

Making the Tanzania National Multi-Sectoral Nutrition Action Plan (NMNAP) More Actionable at the Grassroots Level

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Key Messages

- While the Tanzania National Multi-Sectoral Nutrition Action Plan (NMNAP) is well-understood and implemented at higher levels of government (i.e., at the district, regional, and national levels), it still is quite constrained at lower levels of government (i.e., at the ward, village, or *mtaa* levels).
- Challenges include a lack of clear nutrition indicators for assessing the performance of each relevant sector, and limited capacity to obtain and use data for evidence-based decision-making.
- There should be greater nutrition investment at the sub-council levels with the establishment
 of nutrition position(s) within the formal government civic services structure to coordinate
 nutrition-related activities.
- Researchers should formulate appropriate indicators for assessing the performance of entities involved in the multisectoral implementation of nutrition-relevant activities in Tanzania.

Introduction

In 2016, Tanzania put in place a nutrition action plan that sought to go beyond previous action plans and strategies. The Prime Minister's Office took the lead in developing the plan, which explicitly called on other sectors to join the country's fight against malnutrition. What resulted is the National Multi-Sectoral Nutrition Action Plan (NMNAP), which currently guides much of the planning and governance of nutrition-relevant activities in the country.

The coordination structure for the NMNAP II is shown below.

However, while the NMNAP is well-understood and implemented at higher levels of government (i.e., at the district, regional, and national levels), it still is not implemented well at lower levels of government (i.e., at the ward, village, or *mtaa* levels). Why is this the case?

- Rural councils have fewer sources of revenue and are therefore disadvantaged in nutrition budget planning and spending.
- At the council level, steering committee meetings are generally held as required. However, poor attendance of core committee members remains a concern.
- Nutrition is rarely included as a standing agenda item at the quarterly development committee¹ meetings at the sub-council levels (i.e., at the ward, village, or *mtaa* levels). Although it is required in the NMNAP guidelines, in some settings, nutrition seems to be included on the agenda less than half the time.

Challenges limiting the NMNAP

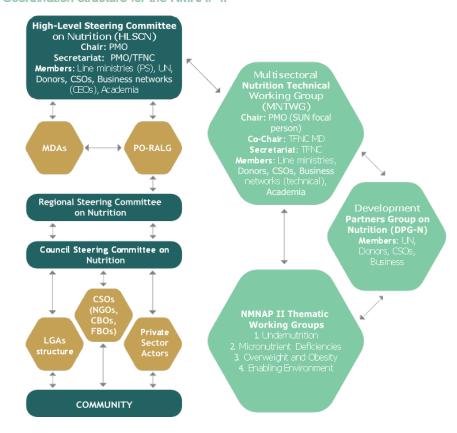
Several factors seem to limit the effectiveness of the NMNAP. First, a lack of clear nutritional indicators for each participating sector limits our understanding (or appreciation) of the extent to

¹ Development committees at the ward, village, and *mtaa* levels are equivalent to the steering committee at the council level.

which each sector or stakeholder contributes to improving nutrition.

Second, limited capacity to engage with data (including data collection, processing, and interpretation) leads to poor use of evidence in decisionmaking. Although district councils can theoretically collect local data for their own purposes, they exhibit poor capacity when it comes to handling and managing such data. Thev lack both the manpower and equipment necessary and facilities to gather information to inform decision-making.

Coordination structure for the NMNAP II



Third, Tanzania relies heavily on data gathered through the standardized Demographic and Health Surveys (DHS), which are repeated at a time interval of five years or more. While such data are based on well-established international standards and are therefore generally trusted and reliable, they also have a serious limitation. The DHS are only representative at the regional level (i.e., the sampling is undertaken at the region level and not the district or sub-district levels). In other words, the information necessary local decisions for making cannot be disaggregated at the appropriate geographic level. As just one example, stakeholders may need to know the local prevalence of anemia at the ward or village level to take public health actions to address the problem; unfortunately, such granular information is hardly available.

Policy recommendations

The aforementioned challenges point to the following recommendations. First, it is high time

for activists to advocate for greater nutrition investment at the sub-council levels by including nutrition position(s) within the formal government civic services structure. It should be noted that most key development sectors—such as agriculture and livestock, water, education, and natural resources—have been included. Yet nutrition has not.

Second, policy makers within the councils should be sensitized to understand the importance of having appropriate and accurate information for decision making. This will lead them to extend budgets for building capacity to collect, process, and understand (i.e., interpret) data.

Finally, researchers in nutrition and development should strive to formulate appropriate measurable nutrition-related indicators that can be used for assessing the activities of various multisectoral entities and actors engaged in implementing different nutrition-relevant activities in Tanzania.