relevant sectors.
- Enhance collaboration among nutrition stakeholders.
- Coordinate MSN partnerships to align with NMNAP priority areas.
- Build institutional and local capacity to put objectives into practice.

Mentors play an essential role in helping mentees identify gaps and strengthen capacity to achieve set goals. Mentors impart practical knowledge and skills to a mentee for use in their day-to-day work. Mentoring can identify needs that district officers may have as they work with stakeholders (e.g., fellow officers, CHWs, and CSOs) to plan and implement activities. Identifying challenges and opportunities early in the process can help mentees discover key areas to focus on and how to deal with the challenges associated with producing productive, efficient, and meaningful work.

## Examples of Practical Knowledge and Skills to Target During Mentorship

1. **Local guidelines and monitoring tools:** Multi-sectoral Nutrition Action Plan (NMNAP); Common Results, Resources and Accountability Framework (CRAAF); nutrition score cards; council planning and budgeting guidelines
2. **Skills-based tasks:** training and facilitation; counseling and communication; research methods; public speaking; organizing and facilitating meetings and workshops
3. **Nutrition-specific tasks:** Integrated management of acute malnutrition; micronutrient deficiency control; planning and execution of nutrition surveys
4. **Nutrition sensitive tasks:** identifying and coordinating nutrition stakeholders; advocating for nutrition focus in other sectors; mobilizing sectors to scale up community-based interventions that impact nutrition

For a general framework on how to organize the potential activities and outcomes of mentoring, see [Annex 2.2](#). As mentees become more proficient in one area, the mentoring process may be used to address another task, or strengthen other skills. Mentors can check in periodically and provide opportunities for the mentee to continue to use and retain the skills developed throughout the entire course of mentorship.

## 2.5 Steps for Conducting Mentorship

Becoming a good mentor takes practice and reflection. Mentors may approach mentoring in different ways. For example, mentors may focus on a current challenge that is particularly difficult to overcome, on a task that is easier to accomplish, or on a clear area where the mentee needs support. With a systematic mentoring approach, mentors can become more effective more quickly, than if they confront challenges as they arise. The following steps are highlighted to guide a systematic mentoring process. You may also find several practical tools to conduct mentoring in [Annexes 2.1 – 2.7](#).

### 2.5.1 Step One: Gather Information and Assess the Situation

Building a strong nutrition system requires detailed knowledge of the system. Strive to understand the flow of information and resources, relationship dynamics, and decision-making processes at various levels of the government and administration.

During the initial meeting, schedule “protected time” with the mentee to meet in-person, at regular times. During the first several meetings, develop an understanding of the larger district context and the mentee’s situation. Mentors that understand the larger environment and how it affects the mentee’s daily activities and capabilities can better provide effective support. These initial conversations will help mentors learn about the mentees perspectives, motivations, and needs. Conversations can reveal the barriers and opportunities mentees face in managing and coordinating nutrition activities in the district.

Also aim to hold conversations with the District Medical Officer and other key officers. These conversations are a way to better assess the situation from additional perspectives, engage key officers in activities, and encourage support.

[Annex 2.3](#) contains an example framework for assisting district officers to gather information and assess the district situation. Mentors and mentees can develop a similar framework to structure their goals and objectives. Below are some guiding questions, which may be useful for mentors when preparing to work with mentees.

## Preparatory Questions to Guide Mentorship

### Learnings and Expectations

- What areas does the mentee want to focus on developing? How do you suggest they do this, and how can you facilitate this process?
- What would the mentee like to accomplish in the next 6 months?
- How independent should your mentee be?
- What do you and your mentee hope to get out of mentoring?

### Approaches

- What is your approach to mentoring?
- How can you directly involve mentees in the learning process and encourage participation and leadership?
- How can you monitor the mentoring to learn if your approach is effective?
- How could you improve on your mentoring based on mentee feedback?

### Community of Support

- What support or resources do you need to be an effective mentor?
- Do you see your supervisor or other officers as a resource on mentoring?
- How could you create a stronger community of mentors and mentoring resources at the regional and district level?

### Joint Actions

- Why is collaboration across sectors and stakeholders important in addressing malnutrition?
- How can you create an environment that allows your mentee to develop partnerships and benefit from working closely with other sectors?
- How might you develop a mentoring approach that encourages multi-level, multi-sector collaboration to improve nutrition?

Adapted from: The Wisconsin Program for Scientific Teaching. *Entering Mentoring: A Seminar to Train a New Generation of Scientists*. 2005.

Structure the first few mentoring visits to discuss key topics with mentees. This will help mentors understand the mentees' experiences within each topic area, and how each area might be strengthened. See [Annex 2.4](#) for specific sample questions for each conversation topic area.

### Topics to discuss during mentoring

- Multi-sectoral nutrition (MSN) governance, key actors and decision makers, possible stakeholders
- Relationship dynamics and support

- MSN guidance, communication, information, and available plans and resources
- MSN knowledge, awareness, motivation, and vision
- Community engagement for MSN

Document what is learned including key points on the mentee’s perspective, knowledge, and experiences. Mentors can track the learning process by documenting each mentoring visit. Mentors and mentees can jointly fill out a meeting worksheet that indicates the meeting goals, key discussion topics, challenges, and next steps ([Annex 2.5](#)).

An important outcome of this initial stage is that mentors and mentees begin to function as a team as they learn from each other and strengthen their professional relationship. It is important to note, mentees may not be aware of which questions to ask, which resources or information they need, or who they should work with. By getting to know the mentee, mentors can become aware of the kinds of skills, suggestions and information that can be useful.

There are many approaches to mentorship including one-on-one mentoring, group mentoring, or peer mentoring. Understanding the context and getting to know the mentee will help mentors decide which type of approach is most fitting for the situation and who could benefit and should therefore be involved in mentoring activities.

## 2.5.2 Step Two: Set Goals and Desired Outcomes

In the second step, mentors and mentees discuss and set goals to pursue over a specified period of time. Goals are guided by the district nutrition context and often need to be aligned with national or district guidelines. As a starting point, the following documents can be reviewed together and used to guide goal setting: the National Multi-sectoral Nutrition Action Plan and the Guideline for Councils for the Preparation of Plan and Budget for Nutrition.

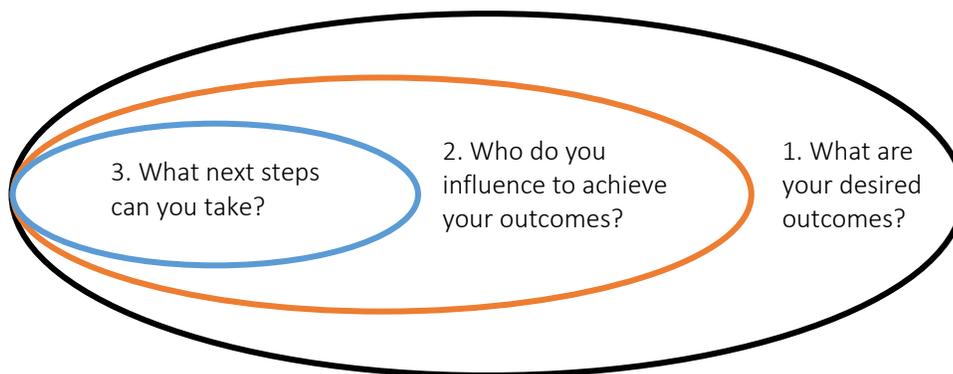
Goal setting is best achieved by focusing on core competencies that need strengthening. There are three main types of competencies to assess: the skills, knowledge, and behaviors necessary to accomplish a specific task (see Box below).

### Target Core Competencies

- **Skills** – The ability to execute job duties, such as software and computer proficiency, interpersonal skills, accounting skills, or monitoring and evaluation (M&E) techniques.
- **Knowledge** – Areas of specialty or expertise. Examples include stunting and multi-sectoral approaches to nutrition, stakeholder mapping, finance and budgeting, and nutrition assessment, counselling and support (NACS).
- **Behavior** – Characteristics an officer must display in the job such as taking initiative, collegiality, resourcefulness, or professionalism.

There is a limit to what a mentor can influence. The “sphere of influence” framework can be used to identify specific action steps and activities. Use the below framework by having the mentee think about their desired outcomes. Ensure the outcomes are time specific and fit within an agreed upon time period. Next, have the mentee consider who they need to influence to achieve the outcomes. Finally, discuss the next steps the mentee can take to work towards influencing key partners and achieving the desired outcomes. There may be several outcomes to consider, several people to influence and involve, and several strategic action steps to plan for. By using this framework, mentors can better assist mentees to plan and implement the planned action steps.

## Sphere of Influence Framework



Adapted from: EnCompass LLC. *Innovative Approaches for Organizational Excellence*.  
<https://www.encompassworld.com/resources/participatory-program-theory>.  
Accessed September 2017.

The goals and action steps planned between the mentee and mentor should be S.M.A.R.T.: specific, measurable, achievable, relevant, and time-bound ([Annex 2.6](#)). Mentees can gain a lot of experience and learning when mentored to collaborate with people from different disciplines to jointly work on an activity that is mutually beneficial. Mentors can support district officers to conduct stakeholder mapping or bring stakeholders together for a nutrition engagement workshop. Such activities not only benefit the mentees but the larger district MSN system. For more information on these activities see sections 3 and 4 of this manual.

Activities should generate new knowledge, experiences, and learnings that the mentee can present to others. For example, mentoring district officers to complete stakeholder mapping and analysis generates data for officers to present to the DMNSC to help make decisions on priority MSN areas.

### 2.5.3 Step Three: Guide Implementation of the Tasks

After setting goals, desired outcomes, and specific steps, mentors provide guidance on the agreed upon activities. While doing so, mentors must avoid doing the activities. Instead, let the mentee engage and lead activities while providing input when challenges are encountered. The aim of this approach is to transfer practical knowledge and skills from the mentor to the mentee. This approach allows the mentees to learn by doing which helps them to retain newly applied knowledge and skills.

Although no one can provide practices or behaviors that will work in every mentoring situation, there are some principles that can always guide mentoring relationships. These principles include the characteristics that make up a good mentor and mentee. Mentors can utilize this list to reflect on their weaknesses and strengths and identify areas and strategies for improvement.

### What a Mentor DOES

**Listen and learn to ask questions:** Be open to the mentee’s problems and ideas and understand that many challenges are caused by larger complex factors.

**Support and facilitate:** Help mentee develop a supportive network and provide access to new people and experiences. Invite higher authorities to participate (e.g., DED, DMO, RNUO).

**Review:** Discuss country-level guidelines, terms of references, and the challenges and opportunities in actualizing them.

**Expand information and resources:** Provide up-to-date knowledge and equip mentee with the ability to access resources to meet goals and make thoughtful decisions.

**Encourage and motivate:** Develop mentee’s self-esteem, help mentees move beyond their comfort zone, and provide opportunities to learn by experience and broaden thinking.

### What a Mentor DOES NOT Do

**Problem solve:** Do not assume the role of problem solver for the mentee.

**Take over:** Do not do what the mentees can do themselves.

**Create goals:** Do not give goals to the mentee. Allow the mentee to shape and create his or her own goals.

**Force:** Do not force mentees into one direction or determine choices.

**Condemn:** Do not tell the mentee that he or she is wrong or focus on the negative. Do not underestimate mentees’ capabilities.

### What a Mentee DOES

**Take initiative:** Recognize the need for mentoring, seek advice when needed, clarify goals, and give feedback.

**Welcome experience:** Be enthusiastic about pursuing a wide range of professional experiences.

**Accept challenges:** Realize there are challenges in any work and try to learn from them.

**Be approachable:** Set an open policy for stakeholders to access his or her time and services, advocate for collaboration, and network and build key relationships.

**Be proactive and collaborate:** Seek opportunities to link with other officers and share learning from mentorship.

### What a Mentee DOES NOT Do

**Avoid challenges:** Do not expect mentors to solve your problems for you. Welcome activities that help you learn by doing.

**Stay in your comfort zone:** Do not shy away from new learning experiences, even if they are challenging.

**Remain closed:** Recognize that everyone (supervisors, colleagues, community leaders) has something to teach you.

**Be non-transparent:** Do not hesitate to ask for advice on how to access opportunities and resources you need.

Adapted from: Bowling Green State University Mentoring Program. *Do’s and Don’ts for Mentors and Mentees*.

Mentees are different from mentors and from each other. At times, interacting with people who have different backgrounds or education, or who learn differently or communicate differently, can be challenging. A person might even doubt a colleague’s potential because they lack certain valued characteristics or skills.

Being a good mentor means accommodating diverse styles, skills, and personal qualities. The ability to provide support and inspire confidence is an essential part of a mentoring relationship and it can directly affect a mentee’s performance. Providing encouragement and positive messages can help mentees overcome stressful situations and succeed.

There is no single mentoring method. Mentoring approaches, objectives, needs, challenges and activities are extremely varied. Different mentees will require different amounts and kinds of attention, advice, information, and encouragement. Some mentees will feel comfortable approaching their mentors; others will be reluctant to seek help. A good mentor is approachable, available, and accommodating to different personality types. For additional tips for new mentors, [see Annex 2.7](#).

### 2.5.4 Step Four: Provide On-going Technical Support

As mentors continue to provide support to mentees, discussing and documenting key challenges and successes throughout the process can be a helpful and rewarding activity. As mentees take on new MSN activities, tasks, or programs, there is opportunity to provide support in analysing the success of these new efforts. Using tools and frameworks, such as a monitoring and evaluation (M&E) framework and an after-action-review can help to guide new activities. These two tools are described below.

#### Monitoring and Evaluation Framework

The purpose of the M&E framework is to identify weaknesses and successes in the delivery of activities and programs through a process of monitoring, evaluation, and quality improvement. This process provides opportunity to detect and correct implementation problems in a timely fashion and improve effectiveness over time. Below is a sample framework outlining information to document when planning M&E activities, and questions to ask to organize a response to emerging challenges.

INDICATOR	DEFINITION	BASELINE	TARGET	DATA SOURCE	FREQUENCY	RESPONSIBLE	REPORTING
What is being measured?	How is it calculated or defined?	What is the current value?	What is the target value?	How is data accessed or measured?	How often will it be measured?	Who will measure it?	Where will it be reported?

#### After-Action-Review

The process of After-Action-Review (AAR) allows mentors and mentees to document what happened and lessons learned. The AAR’s main purpose is to learn by talking and thinking about a completed activity or project. The information can eventually be used to solve challenges and improve processes.

## Basic Rules for After-Action-Review

1. Focus on constructive feedback. Recognize positive contributions from all involved partners.
2. See all participants as equals.
3. As a group, consider the questions below:
  - What was supposed to happen? → Why?
  - What actually happened? → Why?
  - What is the difference? → Why?
  - What went well? → Why?
  - What could have gone better? → Why?
  - What lessons can we learn?

Adapted from: BetterEvaluation. Accessed Sept 2017.  
[http://www.betterevaluation.org/en/evaluation-options/after\\_action\\_review](http://www.betterevaluation.org/en/evaluation-options/after_action_review)

The best time to complete an AAR is right after the activity is completed. However, it can be applied at any point in a project or activity cycle. The exercise aims to capture the lessons before they are forgotten. All stakeholders in the process are invited to join the discussion. Everyone takes part with an open mind and documents contributions from different angles and perspectives.

