

HOW TO COLLABORATE SUCCESSFULLY WITH THE GOVERNMENT OF TANZANIA TO IMPLEMENT MULTI-SECTORAL NUTRITION INTERVENTIONS

KEY APPROACHES USED AND LESSONS LEARNT FROM THE DFID ASTUTE PROJECT

INTRODUCTION

Before the ASTUTE programme, many nonprofit nutrition programmes were run parallel to government programmes rather than in unison. This is due to a combination of factors, including donor requirements, timelines, and external staffing patterns. As a result, the nutrition programmes and implementers often failed to communicate regularly and integrate their work plans with government efforts. That meant interventions often ended after the donor-funded programming did, as the government was not brought into continuing the interventions since they didn't align to district/ regional or national plans. To tackle this, DFID deliberately designed ASTUTE in consultation with the government and ensured it aligned and supported the Multi-Sectoral Nutrition Action Plan. Upon start-up, the ASTUTE team communicated with the government that the programme is there to support the nation's best interests and their country plans. By involving the government, the programme benefits, because implementers fully understand the feasibility of implementation given cultural practises, laws, or barriers that might otherwise keep the programme from succeeding. We wove this principle throughout ASTUTE and share our recommendations on government engagement below.

RECOMMENDATIONS

Engage Key Stakeholders

(Ministries, Government organisations, Development partners, Regions, LGAs and Nongovernment organisations):

At the beginning of the ASTUTE programme, IMA followed an orderly and robust process of government engagement to share the project's objectives and see how it could align with Government of Tanzania (GoT) nutrition efforts. Given the multi-sectoral nature of nutrition, there are many government nutrition stakeholders. IMA first engaged with the President's Office - Regional Administration and Local Governments (PO-RALG), the Ministry responsible for overseeing sectoral affairs (including nutrition) at the regional and local levels. IMA also reached out to other nutrition-related national ministries with a role in nutrition implementation, such as the Prime Minister's Office (PMO), the Ministry of Health, Community Development, Gender, Elderly, and Children (MOHCDGEC), and the Ministry of Agriculture (MOA). Other government organisations included the Tanzania Food and Nutrition Centre (TFNC), Regional Administrative Secretaries (RAS) and their Regional Medical Officers (RMOs), and Local Government Authorities (LGAs) such as District Executive Directors (DED) and District Medical Officers (DMOs).

Introducing the project to these key national stakeholders made it possible for IMA and its partners to work more effectively with regions, councils, wards, and villages in the target regions, as they were confident that the project was in line with government strategy and endorsed by their superiors. With these subnational stakeholders, we met with and shared the ASTUTE project objectives, intervention strategies, donor expectations, total funding, duration, and coverage of the programme. Additionally, it created an open conversation whereby IMA could convey the programme's expectations from the government, including required



manpower, time commitments, social mobilization, financial commitment expectations, and office space (if applicable). The programme was planned in more detail and refined with government officials during the project inception period and moved forward only with their approval and the donor/funder support. Some activities and costs in ASTUTE were paid for by the Government of Tanzania and others were supported by other donors/funders.

Clarify programme roles and share progress regularly:

IMA developed and signed Memoranda of Understanding (MOU) with all five of the local RASs in the regions where it implemented the project before commencing activities. We also signed MOUs with the 36 DEDs as well at district level, outlining the scope, roles, and responsibility of those involved in the intervention. By defining roles up front, and consulting on how the project should work, it created a positive working relationship from the local level to the national level. The MOUs and conversations helped shape mutual expectations and understanding, as well as establish channels for information flow from PO-RALG to RASs.

We routinely shared the ASTUTE quarterly and annual reports containing progress in milestone achievements and challenges with the national government (PO-RALG, PMO, TFNC). Later on we were instructed by PO-RALG to incorporate our quarterly project progress into DnuOs' quarterly reports for submission to the Regional level and National level. Additionally, we regularly invited the PO-RALG representative (nutrition focal point) to visit ASTUTE regions as well as LGAs to conduct supportive supervision. In turn, ASTUTE then participated in the annual budgeting session with the government, and conducted budget advocacy sessions with leaders at the regional and council level. Overall, it was vital to have a strong monitoring and evaluation team to collect relevant data from the community level by community health workers (CHWs), CHWs supervisors, and district nutrition officers (DNUOs).

Transparency about project finances with the government:

One of the most effective methods for creating strong relationships with the government was through Fixed Obligation Grants (FOGs). FOGs were issued to both the national government and to certain subnational areas to support ASTUTE activities. ASTUTE is the first programme to implement FOGs in the government system for multi-sectoral nutrition activities. The FOGs provided concrete resources to supplement government investment in nutrition and helped increase government buy-in by showing that ASTUTE was committed in multiple measurable ways.

FOGs also strengthened the national and local capacity for future nutrition and development programmes by giving the government the opportunity to manage donor funds and align them with government nutrition strategies. IMA also encouraged the government to contribute financially to nutrition activities to strengthen their capacity to implement nutrition activities, both financially and logistically. ASTUTE provided supportive technical assistance in technical work plan and budget alignment in support of these efforts.

Engage multiple sectors of the government for success:

The Tanzania Multi-Sectoral Nutrition Strategy is vital because it engages other sectors in advancing nutrition. We tried to mirror this multi-sectoral engagement in ASTUTE, involving government managers and specialists from agriculture, business development, water and sanitation, regional nutrition, and medical officers. Their involvement in ASTUTE varies based on their sector of specialisation. IMA often includes these various groups and organisations in stakeholder meetings, especially including marginalised groups such as women group leaders who can identify malnourished children. By working with a wide variety of sectors, ASTUTE was able to establish community and government investment in the success of the programme.