### Benefits and strengths of After-Action-Review:

- Applies to any activity with a preset goal.
- Can be applied as soon as each phase is completed.
- Gives individual stakeholders the chance to share their ideas and to be heard.
- Allows people to realize what they have learned.
- Creates a climate of confidence in the team.

### For more M&E information and resources, visit:

- BetterEvaluation: <http://www.betterevaluation.org/>
- Active Learning Network for Accountability and Performance in Humanitarian Action: <http://www.alnap.org/resources/>
- International Initiative for Impact Evaluation: <http://www.3ieimpact.org/en/evaluation/resources/>
- International Evaluation Partnership Initiative: <https://www.evalpartners.org/toolkit>
- MEASURE Evaluation: <https://www.measureevaluation.org/measure>

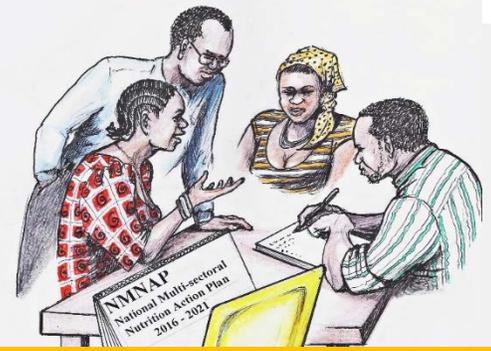
## Mentorship, Additional Takeaways

District Nutrition Officers (DNOs) and others working in different sectors require many “soft skills” in order to do their jobs effectively. However, building individual capacity to strengthen these skills is often overlooked.

Mentorship is a way to provide further support in “soft skills” such as program monitoring, qualitative and quantitative skills, formal presentation skills, networking and advocacy, and computer programs and literacy. During mentorship activities, mentors can provide greater recognition, support, and time commitment to expand such skillsets to help those who coordinate and deliver MSN actions achieve the highest possible quality results.

Ideally, mentees who develop strong skills and working relationships through mentorship are better suited to become mentors themselves and continue to build capacity at local levels. As the government continues to transfer authority to local levels, finding ways to support frontline officers could improve district planning and delivery of MSN activities. Mentorship and supportive supervision could benefit individuals in many important roles at this level including trained community health workers (CHWs), extension officers, or nutrition focal points in departments outside of health. Mentored District Nutrition Officers could be in an ideal position to in turn provide mentorship themselves.

## 2.6 “Building Strong Nutrition Systems” Evidence-Based Brief Mentored District Nutrition Officers (DNUOs) put training into practice

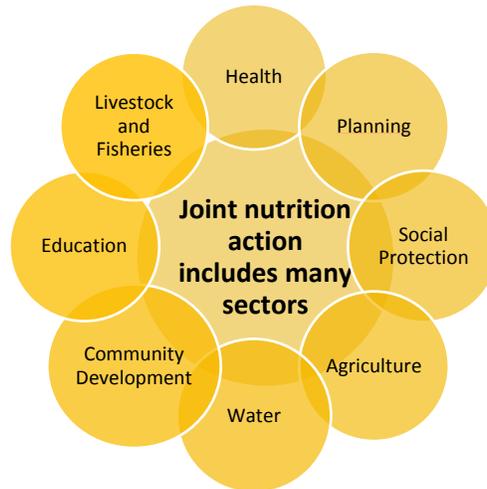


### Nutrition policy and action: closing the gap

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 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 (RNOs), 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.



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## Mentoring made 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.

This brief was prepared by project partners from the Tanzania Food and Nutrition Centre, Kilimanjaro Christian Medical University College, Sokoine University of Agriculture, Muhimbili University of Health and Allied Sciences, Nelson Mandela African Institution of Science and Technology, and Cornell University (New York, US).

Funding provided by the Bill & Melinda Gates Foundation

## Part 3. Improving Nutrition Coordination through District Stakeholder Mapping

### 3.1 Purpose of Stakeholder Mapping

There is no one suitable solution or response to malnutrition. Improving nutrition requires joint action at the district level to build on the local situation and local opportunities. Stakeholder mapping provides an opportunity to better understand the activities, knowledge, motivations, and existing partnerships among people working in the district. Mapping also creates a basis for new partnerships and a starting point for critical collaborations.

#### Why is it Important to Map Stakeholders?

Stakeholder mapping unites civil society and those who govern, helping everyone:

- Learn of nutrition-relevant leaders, activities, capacities, and resources in the district.
- Foster community relationships to expand the district system for nutrition.
- Obtain suggestions of other stakeholders whose involvement may be critical for success.
- Encourage responsibility, engagement, and collaboration among stakeholders.
- Understand challenges and opportunities for multi-sectoral collaboration.
- Identify priority areas and promising actions for scaling up.

### 3.2 Overview of Stakeholder Mapping

District councils can develop nutrition policies and plans that better serve communities when they know which stakeholders are present and what stakeholders are doing to address the immediate, underlying, or basic causes of malnutrition. Through the mapping process, district officers may determine potential avenues of collaboration between the diverse set of stakeholders. Taking the time to learn about their work and incorporate their perspectives can make a big difference in the success of nutrition initiatives.

#### Who is a Stakeholder?

A stakeholder is an individual, group or institution with a common interest. For the purposes of building a multi-sectoral nutrition system, stakeholders may include:

- District nutrition officers (DNUOs)
- District officers or nutrition focal persons in relevant sectors
- Ward and village officers in relevant sectors
- Civil society organization (CSO) members
- Non-governmental organization (NGO) leaders
- Community health workers (CHWs)
- Other community leaders (e.g. religious leaders, school principals, etc.)

There are many stakeholder mapping tools and methods. The Tanzania Food and Nutrition Centre (TFNC) previously used the Renewed Efforts Against Child Hunger and undernutrition (REACH) approach to identify the coverage of nutrition-specific actions across Tanzania. Many mapping tools, including the REACH tool, can be adapted to fit new needs and objectives. REACH focuses on four key variables: activity, activity location, activity delivery channel, and target population. More information about REACH is available at: <http://www.reachpartnership.org/reach-countries/tanzania>

In addition to collecting the variables defined by REACH, stakeholder mapping may have another essential purpose—to facilitate collaboration between different groups through personal connections formed during the mapping process. Strengthening relationships between district officers and frontline workers can provide opportunity for government to support and learn from local programs. The REACH mapping tool can be expanded to include open-ended questions to elicit the motivations and experiences of each stakeholder around specific topics of MSN action and coordination.

### 3.3 Beneficiaries of Stakeholder Mapping

Stakeholders who are working on nutrition-specific and nutrition-sensitive activities across various sectors in a district are a primary beneficiary of mapping. For them, mapping provides an opportunity for improved collaboration, networking, and sharing of both information and resources. Mapping also benefits community members by helping implementers learn how to develop more coordinated and tailored programs that provide community support and improve wellbeing.

Mapping benefits council members who select, plan, and budget for district activities. Mapping helps them to identify relevant organizations and individuals. They gain an understanding of the roles, strengths, opportunities, and challenges faced in planning and implementation of nutrition-relevant actions.

#### Benefits of Stakeholder Mapping

##### Benefits for District Officers Conducting the Exercise:

- Develops close working relationships with stakeholders.
- Fosters coordination of activities and programs.
- Strengthens a multi-sectoral nutrition system and improves collaboration.
- Increases number of human and financial resources.

##### Benefits for Multi-sectoral Stakeholders:

- Creates a common understanding of the importance of nutrition.
- Promotes a personal relationship with district officers.
- Demonstrates government recognition/support for existing programs.
- Fosters relations with other stakeholders.
- Increases opportunities for collaboration, support, and technical advice.
- Improves reach and impact of interventions.

##### Benefits for the Community:

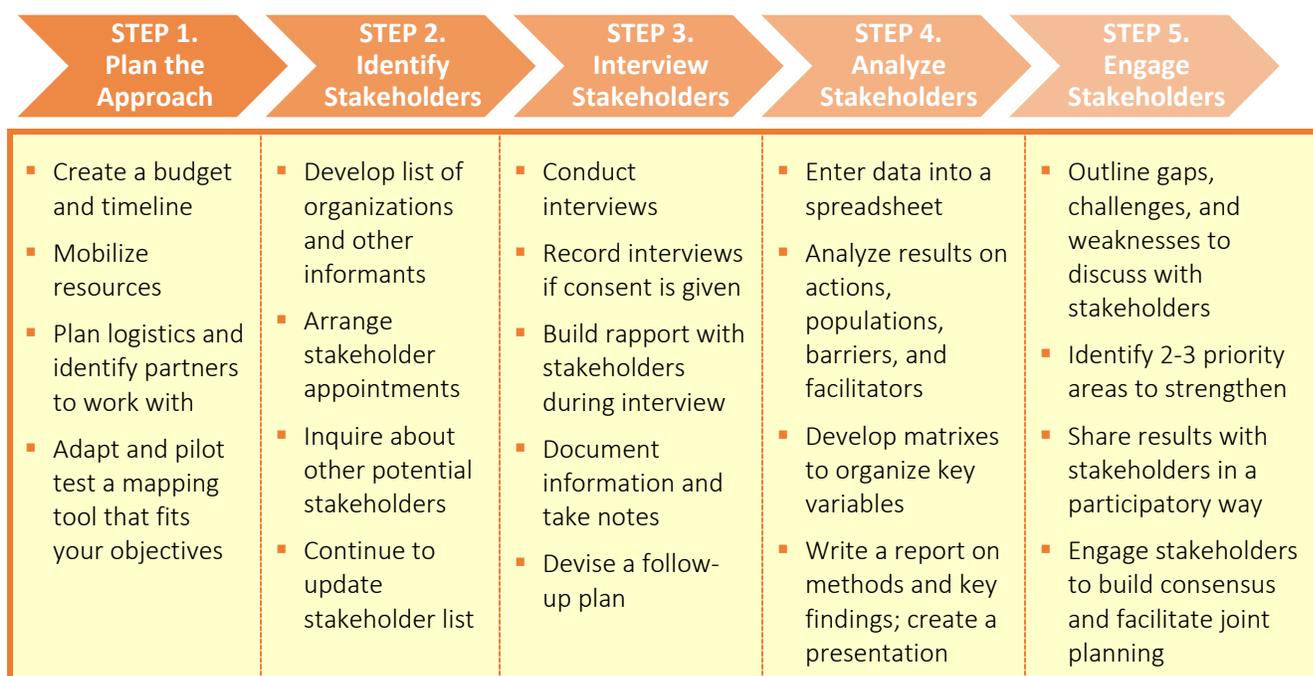
- Improves and expands nutrition-relevant programming.
- Encourages involvement in community engagement.
- Generates a large community of interest.
- Expands inclusiveness and community connection.
- Increases knowledge of resources available for nutrition and health.

## 3.4 Rationale for Stakeholder Mapping

Limited capacity at local levels hinders the reach and ability of interventions to address malnutrition. In many cases, DNuOs have limited power to influence the budget, staffing, and resources for programs that affect nutrition. A district nutrition system, comprised of partnerships between stakeholders and sectors, can help to build local capacity and leverage knowledge, skills, and resources for action. Identifying and partnering with motivated stakeholders who possess local knowledge of the diverse factors that affect malnutrition can improve a strategic response. A strong MSN system is achieved when stakeholders work as a well-coordinated team and are guided by national and local policies and action plans.

## 3.5 Steps for Conducting Stakeholder Mapping

Mapping is the type of activity that can be completed in stages as a side activity along with other work responsibilities. The process of identifying, mapping, and analyzing stakeholders can take several weeks or span several months, depending on the availability of those who are conducting the interviews. There are several practical tools for conducting stakeholder mapping in [Annexes 3.1 – 3.3](#). Stakeholder mapping is a broad approach, but the following are five essential steps.



### 3.5.1 Plan the Approach

#### Think about the Timeline and Resources

Stakeholder interviews require planning, time, and resources, so carefully determine the scale of the mapping exercise: Will it include all relevant organizations in the district or will it focus on those already engaged in priority areas? How many stakeholders will be interviewed? How many questions will be asked? The scope of data collection and mapping efforts may be limited by the resources readily available. Developing a multi-sectoral mapping team can provide a helpful perspective when planning the approach. It may also help to pool the time and costs required. Assess the costs of and resources needed for key activities. They include, but are not limited to:

- **Personnel Time:** Plan for staff time to identify and engage with stakeholders. Contact the Community Development Office to develop a list of individuals to interview. Plan to spend about one hour per interview. Make sure stakeholders are aware of the time commitment beforehand so they can set aside adequate time. Additional time is required for entering mapping data into a computer and carefully writing up summaries of the key findings.
- **Travel:** Stakeholders may be found across the district. The best way to learn about them is to meet them face-to-face. Travel expenses can be a significant cost. Consider making initial contact by phone to ask a few key questions regarding the stakeholder’s activities. This can help determine which stakeholders to prioritize for interview.
- **Stakeholder Contact:** Schedule interviews with stakeholders ahead of time, especially for stakeholders located in distant wards. Budget for office phone calls or mobile air time.
- **Stakeholder Interviews:** Budget for an adequate amount of data collection questionnaires, which can be paper-based or mobile. Using paper interview guides provides space to write notes and observations during the interview. If the stakeholder consents, use other tools such as a digital voice recorder to record the discussion to be able to review it later on.
- **Data Organization and Analysis:** This activity is most efficient with computer hardware, computer software (e.g., Microsoft Excel), and the technical expertise to use both. Consider nearby resources and who might have expertise to support this activity. This could be an administrative person who works with spreadsheets, or a nearby institution that offers short courses or workshops. Be creative with developing new partnerships and lean on others’ strengths in order to learn. As an alternative to using a computer, use large sheets of paper to tally and organize data to produce basic summations across stakeholders, wards, and sectors.
- **Dissemination Strategy:** Include printing costs to create a brief or report with key findings, implications, and next steps. Holding a workshop can be a low cost and effective way to engage and follow-up with stakeholders, allowing them to interact and learn from each other.

### Answer Key Preparatory Questions

During the planning phase, there are several key questions to guide the mapping approach (See Box below). Responses to these questions will influence the entire mapping process, including how to engage stakeholders and how to collect, present, and use the data to strengthen partnerships and improve programs. Think critically about these guiding questions to ensure the information collected and the approach used will help stakeholders to meet larger objectives.

#### Preparatory Questions to Guide Mapping

1. What information will help develop relationships and strengthen key activities?
2. What local or district specific objectives might you or other key stakeholders utilize?
3. What is the scale or reach of the mapping activity? For example, how many stakeholders will you target, how involved will they be in later activity planning processes?
4. What indicators are already known and what knowledge gaps exist in the district?
5. How will mapping data be harmonized with other existing indicators and district information?
6. How will the mapping information be used, and what added value does it provide?
7. How will the information be disseminated, and to whom?

Adapted from: MEASURE Evaluation Manual, Mapping Community-Based Global Health Programs

## Develop a Mapping Tool

Develop or adapt an existing mapping tool, complete with questions to ask each stakeholder. An example mapping tool, adapted from the REACH approach, is provided in [Annex 3.1](#). It is important to include questions that determine the stakeholders' barriers and facilitators and any challenges to working across sectors. This can be done by including open-ended questions that gather stakeholders' deeper perspectives and motivations. Also, encourage relationship building by asking stakeholders about their goals, opinions, and obstacles from a genuine place of concern and support.

### Suggested Mapping Variables

Variables	Examples (non-exhaustive listing)
Relevant Stakeholders	<ul style="list-style-type: none"><li>• Nutrition Focal Persons; Ward Agricultural Extension Officer; members from Civil Society Organizations; Community Health Workers.</li></ul>
Activities	<ul style="list-style-type: none"><li>• Training on food production and processing; microcredit program to cultivate orange flesh sweet potatoes; small livestock keeping; school feeding program; community garden; nutritional messages and counseling in schools.</li></ul>
Location	<ul style="list-style-type: none"><li>• Listing of all the wards where each activity is occurring</li></ul>
Target Populations	<ul style="list-style-type: none"><li>• Entire population; children under 18 years; farmers and their families; people living with HIV; women of reproductive age 15—49 years; infants 0—6 months.</li></ul>
Delivery Channels	<ul style="list-style-type: none"><li>• Secondary schools; churches and mosques; farmers cooperatives; public seminars; radio messages; demonstration plots.</li></ul>
Goals	<ul style="list-style-type: none"><li>• Increase by 25% the number of consumers milling their maize at fortifying facilities; Improve nutritional status of people living with HIV.</li></ul>
Collaborations	<ul style="list-style-type: none"><li>• List all direct collaborators and other key stakeholders known by the interviewee</li></ul>
Challenges	<ul style="list-style-type: none"><li>• Climate and weather conditions impair agricultural and WASH programs; inconsistent resources to reach target groups; cultural norms challenge eating and food preparation behaviors; lack of formal communication between sectors</li></ul>
Successes	<ul style="list-style-type: none"><li>• Community champions lead CSOs to enhance community-led solutions to malnutrition; informal network of partnerships between ward officers helps them reach their target population more effectively; supportive local ward leaders</li></ul>
Opportunities for Action	<ul style="list-style-type: none"><li>• Motivated stakeholders feel their activities are important to nutrition but need opportunities to collaborate; cash crop and animal husbandry projects could include nutritional advice and messages on young child feeding to promote knowledge among parents and encourage joint decision making to improve family nutrition.</li></ul>

### 3.5.2 Identify Stakeholders

To build a system to address malnutrition, target diverse stakeholders working across many sectors. Use the NMNAP or council guidelines to think about who might impact nutrition, who to reach out to, and what opportunities they might bring to the process. Consider a broad range of topics that may locally affect nutrition including changing weather patterns, early childhood development, marketing of infant foods and medicines, new farming technologies, and others.

Develop an initial stakeholder list that includes stakeholder names, address, and phone number. The District Community Development Office is responsible for registration and supervision of all non-governmental organizations (NGOs) working in the district and is a valuable resource for discovering active NGOs. From the initial list, identify organizations that are or have the capacity to be relevant to nutrition. Organizations may include nutrition as a part of their implementation plan or may be engaged in a key sector where nutrition actions can be added or strengthened.

A multi-sectoral approach is more than adding nutrition components to ongoing activities. It's an approach where multi-sectoral stakeholders work together to revise policies or procedures in a way that maximizes mutually beneficial goals, even when nutrition outcomes are not the primary goal of others. Identify people who have experience addressing the underlying causes of malnutrition. The ward executive officers in each ward can also be contacted and help to identify NGOs working in their area. After gathering an initial list, contact the stakeholders by phone to request an in-person interview. If the list becomes too long, try to prioritize stakeholders who potentially will be the most effective or impactful partners. See the Box below for tips on prioritizing stakeholders.

### Tips for Prioritizing Which Stakeholders to Map

1. Identify influential and dynamic stakeholders. Look for people who can bring about rapid change (e.g., the media, political leaders).
2. Look for high-visibility individual champions and advocates. Committed and passionate individuals and groups in a sector are as important as the sector itself.
3. Locate organizations serving the most vulnerable in terms of limited human resources and the negative impact malnutrition already has on the economy and communities.

Adapted from: Mainstreaming HIV and AIDS in Sectors and Programmes, UNAIDS, UNDEP, September 2005

Prior to meeting stakeholders in person, invest effort in trying to learn about them. Continue to develop each stakeholder profile using the following questions.

- Who is already engaged in priority areas?
- Who can affect positive change for multi-sectoral nutrition action?
- Who is committed to following the processes, including attending meetings, gathering information, and other practical and logistical necessities?
- Who has a strong voice and is dedicated to the well-being of the most vulnerable populations?
- Who knows the context, situation, and issues surrounding the most vulnerable populations?
- Who has rapport across multiple sectors and could be a strong liaison and leader?

To minimize costs, you may choose to map nearby stakeholders first. Travel to farther wards as time and resources permit. If key advocates are found nearby, even mapping a few wards will be fruitful.

### 3.5.3 Interview Stakeholders

Collect stakeholder information through in-depth interviews. Interviews serve to provide both quantitative and qualitative information. For example, to learn how many relevant stakeholder activities occur in the district (quantitative). Or, what stakeholders think about the use and value of working across sectors to address malnutrition (qualitative). Building rapport, documenting what is learned, and developing a follow-up plan are key strategies for effective interviewing.

## Build Rapport

Rapport is the foundation of a meaningful, close, working relationship between people who like and trust each other. Strive to conduct interviews in person, if possible, in order to build rapport with stakeholders. Once rapport is established, a stakeholder is better able to influence, learn, and teach—they can encourage others to accept ideas, share information, and create new opportunities together.

### Tips for Developing Rapport

- **Find common ground.** Identify an interest, topic, or opinion that you both share. Stakeholders are more likely to relax, trust you, and feel free to share their opinions if they feel you have common points of view or have had a similar experience.
- **Listen carefully, attentively, and with interest.** Attempt to see the stakeholder’s perspective and understand their thinking process.
- **Respond with genuine sincerity, concern, and interest to establish credibility.** The connections that work are the ones you truly care about.
- **Ask open-ended questions.** Give stakeholders opportunity to talk about their interests, values, needs, wants, challenges, and successes.

Adapted from: Mindtools: Essential skills for an excellent career.  
<https://www.mindtools.com/pages/article/building-rapport-coaching.htm>

## Document Information Learned

Take detailed notes during the interview process to capture all the information shared. Notes are particularly important when stakeholders respond to open-ended questions, providing more in-depth detail on their goals, challenges, and successes. If the stakeholders allow, consider recording the interviews. Recording provides opportunity to refer back to the discussions later during analysis. Recording can also help build rapport with the stakeholder and maximize attentiveness, eye contact, interest and help you remain present in the discussion, without worrying about taking as many notes.

Consider conducting interviews with two interviewers. This can help interviewers retain information, if one person’s role is to take notes. Involving two interviewers also provides multiple perspectives for understanding stakeholders, reviewing key points, and building rapport.

Immediately following the interview, review notes and fill in any gaps. Document observations regarding how the conversation went, how comfortable or engaged the stakeholder seemed, and your intuition about partnering with the stakeholder and what activities you would prioritize.

## Conclude with a Follow-up Plan

A follow-up plan can be to reconnect on an issue the stakeholder has mentioned; to disseminate a final report after all stakeholders are mapped; or to share a stakeholder engagement plan to suggest next steps, topics to discuss, and mechanisms for sharing information and learning from one another.

### 3.5.4 Analyze Stakeholders

During analysis, the written information collected during interviews is strategically organized in order to see stakeholder trends and differences. Spreadsheets are a helpful way to organize both the quantitative and qualitative data collected. There are many ways to enter and organize data into a spreadsheet. For example, data can be entered so all information for each stakeholder is on one row. For quantitative data, this allows for easy summation of numerical data across stakeholders.

A matrix is a format within the spreadsheet that allows the user to interpret and describe the information collected more clearly. A matrix can help to explore relationships in the data that explain what is happening in particular sectors or geographical areas. It can also depict which stakeholders have similar goals, interests, or activities. Sample spreadsheets ([Annex 3.2](#)) and a matrix ([Annex 3.3](#)) can be found in the appendix.

Analyze the data to obtain a summary description across different topics. Summary descriptions can also be created for each stakeholder, which is helpful for documenting an overview of that organization or department. Descriptions across activity type, specific sector, location, or target population are especially useful when summarizing key findings in a final report.

For qualitative data, creating a matrix of stakeholder responses can allow users to read and interpret the key challenges, opportunities, and other discussion topics across the stakeholders. Creating such matrices will assist in discovering salient themes and developing a communication and follow-up plan that is aligned to the stakeholders' focus and concerns.



*A district officer engages stakeholders in a discussion about the results of a community-based stakeholder mapping activity*

### 3.5.5 Engage Stakeholders

Gathering stakeholders together is a critical step in the process of strengthening nutrition programs. After interviews, continue to develop rapport by creating opportunities for additional human interaction and sharing of experiences amongst stakeholders. Those who conducted the mapping activity can use methods such as hosting an engagement workshop to disseminate and discuss results of stakeholder mapping. Workshops are a powerful tool for sharing learnings and building consensus across diverse groups of stakeholders.

#### Stakeholder Mapping, Additional Takeaways

Stakeholder mapping and engaging with stakeholders can provide a wealth of information. With careful planning and thoughtfulness, by the end of these activities, you should be able to answer the following practical questions:

- Who are your key stakeholders?
- How are you engaging them?
- What can you do right now to reach out to those you've overlooked?
- What are ways you can work together to make progress on a multi-sectoral nutrition issue you both care about?

## 3.6 “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, learning 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 on nutrition-relevant activities.



## 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 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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## Part 4. Building Multi-sectoral Nutrition Partnerships through Engagement Workshops

### 4.1 Purpose of Engagement Workshops

The previous section described how to use a mapping approach to identify key stakeholders. The next step is to bring stakeholders together. An engagement workshop involves stakeholders working actively towards common objectives. In this case, workshop participants engage in discussion and in collaborative activities that enable them to explore partnerships and ideas that enhance a strong response to malnutrition. The workshop is a starting point for developing collaboration. It can launch an active, organized, self-conscious, long-term alliance of individuals who mutually benefit from shared goals in support of improving health in communities.

#### What is a Workshop?

A workshop is an educational seminar or a series of meetings emphasizing interaction and exchange of information among a usually small number of participants. In contrast to a seminar, workshops are less formal and require more attendee participation. At a workshop, participants gain new skills and information from each other and topics are covered in a way that is fun and memorable for the team.

Source: The United Republic of Tanzania. *Training Programme for Nutrition Officers*.  
Module Four: Resource Mobilization, Advocacy and Capacity Building Skills.

### 4.2 Overview of Engagement Workshops

In engagement workshops, participants discuss and explore the district MSN landscape. Scheduled activities promote teamwork. Stakeholders work to better understand which goals and activities across individuals and sectors overlap or reinforce each other and which priority areas to focus on together. Participating in such a workshop allows participants to reflect on issues and on their own experiences. It also provides an opportunity to share, analyze, and enhance each other's knowledge.

#### An Engagement Workshop Can:

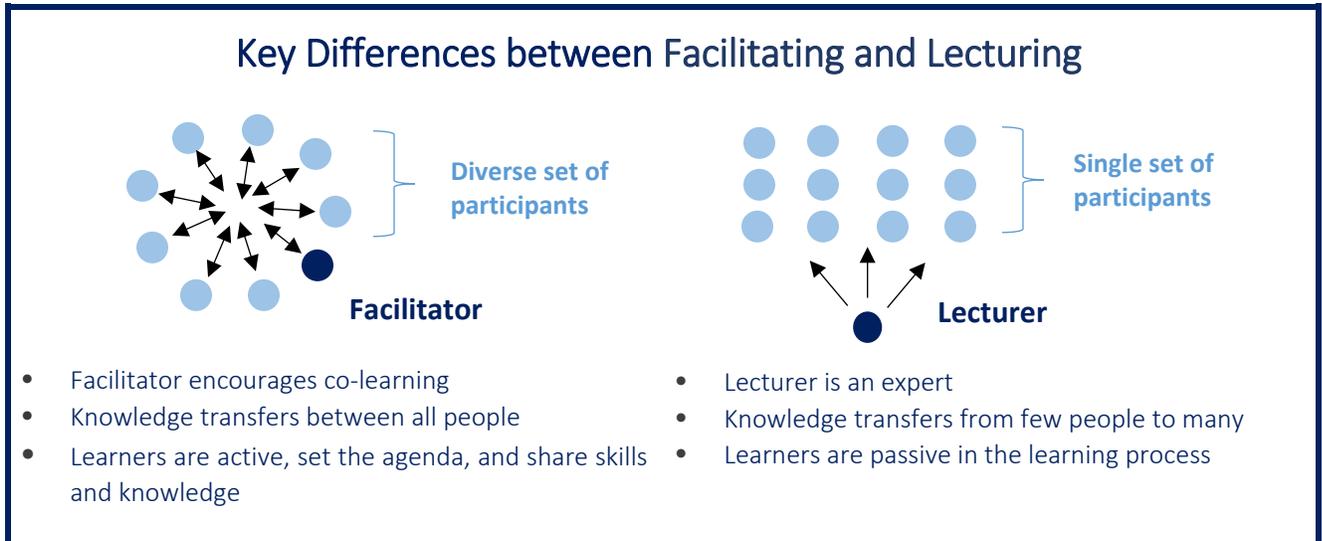
- Improve communication and learning among stakeholders.
- Inspire and sustain social and behavior change in nutrition.
- Pool reliable evidence-based information and experiences.
- Revitalize and reconnect stakeholders who often deliver activities on their own.
- Influence nutrition policy and priority change at local levels.
- Identify specific opportunities and capacity development needs related to unified nutrition efforts across key sectors.

Adults learn best when they are actively involved in the learning process. Engagement workshops use participatory approaches to bring several people together to exchange knowledge, test assumptions, and solve problems. Learning is linked to real life experiences where workshop participants can use and test new skills and receive feedback.

**Effective participant involvement in the workshop can:**

- Generate a greater understanding of district issues, priorities, and local solutions.
- Build broader support for MSN programs and initiatives.
- Increase joint learning through the sharing of information and experiences.
- Improve communication and collaboration across government departments and sectors.
- Develop potential approaches to deliver programs more effectively and efficiently.
- Leverage resources and avoid duplication of MSN efforts.
- Ensure decisions are based on knowledge that otherwise might be overlooked, including local perspectives, or information typically shared among one department only.
- Reflect a wider range of concerns and values in decision-making.
- Strengthen capacity of district and community leaders.

This part of the manual focuses on identifying appropriate participatory formats and approaches for presentations, group discussions, and problem solving sessions. These approaches will maximize learning and agenda setting for a stronger district MSN system. Participatory approaches include designing workshop sessions that are more conducive to learning and relationship building than expert-led lectures in front of a passive audience.