ADVOCATING FOR NUTRITION AT THE DISTRICT LEVEL IN TANZANIA:

LESSONS LEARNT AND TIPS FOR TANZANIAN CIVIL SOCIETY ORGANISATIONS (CSOS)

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WHY IS IT IMPORTANT TO ENGAGE CSOS TO ADVOCATE FOR NUTRITION AT THE DISTRICT LEVEL?

In Tanzania, district-level governance happens through Local Government Authorities (LGAs). These entities were created by the government to decentralise government power to the district level. When implemented properly, decentralisation involves more people at the local level in the planning and implementation of development programmes. Tanzania's National Multi-Sectoral Nutrition Action Plan (NMNAP; 2016-21) tasks districts to do the following:

- Strengthen district coordination of nutrition work across sectors through Multi-Sectoral Coordination Committees for Nutrition;
- Establish district-level Nutrition Units to provide technical support in the planning, implementation, and evaluation of multi-sectoral nutrition programmes;
- Identify nutrition challenges and solutions within each district;
- Integrate nutrition activities into Comprehensive Council Development Plans;
- Strengthen community-based activities to fight malnutrition;
- Support wards and villages (mtaa) to integrate nutrition into their own development plans and to implement, monitor, and evaluate nutrition activities in the context of the NMNAP.

Given the large role that districts play, it is important that CSOs engage district authorities and other key stakeholders to improve the nutritional status of women and children. The NMNAP also calls for non-governmental organisations (NGOs), community-based organisations (CBOs), and faith-based organisations (FBOs) to play a significant role in advocating for nutrition activities at the district level. Led by PANITA, the DFID ASTUTE project worked to strengthen CSOs' ability to conduct multi-sectoral nutrition advocacy at the district level, in line with NMNAP and government guidelines.

KEY APPROACHES USED

- ASTUTE was the first time that a large nutrition project engaged PANITA as a Civil Society platform to reach large numbers of individuals with nutrition interventions. PANITA built CSO capacity through training, mentoring, and monitoring of CSO staff in 1) project management and governance 2) how to engage government counterparts, and 3) how to deliver high impact Social and Behaviour Change nutrition activities (support groups);
- With respect to engaging government counterparts, PANITA helped CSOs work more effectively with DnuOs and other district officers responsible for nutrition. PANITA also helped CSOs integrate their own work with district plans that included interventions for nutrition;
- PANITA facilitated joint annual review meetings with CSOs and council officials such as Nutrition Officers, community development officers, and others to share updates on implementation of the ASTUTE project and to harmonise the NMNAP reporting requirement for CSOs at the district level.
- CSOs built strategic relationships with decision makers and other influential people in order to move the nutrition agenda forward;
- CSOs identified local champions for nutrition in their respective districts, which resulted in increased resources for nutrition activities;
- CSOs strengthened existing support groups through social behaviour change strategies;
- CSOs were proactive members in district and regional committees, including district steering committees, consultative districts, and other platforms that advance nutrition, per the NMNAP. Even when CSOs were not formal members of Multisectoral Nutrition Steering Committees, their participation added value.



CHALLENGES AND SOLUTIONS TO CSO ENGAGEMENT

- Historically there has been a culture of mistrust between CSOs and government officials which has caused friction and has negatively affected the working relationship at the council level between CSOs and their counterparts. PANITA built working relationships between CSOs and districts by bringing them together at annual meetings to improve understanding of their respective roles in nutrition and increase communication between groups. At these meetings, DNUOs and community development officers were invited to participate and present their work. This process was instrumental in strengthening relationships.
- There are too many reporting requirements. LGAs sometimes issue multiple reporting requirements that CSOs must complete regularly. Creating a harmonised framework across sectors would reduce labour. PANITA helped CSOs and district officials develop one report for the district nutrition officer. This report replaced the two reports that were required previously.
- Some CSOs have a limited understanding of their roles and responsibilities within the revised Terms of Reference (TOR) for District Multi-Sectoral Nutrition Steering Committees, thus reducing their ability to be effective advocates for nutrition. To address this issue, PANITA helped CSOs understand how they can contribute to TORs through training and mentoring.

Despite progress made in improving CSO and district collaboration, these challenges remain and require ongoing support.

CSO NUTRITION TOOLS

There are several tools that Tanzanian CSOs can use to improve their nutrition advocacy work, both within and outside of the ASTUTE Toolkit:

- The NMNAP can be used to help CSOs review and align their efforts within the NMNAP. The NMNAP can be found here: http://scalingupnutrition.org/wp-content/uploads/2017/09/NMNAP_Tanzania.pdf
- The revised Multi-Sectoral Nutrition Steering Committee TOR provides guidance on how committees should operate. The TOR can be found here: https://www.panita.or.tz/wp-content/uploads/2014/04/panita_national_4.pdf
- A series of checklists to monitor nutrition activities and supervision for regions, districts, health facilities, and CBOs. These can be found here: https://www.panita.or.tz/wp-content/uploads/2014/04/panita_national_2.pdf
- Multi-sectoral nutrition scorecards and reports from districts, available via DMSNCs; bottleneck nutrition analysis, and Joint Multi-sectoral Nutrition Reviews.