Use a participatory approach to allow stakeholders to play an active and influential role in learning. Involve district and community stakeholders so a range of individuals contribute their knowledge to the learning process. Design workshops to create useful partnerships and identify stakeholders among the group who are motivated and ready to work closely with others. By using a participatory approach, ultimately, all stakeholders share control over the learning and decisions made as they educate each other from different perspectives.

## 4.3 Beneficiaries of Engagement Workshops

The council heads of department are the decision-makers who determine which activities to prioritize. Their support for a multi-sectoral approach towards malnutrition is critical. However, they have many competing demands and priorities and they may not have the time to work on nutrition directly. Therefore, focus on collaborating with stakeholders below this cadre, who have time to work with DNuOs and strengthen frontline MSN activities. In turn, share the local evidence and learnings gathered back to the department heads. This bottom-up transfer of information can create greater awareness of implementation challenges and opportunities and help to inform the next cycle of activity planning and budgeting. Even if primary decision-makers are not directly involved, they benefit from learning about the workshop outcomes. They gain understanding of local perspectives to inform their MSN planning.

Primary beneficiaries of engagement workshops include the participating stakeholders. They benefit from new relationships, increased collaboration, and improved guidance on addressing malnutrition. Secondary beneficiaries are those working on nutrition-relevant interventions who are located outside of the district. These beneficiaries include organizations and institutions operating at international, national, or regional levels. These cadres can learn best practices from well-organized district MSN stakeholders and replicate their approaches in other areas where they are working.

## 4.4 Rationale for Engagement Workshops

Building a frontline response to malnutrition requires strong collaboration of multiple stakeholders. Collaboration is the exchanging of information, altering of activities, sharing resources, enhancing one another's capacity, ensuring mutual benefit, and achieving common goals. Convening an engagement workshop is one approach to bring stakeholders together and strengthen collaborative partnerships. Awareness of who stakeholders are and the degree to which they collaborate will be different across districts. This part of the manual describes how to hold engagement workshops to develop knowledge of the MSN approach and investigate joint priority areas for action.

During engagement workshops, stakeholders collaborate to plan activities that will have a greater impact on nutrition, health, and well-being. Using a teamwork approach, workshops help participants align their efforts to address the immediate, underlying, and basic causes of malnutrition. The goal is to have workshops support diverse actors to play a more robust role in addressing malnutrition through their activities.

## 4.5 Steps for Conducting Engagement Workshops

Careful planning is critical for a successful engagement workshop. It is key to outline all of the steps involved. In advance, workshop planners will define the workshop objectives, the planned activities to reach those objectives, the main content of the workshop, and facilitation techniques that will encourage participants to engage in dialogue. The following are essential steps to help guide the planning process. Several practical tools for conducting workshops can be found in [Annexes 4.1 – 4.5](#).

## 4.5.1 Step One: Plan the Approach

Workshop facilitation is about guiding the participants to share and expand upon their skills and knowledge. A skilled facilitator presents themselves as equal to the participants and creates a positive environment for knowledge sharing and learning. The facilitator needs some knowledge of the content area—but most importantly, skills in facilitation.

When participants don't know each other or don't agree on issues, managing the discussion can be challenging. The facilitator acts as a referee, creating a space where participants feel capable of expressing their views. The facilitator ensures the concerns of everyone in the room are met, especially those who are more reluctant to express their views. By using open-ended follow-up questions, the facilitator gives permission for individuals to disagree with others and present their own views. Open-ended questions may include, "What do others think?", "What are other challenges that we have not discussed?", or "Are there other perspectives we should consider?"

### 8 Key Points for Facilitators

1. Ask someone to facilitate with you—facilitating a workshop takes a lot of lot of energy. Multiple facilitators also provide variety for the participants.
2. Create a space where learning occurs through activities, discovery, and exploration.
3. Vary the pace and style to maintain interest. Adults learn best when actively learning. This can mean taking part in a discussion, role-playing, or participating in a group activity.
4. Set up activities that enable people to learn from each other and build on their own knowledge. Knowledge doesn't have to come from the facilitator.
5. Use personal experiences as a learning tool. If a topic is new, have participants think about their own experiences to begin to learn and explore the topic.
6. Expect different opinion—when handled well, they contribute greatly to creative solutions.
7. Be suspicious of agreements reached too easily. Test to make sure that people really do agree on essential points and key decisions.
8. Give handouts of key concepts to reinforce ideas and ask participants to provide their own examples during discussions.

Design workshop activities that allow participants to develop a better understanding of other sectors (including policies, goals, language, values, and priorities). To achieve this, emphasize sharing of experiences, technical knowledge, and practical guidance between participants from different sectors. Different facilitation techniques allow participants to establish links and develop ways to communicate with each other. Particular facilitation techniques, when combined, help to maximize sharing and joint learning among a diverse set of participants (examples in [Annex 4.1](#)).

To achieve objectives, plan out the key topics that will be covered in the workshop and the way they will be delivered to participants. Provide an opportunity for participants to guide and learn from each other about how to conduct MSN action. The activities planned will depend on the context of the particular district and the key stakeholders involved. The Box below offers examples of the types of workshop activities to plan. Workshop sessions should be adapted to the specific context of any district. For a sample workshop agenda, [see Annex 4.2](#).

## Examples of Workshop Activities

1. Review the National Multi-sectoral Nutrition Action Plan and guidance on nutrition-sensitive actions.
2. Identify common goals, objectives, and interests across individuals of different sectors.
3. Examine case studies that highlight examples of “what works” when trying to integrate nutrition into other sectors.
4. Discuss challenges and opportunities in working across sectors.
5. Develop joint multi-sectoral priorities that are relevant to the district context.
6. Test the feasibility of possible actions by highlighting the information, resources, skills, commitment, and support required.
7. Discuss the way forward and identify follow-up actions.

### 4.5.2 Step Two: Develop Objectives and Outcomes

MSN engagement workshops will allow participants to discuss key MSN concepts, such as:

- National and district guidance for a MSN approach
- The local response to malnutrition
- Integrating a nutrition mindset in other sectors
- Challenges stakeholders face in collaborating

To support these discussions, workshop planners can devise discussion questions. For example:

- What current activities exist?
- How well do current activities cover the priority areas in the NMNAP?
- How can current activities be adapted or transformed to maximize their nutritional impacts?

An important factor of a successful workshop is commonly understood objectives, expected outcomes, and a clear process for reaching them. Carefully decide the purpose of the workshop and have objectives and outcomes in mind. At the beginning of the workshop, have participants discuss their expectations. Write these on a large sheet of paper for everyone to see. Add any objectives that haven't been covered.

### Example MSN Workshop Objectives

By the end of the engagement workshop, participants will have:

1. Strengthened awareness of national MSN guidance and priority areas.
2. Shared understanding of the linkages between nutrition and other key sectors, and identified challenges and opportunities for collaboration.
3. Practical knowledge from reviewing and discussing findings on successful (and unsuccessful) practice in integrating nutrition.
4. Outlined context-specific priority areas for stakeholders to continue to work on together.

### Example MSN Workshop Outcomes

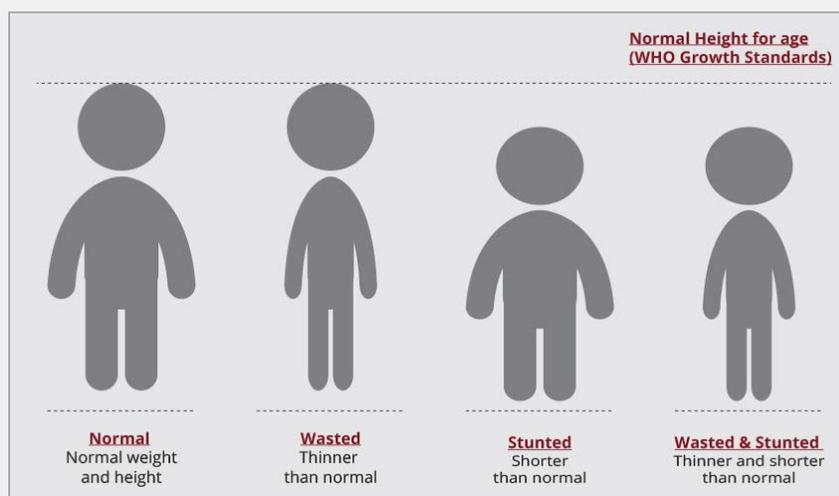
1. A formed core coalition of stakeholders.
2. A consensus on 2 to 3 context specific MSN priority areas that deserve focused attention.
3. A plan for “next steps” and an outline of key roles for who is doing what, and expectations for future communication and follow-up.

### 4.5.3 Step Three: Promote a Joint Understanding of the Problem

To be nutrition advocates, stakeholders benefit from having a common understanding of the impacts of malnutrition, why they matter, and how they affect communities. Nutrition terms such as *wasting* and *stunting* are not uniformly understood by people working in different sectors. For example, the harmful impact of stunting may not be known since stunted children can look healthy. Learning how malnutrition affects not only the health of an individual, but the economic and social well-being of a community can be motivating and help increase awareness of the magnitude of the problem.

#### Workshop Activity—Understanding Malnutrition

Encourage discussion around the differences between underweight, wasting, stunting, and anemia. Have participants share their knowledge on how these forms of malnutrition can impact health and productivity. A drawing of stunted and wasted children can be used to show and discuss the different forms of malnutrition.



Increase awareness of the nutrition situation in Tanzania, and more specifically, in the district. Use Demographic and Health Survey data (<http://dhsprogram.com>), or other local data. Write several numbers on a flip chart and ask which numbers match the prevalence of specific conditions (e.g., stunting, wasting, underweight, exclusive breast feeding).

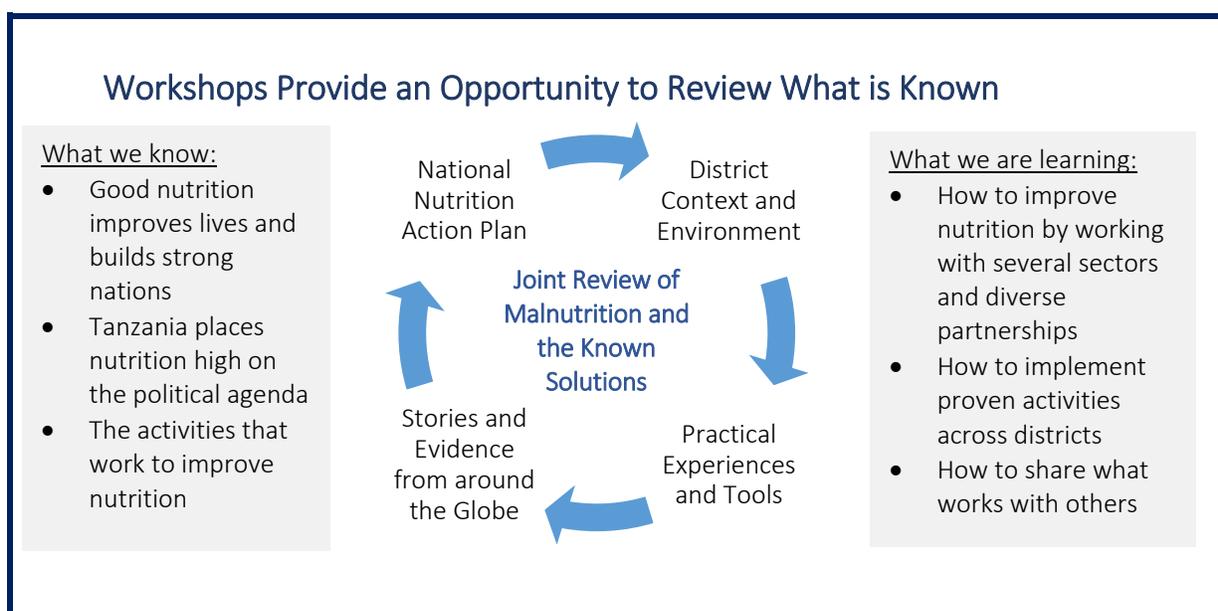
This activity can also enhance discussion around who the most vulnerable members of society are (e.g., urban versus rural statistics), and therefore, who should be targeted for interventions. During this activity, other data resources can be used, such as the Lives Saved Tool (<http://www.livessavedtool.org/>) to show how many lives could be saved if certain interventions were able to reach more community members.

Participants may also share key statistics from their sector (e.g., related to poverty, food safety and storage practices, agricultural practices, WASH practices) so everyone may learn what key variables across sectors affect malnutrition.

#### 4.5.4 Step Four: Promote a Joint Understanding of the Solutions

Stakeholders benefit from a common understanding of what activities are included in an effective response to nutrition challenges. The National Multi-sectoral Nutrition Action Plan is in place to support a strong nutrition system. The guidelines are meant to help districts budget and plan nutrition activities. They describe and emphasize general approaches to improve planning (e.g., involve multiple sectors and partners) and include specific goals and targets (e.g., reduce anemia in women of reproductive age).

While these plans show commitment and thoughtful planning at the national level, the information is vast and the strategies complex. Workshops can provide stakeholders the opportunity to review key sections of national plans, but also to engage in review and discussion of existing practical knowledge and tools for implementation (see Box below).



There have been many tools, resources, and documents developed to guide program planners on how to use a multi-sectoral approach (examples in [Annex 4.3](#)). Increased awareness and active group discussion of such resources can help stakeholders take action to fight malnutrition in their district. This type of participation across departments and partners is a critical first step in increasing district leadership and governance for nutrition. It also reflects the important values of collaboration and cooperation and begins to shift the focus of malnutrition from a health issue to the multi-sectoral issue that it is.

## Workshop Activities for Understanding MSN

**#1.** Organize participants into groups by sector to discuss and record sector priorities on flipcharts. Then circle the priorities in each sector that have a link to malnutrition and the NMNAP. This activity demonstrates how each sector has a stake in and a responsibility for nutrition. Participants also see how focusing on nutrition can support their own sectors' goals.

**#2.** Elicit examples or success stories from the group by asking about a multi-sectoral activity that is going well. Or, a case study from another area may be used. Have participants discuss—what makes this activity a success? What makes this activity multi-sectoral? This helps solidify the concept of “MSN” and gets participants thinking about how they might work together on the cross-cutting challenges of malnutrition.

**#3.** Have participants give examples of how different sectors can be more nutrition-sensitive. Provide an example from national guidelines if needed. Once participants have an idea of how MSN activities work, ask participants to provide their own examples of how their department is or can better align with nutrition.

### 4.5.5 Step Five: Identify Challenges and Opportunities for Teamwork and Priority Areas for Action

Identifying challenges and opportunities for working together improves the group's ability to collaborate. Use small group sessions to discover examples of current challenges and successes in working across sectors or departments. Include individuals from different sectors in each small group. Once groups record challenges and success, the larger group can begin to identify possible solutions and ways to take advantage of strengths.



*Workshop participants work in small groups to discuss challenges and opportunities for collaborating across sectors*

Shared decision making helps stakeholders to agree on a multi-sectoral approach, stay connected, and to follow through with joint plans. Use shared decision making to identify areas for immediate action and specific ways workshop participants can work together. Align immediate actions with national plans and ensure they are evidence-based. Specifically, have participants brainstorm priority areas, strategic partnerships, roles and responsibilities, and key follow-up steps. Have participants consider their own areas of interest, resources, availability, and potential involvement. Discuss how to enhance communication and identify a regular way to share information to encourage collaboration after the workshop concludes.

Let stakeholders know they have time to think things over. Ask them what else they need to know or do before they feel comfortable making a decision. Check for understanding and discuss any possible challenges in following through with the decisions.

There usually is no single “right” plan for how to strengthen a multi-sectoral approach to malnutrition. Decisions will depend on the capacity of each individual stakeholder and the strength of the larger stakeholder network. Shared decision making is especially important in situations where there is more than one reasonable option, or when the possible course of action for MSN activities may lead to different outcomes for different target populations.

Also, when planning next steps, reflect upon funding. Discuss resources readily available for activities. However, do not wait for additional funding before taking steps. Many first steps can be low cost, including review of evidence or methods, organization of internal meetings or workshops with new stakeholders, and the development of tools to enhance MSN action and implementation.

Workshops start many important conversations. No matter what specific activities workshop participants plan for, there are several key actions that can always be strengthened (see Box below).

### Key Actions to Continue to Strengthen

1. Allocate time and resources to thinking and planning for nutrition activities.
2. Promote awareness of the mutual benefit of nutrition activities across sectors.
3. Increase multi-sectoral nutrition (MSN) knowledge among key stakeholders.
4. Create an inclusive and creative approach to planning and budgeting for nutrition.
5. Improve stability in staffing and leadership within the Steering Committee and within a frontline implementation team.
6. Increase awareness of roles: who is involved in funding, planning, and implementation.
7. Support DNuOs and CSOs to overcome financial and organizational barriers that hinder MSN planning and action.

Once the groundwork has been developed for which actions to prioritize and which stakeholders will lead the effort, the next step is to plan the design and delivery of specific interventions. This type of action planning can be complex and will likely require a follow-up to the workshop described here or a meeting solely devoted to it. There are several tools for designing an action planning workshop. One such tool is the Program Assessment Guide, or “PAG” (<http://www.a2zproject.org/pdf/PAG.pdf>).

## 4.5.6 Step Six: Evaluate the Workshop and Build a Sense of Teamwork

Before the workshop comes to a close, it is helpful to evaluate how the workshop process went. Often, for people to feel comfortable to share what they really feel it can be helpful to use a handout with specific questions for participants to respond to anonymously (sample in [Annex 4.4](#)). Provide participants with 10 minutes to reflect and write down their feedback on what they learned, what they feel good about, and what could be improved.

Try to end the workshop with a sense of community and teamwork. Don't let the momentum slide. A song, some silence, standing in a circle, shaking hands—anything which affirms the group and encourages a feeling of closure on the time spent together can be helpful.

As participants leave, consider providing a one-page brief that includes key terms and concepts to help participants stay engaged after the workshop. This brief may also include a list of key resources to learn more about a given topic or contacts to follow-up with specific people, such as the DNuO. Providing participants with take home materials, including a handout or set of informational presentations slides used during the workshop can also serve as a resource for participants to use for future reference.

After the workshop, summarize key findings and decisions made and report back to the stakeholders, and if appropriate, to the District Council Steering Committee on Nutrition. A sample table for organizing key goals, challenges, and opportunities can be found in [Annex 4.5](#).

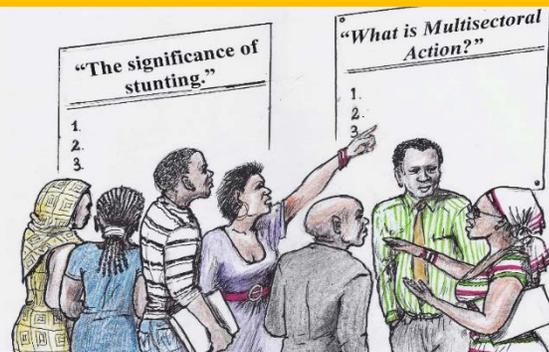
### Engagement Workshops, Additional Takeaways

Workshops allow stakeholders to devise solutions together, design approaches for working across disciplines, and can bring district government, CSOs, NGOs and other frontline workers closer together to improve programs. They are an effective way to involve and partner with those working on activities that affect nutrition and health. Building these relationships during the workshop requires effort to understand stakeholders' motivations and the issues they are most concerned about. After the workshop, continuing to strengthen partnerships involves finding ways to support stakeholders to improve collaboration and delivery of multi-sectoral nutrition actions.

As a district strengthens the multi-sectoral nutrition system, additional workshops can be held to cover topics such action planning, intervention quality, and evaluation. Stakeholders can be involved in the lifecycle from planning to evaluation and they can provide insights as to what's working and what's not working from their perspective. Based on their feedback, take the cycle back to the beginning and engage stakeholders in additional planning, refining, and refocusing of the activities as necessary. Involving multi-sectoral stakeholders in this way can make a tremendous difference in the success of any initiative.

## 4.6 “Building Strong Nutrition Systems” Evidence-Based Brief

# Engagement workshops help District Nutrition Officers expand a nutrition network



### 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, DNuOs 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

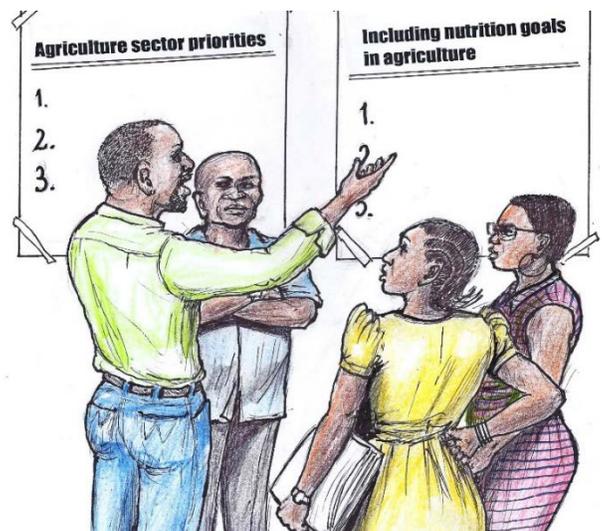


Documentation of challenges to collaborating across sectors and identified priority areas to work on as a team



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Continued efforts are needed to ensure DNuOs 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. DNuOs 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 DNuOs in two districts to lead one-day engagement workshops. They reviewed evidence and discussed ways for participants to support nutrition across sectors.
- ▶ Through workshops, DNuOs increased awareness of the benefits of joint nutrition activities.
- ▶ Workshops provided an opportunity for councils to show their support for DNuOs to overcome challenges to joint nutrition programs.

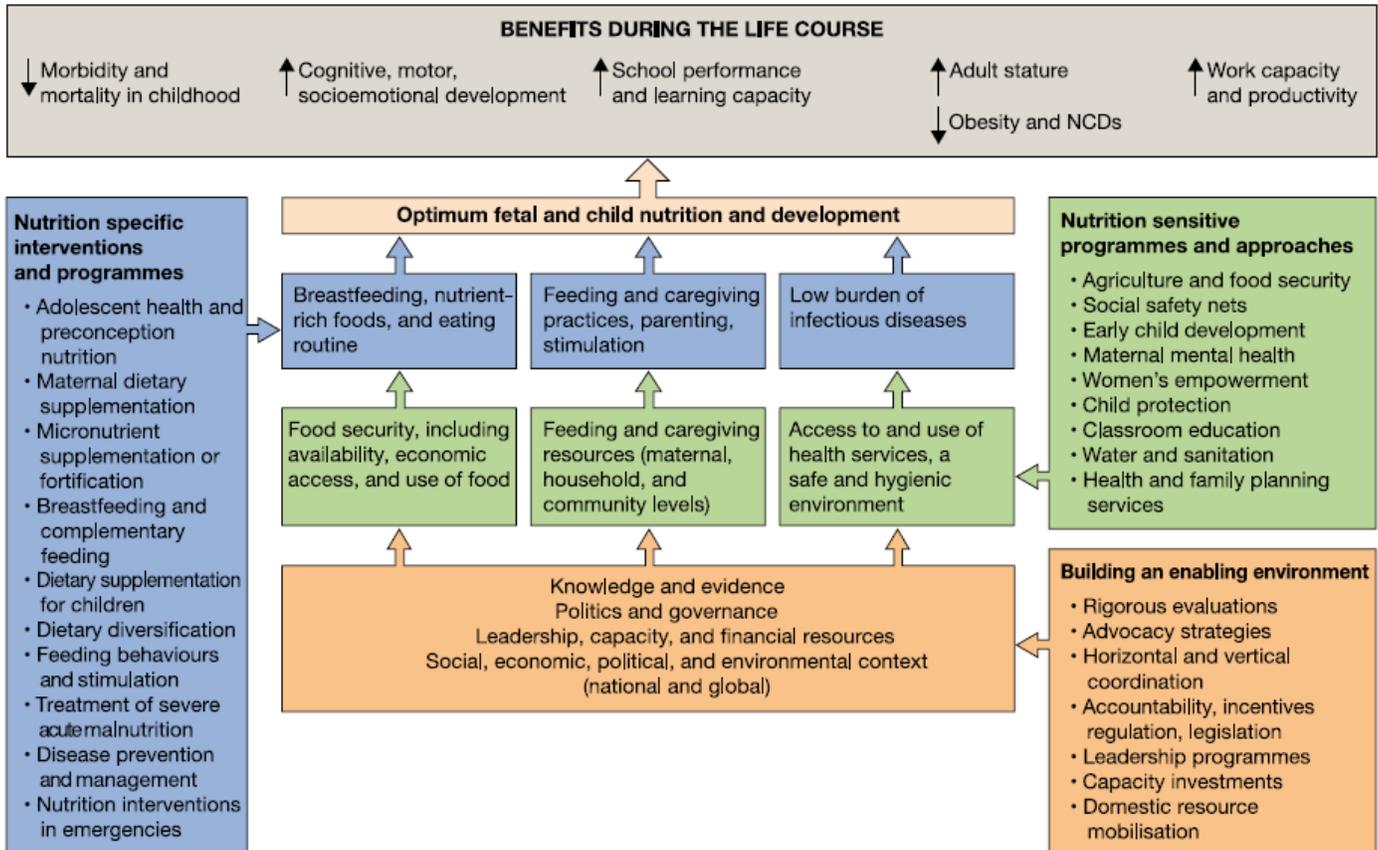
This brief was prepared by project partners from the Tanzania Food and Nutrition Centre, Kilimanjaro Christian Medical University College, Sokoine University of Agriculture, Muhimbili University of Health and Allied Sciences, Nelson Mandela African Institution of Science and Technology, and Cornell University (New York, US).

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# Annexes

## Annex 1.1 Conceptual Framework to Improve Nutrition.

Source: The Lancet Series on Maternal and Child Nutrition, 2013



Annex 1.2. Tanzania's Planned Nutrition Targets to be achieved by 2021.  
The National Multi-sectoral Nutrition Plan, 2016-2021

**Country Targets to  
Improve Maternal, Infant  
and Young Child Nutrition**

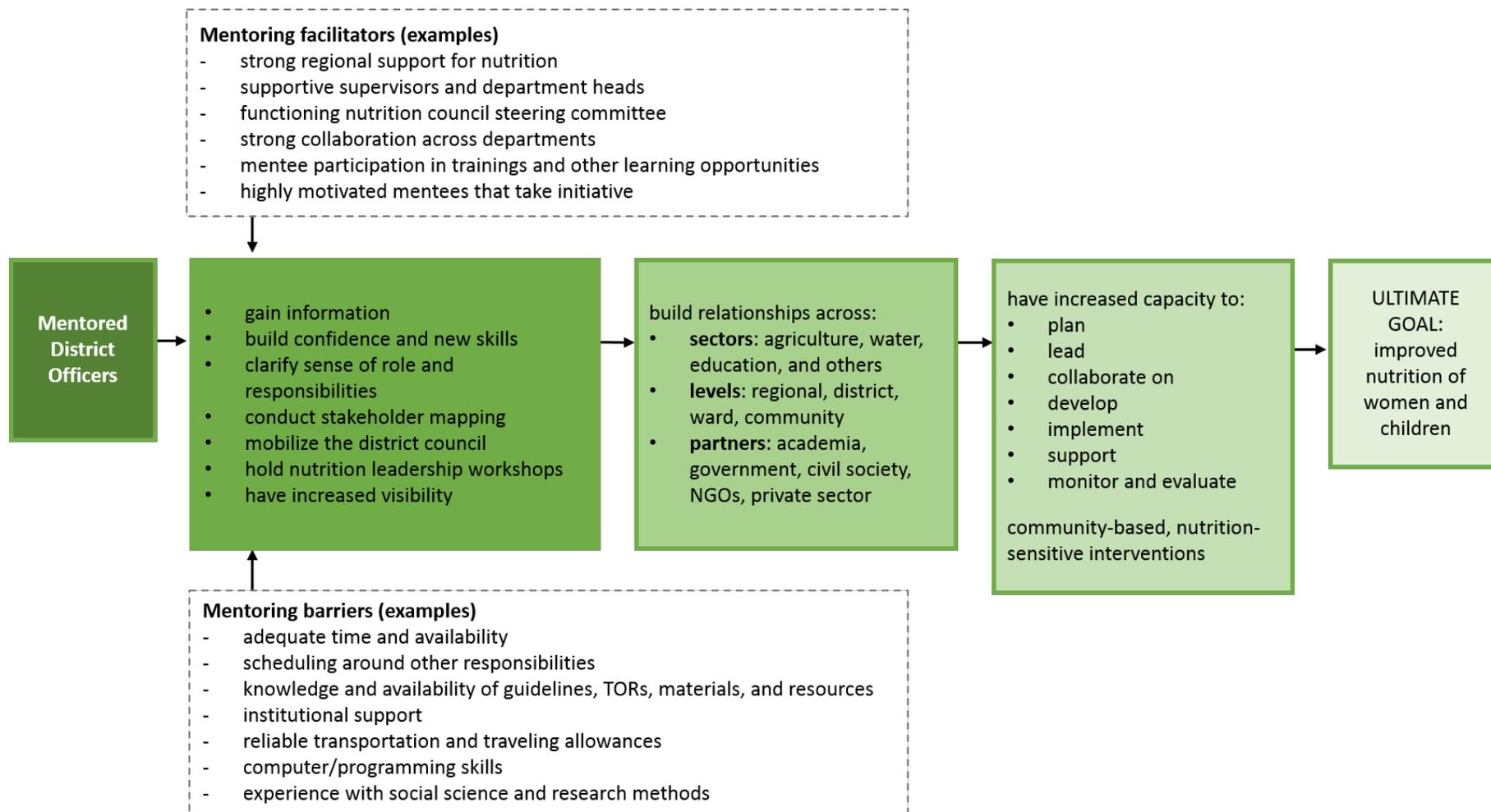
1. Reduce the number of children under 5 who are stunted from 34% to 28%
2. Maintain acute malnutrition among children under 5 under 5%
3. Reduce prevalence of low birth weight from 7% to less than 5%
4. Reduce anemia in women of reproductive age from 45% to 33%
5. Reduce the number of children under 5 with Vitamin A deficiency from 33% to 26%
6. Maintain median urinary iodine levels of women of reproductive age between 100-299 µg/L
7. No increase in childhood and adult overweight and diabetes among adults

## Annex 2.1. Responsibilities of the District Nutrition Officer

### **Responsibilities of DNUOs as Defined in the National Training Programme for Nutrition Officers Manual**

1. Serve as secretary to the District Multi-sectoral Steering Committee on Nutrition
2. Provide technical support and monitor the implementation of the National Multi-sectoral Nutrition Action Plan
3. Receive, interpret and disseminate all policies, strategies, standards, legislation, and guidelines
4. Mobilize financial resources and ensure their availability for nutrition activities
5. Advise council directors on appropriate response and actions to address nutrition challenges
6. Preparing monthly, quarterly and annual reports on nutrition and other nutrition-related issues to the Council Steering Committee
7. Develop and submit plans and budget for nutrition activities to the Council Steering Committee
8. Establish and maintain a consolidated database on nutrition information
9. Support integration of nutrition in sector policies strategies and programmes
10. Identify and work with other stakeholders who are implementing nutrition-related activities in the district

## Annex 2.2 General Mentoring Framework for District Officers



## Annex 2.3 Example Framework to Assess the District Situation and Identify Activities

Mentorship works best when the mentor and mentee develop shared goals and achieve those goals through working on a series of projects or activities together. This framework can help mentors and mentees organize possible activities to strengthen mentee capacity to engage diverse stakeholders on nutrition-sensitive action planning. The framework can be used to identify topics to discuss with mentees and possible activities to engage in on individual, institutional, and grassroots levels. This framework provides a few examples of mentorship strategies and is not exhaustive.

	Assess the situation (1–3):	Identify needs-based activities (4–6):
Individual change	<p><b>1. What knowledge and access to guidelines exist?</b></p> <ul style="list-style-type: none"> <li>• Literacy on stunting and nutrition-sensitive actions</li> <li>• Familiarity with national nutrition action plan</li> <li>• Knowledge of council plan and budget for nutrition</li> </ul>	<p> <b>4. Review and discuss national and district guidance; align mentoring objectives with the national nutrition action plan</b></p>
Institutional change	<p><b>2. Is there a supportive and active district team?</b></p> <ul style="list-style-type: none"> <li>• Effective nutrition council steering committee</li> <li>• Collaboration across departments and sectors</li> <li>• Clear roles, accountability and feedback platforms</li> </ul>	<p> <b>5. Conduct stakeholder mapping to identify key actions, build relationships and assess challenges and opportunities for joint collaboration</b></p>
Grassroots mobilization	<p><b>3. Are council officers able to reach communities?</b></p> <ul style="list-style-type: none"> <li>• Bottom-up approach utilized in nutrition planning</li> <li>• Local stakeholders are known and engaged often</li> <li>• Data collected on nutrition-sensitive actions</li> </ul>	<p> <b>6. Facilitate engagement workshop with local stakeholders to learn how to better implement nutrition-focused actions across sectors</b></p>

## Annex 2.4 Sample Mentoring Conversation Topics and Questions

Use the following sample questions as a basis to gather information and track progress. Discussing these topics will take several mentoring visits. Ask questions as they come up naturally in conversation instead of the order they are listed. It will likely be necessary to return to a topic over many conversations to gain all the relevant information. Additional open-ended questions might be important to add in order to understand the mentee's point of view, experiences, and aspirations. Consider providing 1 to 2 questions to the mentee ahead of a visit to allow the mentee time to develop a thorough response before discussing the topic in person.

### 1. Nutrition Vision and Goals

List the strengths and what is working well. List the weaknesses and what needs to be improved. What is needed to strengthen the district MSN system? If it was the year 2025, what would the mentee like the nutrition system to look like? What skills/aspirations does she/he bring? Identify 3 goals and 3 activities that are realistic to begin to achieve within the next year. Begin to draft an action plan to meet the goals identified.

### 2. Nutrition Prioritization in the District

Focus on *how* nutrition is prioritized. What are the nutrition priorities in the district? How are they identified? Who identifies them? What activities receive funding? What district strategies/action plans for nutrition-related activities exist? Who does what to create this plan? How is the mentee involved? Who uses the plan? How could the plan itself or the use of it be improved?

### 3. Nutrition Knowledge and Awareness

Who is responsible for nutrition knowledge and the key outcomes? How is it informed? What data exist? How do officers know what nutrition-related problems exist across different communities in the district? How does knowledge flow from national to district to community level? Where is knowledge not flowing where it should? Review key nutrition concepts and definitions (e.g. stunting, nutrition-sensitive actions). Discuss awareness of these concepts among key actors in the district.

### 4. Multi-sectoral Nutrition Action

How does the mentee and other key district officers plan to address malnutrition? What is the planning process? Is there collaboration among sectors to improve nutrition (How? Frequency? Examples?)? What activities would the mentee like to work on with officers in other departments? Does the mentee connect with people or organizations she/he needs to? Ask about the multi-sectoral Council Nutrition Steering Committee meetings. How often do they happen? Who's involved? Are they effective? Who are the leaders and decision makers? How can the Committee meetings be improved? How can relationships be strengthened across departments?

### 5. Community Engagement

Does the mentee work directly with community members in any current activities? Does the mentee work with frontline workers such as CSOs or CHWs? Which nutrition-relevant actions are happening in communities? How could nutrition services better reach communities? What opportunities exist for mentees to support CSOs, CHWs, or extension officers?

### 6. Relationships and Support

What supportive relationships exist for the mentee? Who can the mentee go to with questions or for advice? Is the support helpful? What additional support would help the mentee do their job? Discuss mentee opportunities to lead initiatives and make decisions about MSN action. Do people or organizations contact or seek advice from the mentee? What activities is the mentee primarily engaged in? Who does the mentee work with on these activities? Who else would the mentee like to work with and why?

### 7. Resources and Information

List the data, resources and information that is available. How are these resources used? What else is needed in order to achieve job responsibilities and tasks listed in the mentees Terms of Reference? What are possible sources for additional resources? How would acquiring these resources help the mentee do her/his job?

## Annex 2.5 Sample Documentation Worksheet for Mentoring Discussions

Review previous worksheet filled during the last meeting which can serve as a starting point for this visit.

### General Information

Who is present: \_\_\_\_\_

Date: \_\_\_\_\_

Location \_\_\_\_\_

### Activities and Accomplishments since Last Meeting

Activities Pursued since Last Meeting	Major Accomplishments
▪  ▪  ▪	▪  ▪  ▪

### Meeting Agenda and Goals

The goals for this meeting to further develop activities and progress are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Topics of Discussion

Key topics discussed include:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Perceived Challenges and Strategies to Address Them

State the key challenges encountered, actions taken to overcome them, and any pending matters to resolve.

Key Challenges	Actions Taken	Matters to Resolve
▪  ▪  ▪	▪  ▪  ▪	▪  ▪  ▪

### Activities to Pursue and Next Steps

List the major activities, tasks, or events the team is planning to undertake in the next few weeks and the steps for how to get there:

Next Steps: Specific tasks for the Mentee	Next Steps: Specific tasks for the Mentor
<ul style="list-style-type: none"><li>▪</li><li>▪</li><li>▪</li><li>▪</li></ul>	<ul style="list-style-type: none"><li>▪</li><li>▪</li><li>▪</li><li>▪</li></ul>

### Other Upcoming Responsibilities

List any other upcoming events, trainings, initiatives, or responsibilities that team members will be engaged in that the team should know about and plan around:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Next Conversation

Date: \_\_\_\_\_ Hour: \_\_\_\_\_ Location: \_\_\_\_\_

### Mentor Meeting Notes

Document what went well. Did team members seem to be at ease? Motivated and engaged? What does the team most need to work on? Describe in detail your observations on the team and how this meeting went:

## Annex 2.6 Guideline to Create Goals that are S.M.A.R.T.

### S.M.A.R.T. Goals and Action Steps

#### 1. Specific

Be clear and specific so you can focus your efforts and feel truly motivated to achieve your goals.

- What do I want to accomplish?
- Why is this goal important?
- Who is involved?
- Where is it located?
- Which resources or limits are involved?

#### 2. Measureable

Have measurable goals so you can track progress, met deadlines, and stay motivated.

- How much? How many?
- How will I know when it is accomplished?

#### 3. Achievable

Design goals that are realistic—that stretch your capabilities—but still remain possible.

- How do I accomplish this goal?
- How realistic is the goal, based on constraints, such as finances?

#### 4. Relevant

- Ensure the goal matters to you, that it aligns with other relevant goals, and that it drives everyone forward.
- Does this seem worthwhile?
- IS this the right time?
- Does this complement our other efforts and needs?
- Am I the right person to reach this goal?
- Is it applicable given the current environment?

#### 5. Time-bound

Plan target dates and deadlines so everyday tasks do not take priority over long term goals.

- What can I do 6 months from now?
- What can I do 6 weeks from now?
- What can I do today?

## Annex 2.7 TIPs for New Mentors

Good mentoring can develop over time but the following are a few key guidelines for beginners.

### General Guidelines

1. **Introduce yourself** – get to know the mentee.
2. **Explore interests** – ask questions, promote discussion, and encourage conversations by sharing your own story and experiences.
3. **Develop rapport** – have informal conversations with your mentee. Give yourself and the mentee ample time and room to get to know each other.
4. **Stay active** – respond to the mentee promptly as well as reach out to the mentee with new information and resources they may appreciate as well as opportunities to network with others.
5. **Establish best channels of communication** – choose what works well for both of you early and formalize expectations around meeting times.
6. **Seek out mentors** – newer mentors can benefit from having additional guidance from those with more experience.

### Build Respect and Trust

- **Take mentee seriously** – A question or problem that seems trivial may be more serious for your mentee.
- **Listen patiently and look for the real problem** – Give your mentee time to get to issues that they may find sensitive or embarrassing. Give important issues time to emerge.
- **Be frank and direct** – Let the mentee know what you can or cannot offer in the mentoring relationship. Explain concerns directly and offer recommendations.
- **Help mentee develop self-esteem** – Provide praise as well as suggestions for improvement.
- **Invite other mentors** – Acknowledge that not a single person can fulfill the needs of the mentee.
- **Hold face to face meetings** – Suggest meeting in the mentee’s office or suggested space so that you are working within his or her space.
- **Be a wise and trusted counselor** – It important to be a mentor who cares and is there when needed. For example being on time for meetings, making notes during meeting and referring to those notes in follow up meetings.
- **Don't over-direct** – Suggest various “road maps” but allow your mentee to make their choices and avoid dictating choices or controlling the mentees behavior.
- **Be constructive** -- Critical feedback is essential to spur growth and improvement.
- **Encourage feedback** – Ensure you know the needs of the mentee so you are better able to help. Ask whether you are sufficiently or too involved.
- **Talk at a good time** – If the mentee reaches out to you at an inconvenient time suggest an alternative time instead of listening impatiently.
- **Remember the goal** – The goal is not to overtake the mentee but to provide guidance and help them be more equipped for their work. Encourage confidence, independent thinking, and self-sufficiency.

## Annex 3.1 Community-based Stakeholder Mapping Tool, Adapted from REACH

For the assessment of stakeholders' activities, target populations, delivery channels, and views on successes, challenges, and collaborations

### Presentation and Objective of the Questionnaire

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The present questionnaire has been developed under the project titled "Building Strong Nutrition Systems: Implementation Science in Support of Scaling Up Nutrition". Project members adapted this present tool from the REACH-PARTNERSHIP Stakeholder Mapping Tool designed to better understand the complex landscape of players involved in nutrition interventions ([www.reach-initiative.org/](http://www.reach-initiative.org/)). Primary data collected by REACH includes activities the stakeholder delivers, who their activities intend to reach, and through which delivery mechanisms.

This present tool builds upon this information for district nutrition officers to be able to identify stakeholders engaged in nutrition-specific *and* nutrition-sensitive activities at the community-level. It draws attention to multi-sectoral collaboration in support of nutrition and encourages dialogue and relationship building between district nutrition officers and community stakeholders. It includes open-ended questions to stimulate discussion about linkages across sectors, challenges faced with planning and delivering activities, how nutrition-relevant activities can be improved, and opportunities for partnership.

This questionnaire is divided into the following thematic areas:

- Stakeholder personal data
- Stakeholder goals
- Primary funding support for the stakeholder organization
- Size of the stakeholder organization
- Stakeholder activities affecting the health, growth and food consumed by mothers and children
- The stakeholder's successes and challenges in delivering activities
- The stakeholder's collaborations and partnerships
- Underutilized opportunities for improving nutrition

This stakeholder mapping tool can bring together and support government officers and community stakeholders to gain an overview of the local nutrition situation. Council officers across departments can use results to understand who is doing WHAT and WHERE and to discuss coordination of resources, activities, and scale-up of successful interventions. This questionnaire was pretested in two rural districts in Tanzania. Further pretesting and refinement will help shape this tool to fit other contexts and programmatic efforts.

### A. STAKEHOLDER PERSONAL DATA:

1. District Registration Number	
2. Date of interview (dd/mm/yyyy)	
3. Organization/group name	
4. Organization type (circle one)	<ul style="list-style-type: none"> <li>a. Civil society (CSO)</li> <li>b. Faith based (FBO)</li> <li>c. Government</li> <li>d. Non-government (NGO)</li> <li>e. Private sector</li> <li>f. Other, specify: _____</li> </ul>
5. Organization main office location (address)	
6. Interviewee name	
7. Interviewee position title	
8. Interviewee phone	
9. Interviewee email	

### B. STAKEHOLDER GOALS:

<b>1. What are the main goals of the organization?</b> <i>(Write down as many goals as the stakeholder provides. Ask if there is a brochure, brief, or report that can be shared with you so you can learn more about the organization after the meeting.)</i>	1a. Goal 1:
	1b. Goal 2:
	1c. Goal 3:

### C. STAKEHOLDER FUNDING:

<b>1. What sources of funding support the organization?</b> <i>(Circle all that apply)</i>	<ul style="list-style-type: none"> <li>a. Funds from developmental partner (specify): _____</li> <li>b. Funds from own source (specify): _____</li> <li>c. District funding</li> <li>d. Private individual contributions</li> <li>e. Economic Empowerment Group</li> <li>f. Fundraising activities or events</li> <li>g. Loans from bank/financial institutions</li> <li>h. Membership Fees</li> <li>i. Self-generation (income-generating activities)</li> <li>j. Service fees (training/school)</li> <li>k. Sell products</li> <li>l. Other, specify: _____</li> </ul>
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### D. STAKEHOLDER SIZE:

1. How many paid staff are a part of this organization?	<i>(write response):</i>
2. How many volunteers are a part of this organization?	<i>(write response):</i>
3. Do you implement activities in districts/regions other than this one? Which ones?	<i>(write response):</i>

## E. STAKEHOLDER ACTIVITIES:

<b>1. I would like to learn what general topic areas your organization is involved in. Does your organization currently have activities related to...? (Read the list out loud and circle yes or no based on the response).</b>	a. <b>Agriculture and farming</b>	0. No	1. Yes
	b. <b>Disease prevention and management</b>	0. No	1. Yes
	c. <b>Economic activities</b>	0. No	1. Yes
	d. <b>Educational services</b>	0. No	1. Yes
	e. <b>Environmental conservation</b>	0. No	1. Yes
	f. <b>Family planning and reproductive health</b>	0. No	1. Yes
	g. <b>Maternal and child health</b>	0. No	1. Yes
	h. <b>Social welfare and protection</b>	0. No	1. Yes
	i. <b>Water, sanitation, and hygiene (WASH)</b>	0. No	1. Yes
	j. <b>Any other topic area (specify):</b> _____	0. No	1. Yes
	<b>2. What specific <u>activities</u> is this organization currently involved in that affect the general health, growth, or food consumed by mothers, young children, or other vulnerable groups in this district? (list responses)</b>	a. Activity 1:	
b. Activity 2:			
c. Activity 3:			
d. Activity 4:			

## F. ACTIVITY SHEET

Activity Sheet # \_\_\_\_\_

Complete this Sheet for each activity that the stakeholder mentions which is relevant to the health and growth of mothers and young children. Fill out as many sheets as are needed to document the stakeholders' activities.

<b>1. I would like to learn about these activities in more detail. Starting with the first activity you mentioned, please can you describe the activity and tell me about its components? Refer to Appendix 1 for descriptions and examples of activities.</b>	
<i>Write in General Category (Question E1. Above)</i> <i>Example: Economic activities</i>	<i>Write in Specific Activity (Question E2. Above)</i> <i>Example: Organic farming of vanilla as a cash crop to improve household income and thereby enable household food purchasing power</i>
a. GENERAL TOPIC AREA:	b. DESCRIPTION OF ACTIVITY:
<b>2. What are the goals of this activity?</b>	a. Goal 1:
	b. Goal 2:
	c. Goal 3:
<b>3. When did the activity start? (mm/yyyy)</b>	Month: _____ Year: _____
<b>4. Does the activity have an end date?</b> <i>(circle one)</i>	0. No                      1. Yes
<b>5. (If yes): When is the activity planned to end?</b> <i>(mm/yyyy)</i>	Month: _____ Year: _____

6. In which wards is this activity taking place? (write in wards prior to interview)	Please circle yes or no in each row below to indicate whether the activity took place in the wards listed.	
a.	0. No	1. Yes
b.	0. No	1. Yes
c.	0. No	1. Yes
d.	0. No	1. Yes
e.	0. No	1. Yes
f.	0. No	1. Yes
g.	0. No	1. Yes
h.	0. No	1. Yes
i.	0. No	1. Yes
j.	0. No	1. Yes
k.	0. No	1. Yes

**7. What are the target groups of this activity? (Do not read list. Circle all that are mentioned.)**

1. Everyone (no specific target population)
2. Households
3. Children, specify age range: \_\_\_\_\_
4. Students, specify age range: \_\_\_\_\_
5. Adults (female)
6. Adults (male)
7. Women of reproductive age (15-49 years)
8. Mothers of children <5 years
9. Children 6-59 months with SAM
10. Children 6-59 months with MAM
11. Smallholder farmers
12. Elderly (60+)
13. Orphans
14. Widows
15. PLHIV
16. Female genital mutilation (FGM) survivors
17. People with disabilities
18. Other, specify: \_\_\_\_\_

**8. Which delivery channels are being used to reach these target groups? (Do not read list. Circle all that are mentioned.)**

1. Extension workers, specify sector (agriculture, health, livestock): specify: \_\_\_\_\_
2. Community Change Agents (CCA)
3. Community Health workers (CHW)
4. Community Police
5. Health facilities
6. Schools
7. Religious institutions (Churches/Mosques)

8. Media broadcasting (radio, newspaper, leaflets)
9. Microcredit agencies
10. Demonstration plots
11. Seminars/training courses
12. Local leaders
13. Public meetings/exhibitions
14. Farmer cooperatives
15. Peoples' Groups (ex. PLHIV, women's/mothers' groups): specify: \_\_\_\_\_
16. Door to door visits
17. Stores
18. Other, specify: \_\_\_\_\_

9. Are you implementing any other activities that affect the growth, health or food consumed by mothers, young children or other vulnerable groups? (circle one)	0. No	1. Yes
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NOTE: If the stakeholder indicates they have more activities to discuss, please complete an additional Activity Sheet for each relevant activity mentioned.

### G. SUCCESSES, CHALLENGES AND COLLABORATIONS

1. I am interested in the delivery of activities at the community level. What successes have you and this organization experienced in delivering these activities you've just described. (Probe): What has worked well?	(write response):
2. What kinds of challenges do you and your organization face when planning for and delivering these activities?	(write response):
3. Do any communities your organization works in have someone who is perceived to represent that community? (If yes): Who are they and what is their position in the community? (Probe): How do you engage them in your activities?	(write response):

4a. Do you work with any other organizations or partners on the activities you have told me about? (circle one)	0. No	1. Yes
4b. (If yes) Which organizations do you directly work with? (List each organization's name on a separate row)	1. _____ 2. _____ 3. _____	
4c. Are there any other organizations or stakeholders you know of who work in this district on similar types of activities that I could talk to? (If yes, list each organization's name on a separate row)	1. _____ 2. _____ 3. _____	

5. Which government sectors, if any, does this organization directly work with on the activities you have described?	Please tell me <u>how</u> the sector contributes to your activities? (Who do you work with? What do they do? How often do you meet? What's positive about the partnership? What could be improved?)	
a. Agriculture and Irrigation	0. No	1. Yes
b. Communication & Information	0. No	1. Yes
c. Community development	0. No	1. Yes

d. Education	0. No	1. Yes	<i>(write response):</i>
e. Finance	0. No	1. Yes	<i>(write response):</i>
f. Health	0. No	1. Yes	<i>(write response):</i>
g. Livestock and Fisheries	0. No	1. Yes	<i>(write response):</i>
h. Nutrition	0. No	1. Yes	<i>(write response):</i>
i. Police and legal department	0. No	1. Yes	<i>(write response):</i>
j. Policy and Planning	0. No	1. Yes	<i>(write response):</i>
k. Social Welfare	0. No	1. Yes	<i>(write response):</i>
l. Trade	0. No	1. Yes	<i>(write response):</i>
m. Water	0. No	1. Yes	<i>(write response):</i>
n. Other <i>(specify)</i>	0. No	1. Yes	<i>(write response):</i>

<b>6. In this district, is there collaboration among different sectors or areas of discipline which is aimed at improving nutrition?</b> <i>(If yes): How is it happening? What could be improved?</i> <i>(If no): Is it possible or worth doing? How?</i>	<i>(write response):</i>
<b>7. What opportunities do you see that can enhance delivery of nutrition education and services?</b>	<i>(write response):</i>

This concludes the questions I have for you today. I really am grateful for your willingness to share your time and experiences with me. I have learned a lot. Is there anything else you would like to share or discuss before we conclude our meeting?

~ THIS CONCLUDES THE STAKEHOLDER MAPPING SESSION ~

## H. STAKEHOLDER EVALUATION CHECKLIST

1. Does this organization reach groups that are particularly vulnerable to malnutrition?	0. No	1. Yes
2. Are the goals of this organization nutrition-sensitive? (See definitions and examples in attachment 1)	0. No	1. Yes
3. Are the goals of this organization nutrition-specific? (See definitions and examples in attachment 1)	0. No	1. Yes
4. Is this organization engaged in activities that could add or strengthen a nutrition component?	0. No	1. Yes
5. Do you think this organization is useful to partner with?	0. No	1. Yes

## I. INTERVIEWER OBSERVATIONS

1. What are your observations and impressions about this stakeholder?	<i>(write response):</i>
2. Does collaboration with this stakeholder make sense, why or why not? If yes, what would be valuable to partner on? What could be the next action steps?	<i>(write response):</i>

## Mapping Tool – Appendix 1. What does it mean to be nutrition-specific and nutrition-sensitive?

**Nutrition-specific activities:** occur typically in the health sector and address the immediate causes of malnutrition, such as inadequate dietary intake and some of the underlying causes like feeding practices and access to food.

**Nutrition-sensitive activities:** occur across sectors and address the underlying causes of malnutrition and development –such as food security; adequate caregiving resources at the maternal, household and community levels; and access to health and a safe and hygienic environment – and incorporate specific nutrition goals and actions.

Category	Non-exhaustive Examples of Nutrition Relevant Activities to Map
1. Agriculture and farming	1a. Nutrient-dense crops and livestock use among smallholder farmers 1b. Bio-fortification of local crops, e.g. maize, beans, and sweet potatoes 1c. Maize and groundnut sorting to reduce toxin exposures and other postharvest management 1d. Training in food production, processing and preservation
2. Disease prevention and health management services	2a. Malaria treatment/prevention services 2b. HIV/AIDS education, counselling, treatment and prevention services 2c. Deworming tablets and ORS treatment for diarrhea
3. Economic activities	3a. Marketing of processed or cultivated goods, e.g. protein rich infant porridge mixtures 3b. Income-generating activities, e.g. cash crop production (beekeeping, vanilla) 3c. Job training programs
4. Educational programming	4a. Nutrition education to enhance consumption of own-produced nutritious foods 4b. Nutrition awareness-raising (e.g. in schools, clinics, home visits, peer groups) 4c. Link local agricultural production to school meals and school gardening programs
5. Environmental conservation	5a. Conservation agriculture activities to ensure the health of soils and nutrient dense crops 5b. Reduce unsafe use of synthetic fertilizers and pesticides 5c. Plant soil enriching trees 5d. Fuel and time saving cooking technologies
6. Family planning and reproductive health	6a. Reproductive health services and counselling 6b. Basic health screening, fertility services, and pregnancy health and antenatal nutrition 6c. Family planning added to nutrition programs, such as nutrition week, farmer field days, or nutrition counseling and support sessions
7. Maternal and child health	7a. Exclusive breastfeeding promotion, education and support groups 7b. Complementary feeding promotion, education and support groups 7c. Malnutrition treatment/prevention 7d. Micronutrient fortification and supplementation
8. Social welfare and protection	8a. Legal support, regulatory actions, and protection for vulnerable populations 8b. Gender-based violence counselling programs 8c. Education access and provision of school materials 8d. Housing, microcredit and social safety net programs, e.g. conditional cash transfers
9. Water, sanitation, and hygiene (WASH)	9a. Constructing or improving water supply systems and services 9b. Education on handwashing with soap and water at critical times 9c. Safe food hygiene practices 9d. Improve environmental hygiene practices, e.g. keeping animals away from the areas where food is prepared, child play areas and water resources 9e. Improve solid waste disposal and management 9f. Control disease vectors, e.g. flies, mosquitoes, cockroaches and rats 9g. Improve drainage and safely disposing of non-reusable materials into protected pits

## Annex 3.2 Example Sections of Stakeholder Mapping Database, Adapted from REACH

### Example variables for one stakeholder's first identified activity

Activity One: Background	Activity One: Goals			Activity One: Ward Location			Activity One: Target Populations		
Description and components of Activity <i>(type answer)</i>	Activity Goal 1 <i>(type answer)</i>	Activity Goal 2 <i>(type answer)</i>	Activity Goal 3	Ward 1 <i>(no=0, yes=1)</i>	Ward 2 <i>(no=0, yes=1)</i>	Ward 3 <i>(no=0, yes=1)</i>	Total population <i>(no=0, yes=1)</i>	Students 5-18 yrs <i>(no=0, yes=1)</i>	Orphans <i>(no=0, yes=1)</i>
School-based, peer group education on HIV/AIDs.	To create youth awareness on HIV/AIDs issues.	To reduce new HIV/AIDs infections among youth.	Target 59 primary schools and 19 secondary schools.	1	0	1	0	1	0

### Example of activities across several stakeholders

Stakeholder Name	Stakeholder Activities											
	Agriculture			WASH			Social Welfare			Disease Management		
	Horticulture policy	Livestock production	School gardening	Tree planting and conservation	Handwashing education	Rainwater harvesting	Microcredit program	Education access/school material	Gender-based violence	Deworming tablets	HIV/AIDs programs	Oral rehydration therapy
Name 1		x					x					
Name 2			x	x								
Name 3												x
Name 4			x			x	x		x			
Name 5	x	x				x						
Name 6			x		x					x		
Name 7											x	

### Annex 3.3 Example Section of Completed Stakeholder Mapping Matrix, Adapted from REACH

	Specific Activity	# of Orgs	# of Wards	Target Group	Delivery Mechanism
Infant and Young Child Feeding	Breastfeeding support groups	2	10	Women or reproductive age 15-49 years	Women's groups
	Food processing, preservation and storage of infant food mixtures	2	4	Entire population	Churches/mosques, seminars, farmers cooperatives, public meetings
Nutrition	Distribution of meals and nutritious foods	5	17	Children and adolescents 0-18 years (focus on orphans and those with HIV/AIDs), elderly	Churches/mosques, seminars, public meetings, media, schools, special groups
	Nutrition education	3	17	People with HIV/AIDs, students 5-18 years, widows, people with disabilities	Schools, special groups
Disease Prevention and Management	Deworming tablets	2	3	Students 5-18 years	Schools
	HIV/AIDs education, counselling and screening	5	17	Students 5-18 years, orphans, children with HIV/AIDs, widows	Churches/mosques, schools, seminars, support groups, media
Agricultural Practices	School or household vegetable gardening	5	17	Students 5-18 years with focus on most vulnerable children, women, children 0-18 years	Schools, farmer cooperatives, churches/mosques, public meetings
	Livestock production (goats, poultry)	3	5	Focus on marginalized groups and school children; high yields reach outer communities	Schools, farmer cooperatives, churches/mosques, public meetings
WASH Interventions	Handwashing education	2	3	Students 5-18 years with focus on most vulnerable children, people with HIV/AIDs, orphans, widows, people with disabilities	Schools, seminars, public meetings, door to door visits, churches/mosques, schools, media, community change agents
	Rainwater harvesting	1	3	Students 5-18 years with focus on most vulnerable children, people with HIV/AIDs, orphans, widows, people with disabilities	Schools, seminars, public meetings, door to door visits, churches/mosques, schools, media, community change agents
Health and Family Planning	Basic health services and screenings	4	17	Children and adolescents 0-18 years, women, people with HIV/AIDs, orphans, elderly	Schools, support groups, seminars, public meetings, local leaders
	Family planning	1	15	Women of reproductive age 15-49 years, women with HIV/AIDs	Door to door visits, churches/mosques
Social Welfare and Protection	Legal rights and support	4	17	People with HIV/AIDs, orphans, widows, people with disabilities	Door to door visits, churches/mosques, schools, public meetings, support groups, media, community change agents
	Microcredit programs	2	8	Entire population with focus on marginalized groups	Farmers cooperatives, microcredit agencies, demonstration plots, door to door visits, churches/ mosques, schools, public meetings, media, community change agents

## Annex 4.1 Engagement Workshop Facilitation Techniques

### Facilitation Techniques

<b>Record Ideas</b>	Ask participants to record their ideas on flip charts, posters, or post-it notes placed on the walls. This helps everyone see the thinking process throughout the workshop. It also makes it easy to review or build upon earlier ideas. At the end of the workshop, facilitators can also collect the posters to capture what has been shared.
<b>Work in Different sized Groups</b>	Enhance interaction and learning by using small group work. Include participants from different disciplines in each group. Groups of five or fewer people allow for a variety of ideas to be explored. However, if the activity requires participants to describe experiences in detail, then working in pairs allows both participants to talk and listen. Change the small groups throughout the day to ensure individuals get the opportunity to work with different people.
<b>Report out</b>	Bring the best ideas forward by asking small groups to report back their ideas to the larger group. Placing a time (or length) limit on the report out can help manage time. Alternatively, ask a few individuals or groups to report out and then individuals from other teams can add anything that is missing.
<b>Use Reflective Writing</b>	Use reflective writing to have participants think about topics discussed during the workshop. Reflection is an exploration of the topics discussed, not just a description of them. This activity can reveal gaps in the topics discussed as well as strengths and successes. Reflective writing can also help participants organize their thoughts before sharing them with the larger group.
<b>Introduce Case Studies</b>	Have participants examine a case study about a particular aspect or experience related to multi-sectoral nutrition planning and action. Case studies describe an individual, organization, event, or action in a specific time or place. They can help generate ideas and discussion. Choose a case that offers an interesting, unusual, or particularly revealing set of circumstances.

## Annex 4.2 Sample Engagement Workshop Programme

8.30-9.00	Registration
9.00-9.10	<b>WELCOME AND OPENING REMARKS—<i>District Executive Director</i></b>
9.10-9.30	Introduction of participants, participant expectations, workshop objectives, ground rules
9:30-10:30	<b>Session 1: Introduction: The story of scaling up nutrition</b> (Approach: Peer review, story-telling and discussion) <ul style="list-style-type: none"><li>• Impacts of malnutrition and the multi-sectoral approach</li><li>• Tanzania’s National Multi-sectoral Nutrition Actin Plan (NMNAP)</li><li>• Effective interventions and activities</li><li>• Local data, emerging evidence, and most vulnerable populations</li></ul>
10.30-10.45	Tea Break
10.45-12.45	<b>Session 2: Co-learning of challenges and opportunities for multi-sectoral action</b> (Approach: Breakout sessions, small group work, and group reflection) <ul style="list-style-type: none"><li>• Sector priorities and intersection with nutrition</li><li>• Challenges and opportunities for working across sectors</li><li>• Mutual benefits in linking nutrition with other sectors</li></ul>
1.00-2.00	<b>LUNCH FOR WORKSHOP PARTICIPANTS</b>
2.00-3.30	<b>Session 3: Collaboration opportunities to strengthen multi-sectoral nutrition</b> (Approach: Breakout sessions and large group debate) <ul style="list-style-type: none"><li>• Develop strategies and mechanisms for working collaboratively</li><li>• Discuss approaches to try and actions that can be implemented linked to specific solutions</li><li>• List priority areas with common goals, principal actions, roles and responsibilities</li></ul>
3.30-3.50	<b>Session 4: Workshop Conclusion</b> (Approach: Next steps and feedback) <ul style="list-style-type: none"><li>• Decide how to bring workshop learnings and plans to attention at the grassroots, district, and regional levels</li><li>• Workshop lessons learned, evaluation, and feedback for facilitators</li></ul>
3.50-4.00	<b>CLOSING REMARKS—<i>District Medical Officer</i></b>
4.00-4.15	Refreshments

## Annex 4.3 Suggested Readings and Resources

### Tanzania

#### **National Multi-sectoral Nutrition Action Plan (NMNAP) – From Evidence to Policy to Action.**

United Republic of Tanzania (2016).

[http://docs.scalingupnutrition.org/wp-content/uploads/2017/09/NMNAP\\_Tanzania.pdf](http://docs.scalingupnutrition.org/wp-content/uploads/2017/09/NMNAP_Tanzania.pdf)

The NMNAP 2016–2021 is an evidence-based “double duty action” multi-sectoral action plan to address the high levels of malnutrition in Tanzania in all its forms. A primary target of the NMNAP is to reduce the prevalence of stunting from the current 34% to 28% by 2021, which will be a critical step towards the achievement of the 2025 MKUKUTA and the World Health Assembly nutrition goals.

#### **The 2015–16 Tanzania Demographic and Health Survey and Malaria Indicator Survey (2015–16)**

<https://dhsprogram.com/publications/publication-FR321-DHS-Final-Reports.cfm>

Standard DHS report including current and reliable information on demographic and health indicators with regard to family planning, fertility levels and preferences, maternal mortality, infant and child mortality, nutritional status of mothers and children, antenatal care, delivery care, and childhood immunizations and diseases.

#### **Guidelines for Councils on the Preparation of Plan and Budget for Nutrition – 2<sup>nd</sup> edition.**

Prime Minister’s Office, Tanzania (2012).

3<sup>rd</sup> edition coming soon.

Guideline developed to assist councils in identifying key actions to include in annual plans and budgets to address malnutrition. Because malnutrition has multiple causes, actions are needed across multiple sectors to ensure that all the conditions for good nutritional status are met. Suggested actions are included for: health, agriculture, community development, education, water, and planning.

#### **Nutrition Assessment, Counseling, and Support (NACS) Training Package for Facility-Based Service Providers.** TFNC and FANTA (2011).

<https://www.fantaproject.org/tools/tanzania-nutrition-assessment-counseling-and-support-nacs-training-package-facility-based>

The NACS training package is centered on training facility-based health care providers, based on national and global references and standards. It is a key component of the Tanzanian government’s commitment to integrating quality nutrition services into routine health care and treatment under the National Multi-sectoral Nutrition Action Plan (2016–2021).

#### **Nutrition Assessment, Counseling, and Support (NACS) Tools.** TFNC and FANTA (2011).

<https://www.fantaproject.org/tools/tanzania-nutrition-assessment-counseling-and-support-nacs-tools>

The tools provide information needed to plan, implement, monitor, and report on integration of quality nutrition services into routine health care. The NACS tools include a reference manual, job aids, implementation guide, and various forms for nutrition management and food provision services.

### Nutrition-sensitive resources

#### **WASH and Nutrition Guidebook.** ACF (2017).

<http://nutritioncluster.net/wash-nutrition-guidebook-acf-2017/>

Guidebook responding to the need for more practical guidance on WASH and nutrition integration at the field level. It can also be used as a practical tool for donors and institutions (such as Ministries of Health) to prioritize strategic and funding options.

#### **Compendium of Actions for Nutrition (CAN).**

REACH, UN Network for SUN (2016).

<http://www.reachpartnership.org/compendium-of-actions-for-nutrition>

The CAN includes matrices of multi-sectoral nutrition actions (both nutrition-specific and nutrition-sensitive) and provides an understanding of the breadth of actions needed to combat malnutrition, facilitate multi-sectoral dialogue, and spur action on nutrition-related policy and planning. The intended audience are those who engaged in multi-sectoral nutrition governance processes.

**The Contribution of Agriculture and Social Protection to Improving Nutrition.** SUN Movement Secretariat (2015).  
<http://docs.scalingupnutrition.org/wp-content/uploads/2015/09/SUN-IN-PRACTICE-4-SOCIAL-PROTECTION-ENGLISH.pdf>

Brief focusing on how agriculture, food systems, and social protection schemes can better contribute to scaling up nutrition in SUN countries through a look at six country case studies. Key actions and learnings are presented. This is the fourth briefing in the *Scaling Up Nutrition in Practice* series.

**Scaling Up Nutrition (SUN) – A Framework for Action.** SUN (2011).  
[http://scalingupnutrition.org/wp-content/uploads/pdf/SUN\\_Framework.pdf](http://scalingupnutrition.org/wp-content/uploads/pdf/SUN_Framework.pdf)

This policy brief has two primary purposes: to provide an outline of an emerging framework of key considerations, principles and priorities for action to address undernutrition, and to mobilize support for increased investment in a set of nutrition interventions across different sectors. The intended audience is policymakers and opinion leaders.

## Nutrition-specific resources

**Essential Nutrition Actions: Improving maternal, newborn, and infant and young child health and nutrition.** WHO (2013).  
[http://apps.who.int/iris/bitstream/10665/84409/1/9789241505550\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/84409/1/9789241505550_eng.pdf?ua=1)

Compact summary of WHO guidance on nutrition interventions targeting the first 1000 days of life. Focusing on this package of essential nutrition actions, policy-makers could reduce infant and child mortality, improve physical and mental growth and development and improve productivity.

**The Community Infant and Young Child Feeding (IYCF) Counselling Package.** UNICEF (2012).  
[https://www.unicef.org/nutrition/index\\_58362.html](https://www.unicef.org/nutrition/index_58362.html)

Resource designed to equip community workers to promote behavior change and support mothers, fathers, and other caregivers to optimally feed their infants and young children. Included are a Planning Guide, Adaptation Guide, Facilitator Guide, Training Aids, Participant materials, Counseling cards for Community Workers, Key Messages Booklet, Series of brochures, and a Supervision, Mentoring and Monitoring Module.

## Mentoring and supportive supervision

**Training Supervisors to Mentor Health Workers Who Provide Counselling on IYCF.** SPRING/Kyrgyz Republic (2017). <https://www.spring-nutrition.org/publications/training-materials/training-supervisors-mentor-health-workers-who-provide-counselling>

Guide provides facilitators with the technical knowledge and skills they need to help supervisors mentor health workers who provide infant and young child feeding (IYCF) counselling. Although the focus of this particular training is infant and young child feeding (ICYF), these mentoring skills can be applied to other content areas.

**Supportive Supervision/Mentoring and Monitoring for Community IYCF.** UNICEF (2013).  
[https://www.unicef.org/nutrition/files/Supervision\\_mentoring\\_monitoring\\_module\\_Oct\\_2013\(1\).pdf](https://www.unicef.org/nutrition/files/Supervision_mentoring_monitoring_module_Oct_2013(1).pdf)

This guide builds the skills of supervisors to monitor the performance of CHWs and helps strengthen their performance where gaps are identified. This day of training is organized into 7 learning objectives including the introduction of the concept of supportive supervision/mentoring, examples of tools and monitoring forms, opportunities to practice necessary skills, and tools to develop an action plan for context-specific areas.

**A Manual for Comprehensive Supportive Supervision and Mentoring on HIV and AIDS Health Services.** Ministry of Health and Social Welfare, United Republic of Tanzania (2010).  
[https://www.jica.go.jp/project/tanzania/001/materials/pdf/common\\_03\\_01.pdf](https://www.jica.go.jp/project/tanzania/001/materials/pdf/common_03_01.pdf)

A situation analysis for the supportive supervision and mentoring in HIV and AIDS health services, and the development and pre-test of the manual and the tools. This manual accompanied with appropriate tools is for use by managers, programmers, implementers and evaluators of supportive supervision and mentoring systems.

## Annex 4.4 Sample Engagement Workshop Evaluation Form

Date & Location: \_\_\_\_\_

Main Area of Work: \_\_\_\_\_

Years in Current Position: \_\_\_\_\_

**Instructions:** Please circle your response to the statements below. Rate your response on a 1 to 6 point scale.

Survey Questions:	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree
1. The workshop objectives were clear to me.	1	2	3	4	5	6
2. The design of the workshop facilitated exchange of ideas and expertise among participants.	1	2	3	4	5	6
3. The workshop activities engaged me in active learning and stimulated my thinking.	1	2	3	4	5	6
4. The expectations I had for this workshop were met.	1	2	3	4	5	6
5. The content of this workshop was relevant to my job.	1	2	3	4	5	6
6. The discussions and activities in this workshop motivated me to strengthen my involvement and commitment to nutrition.	1	2	3	4	5	6
7. The workshop sessions were well facilitated.	1	2	3	4	5	6
8. The workshop format was a good way for me to learn more about integrating nutrition into other sectors.	1	2	3	4	5	6
9. I felt I was able to be heard and express my opinion.	1	2	3	4	5	6

### Short Answer Questions:

10. What aspects of the workshop were the least valuable for you? Why?
11. What aspects of the workshop were the most valuable for you? Why?
12. What are your suggestions for improving this type of workshop?
13. What nutrition-related activities are you currently involved in?
14. How, if at all, has this workshop changed your thinking about supporting and strengthening a well-connected district multi-sectoral nutrition system?
15. What was the most striking thing you learned at this workshop and how, if at all, will you use and/or apply what you learned in the workshop?
16. Reflecting on your interactions at this workshop, are there people with whom you plan to be in contact? Who and why?
17. What other comments do you have about this workshop?

Annex 4.5 Sample Learnings from Stakeholder Engagement Workshops, Pilot Project “Building Strong Nutrition Systems”

Goals	Key Challenges	Potential Approaches
Consistent and supportive leadership	<ul style="list-style-type: none"> <li>Lack of stability in key Council positions inhibits ability to meet and set MSN an agenda.</li> <li>Committee attendees are not consistent and are often delegates without decision making power.</li> <li>High expectations for DNuOs who are not well supported to lead district-wide nutrition efforts.</li> </ul>	<ul style="list-style-type: none"> <li>Provide training and support to new staff and those in key positions to provide continuity.</li> <li>Discern planning/budgeting from implementation and create appropriate teams to support both.</li> <li>Increase mentorship and provide opportunity for DNuOs to collaborate across sectors.</li> </ul>
Strong relationships; shared goals	<ul style="list-style-type: none"> <li>Minimal collaboration across departments limits joint nutrition efforts.</li> <li>Weak relationships between DNuOs and nutrition focal persons embedded in other departments.</li> </ul>	<ul style="list-style-type: none"> <li>Increase opportunities to share sector priorities and the mutual benefit of a MSN approach.</li> <li>Break down departmental barriers and actively reach out to build new relationships.</li> </ul>
Nutrition knowledge and approaches	<ul style="list-style-type: none"> <li>Limited understanding of malnutrition and its impacts in Tanzania, and strategies to direct MSN planning and actions.</li> </ul>	<ul style="list-style-type: none"> <li>Use workshops and peer review to discuss guidelines, data, emerging evidence, success stories, and prioritize areas for action.</li> </ul>
Dependable resources and coordination	<ul style="list-style-type: none"> <li>Minimal sensitization and advocacy for use of discretionary spending on nutrition within other departments.</li> <li>No means to share nutrition relevant data and information across departments and stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate the impact of nutrition-sensitive interventions; present compelling guidance in Council meetings.</li> <li>Develop ability to share information (e.g., database, workshops, and briefs) and translate new knowledge into MSN action.</li> </ul>
Ability to serve communities	<ul style="list-style-type: none"> <li>Unawareness of community-based nutrition activities and potential CSO partnerships.</li> <li>Linkages between district and community stops at the health facility level.</li> </ul>	<ul style="list-style-type: none"> <li>Plan stakeholder mapping to increase partnerships and enhance programs.</li> <li>Promote engagement workshops between government and local stakeholders</li> </ul>