Nutrition governance at the sub-national level in Tanzania: a case of Morogoro municipality and district councils

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Abstract

Introduction: Nutrition governance has been proven to be a relevant approach to improving nutrition services in developing countries. Tanzania has adopted it since 2011, but limited studies have been done. This study examines nutrition governance through government commitment to nutrition budget and nutrition coordination.

Methods: The study was cross-sectional, and conducted in two councils of Morogoro district. It involved the review of documents and interviews with 140 respondents, and a semi-structured questionnaire and checklist tools were used. Content analysis and the Excel database were used for the analysis.

Results: From this study, it was revealed that nutrition budget planning and spending based on own sources are not matched and spending has been low in rural councils. For the nutrition coordination, at the council level, the meetings were held as required but still faced the problem of attendance of core members and follow-up of the standard agendas. At the sub-council level inclusion of nutrition as a standing agenda in the ward and village/street development committee meetings quarterly has been less than 50%.

Conclusion: Therefore, nutrition budget provisions such as subsidies, especially to the rural council, committee member sensitization, capacity building, and investment in the ward/village/street development committees could accelerate nutrition governance thus improving nutrition intervention.

Keywords: Development committee, nutrition budget, coordination, nutrition governance

Introduction

Nutrition governance has emerged as an important concept worldwide as a result of global nutrition initiatives especially the Scale Up Nutrition (SUN) movement that aims at ending all forms of malnutrition (Sunguya et al., 2014). Good nutrition governance affects many positive aspects such as promoting coordination and accountability among nutrition stakeholders and increasing and government community ownership responsiveness to the citizens' needs (Bump, 2018). Nutrition Governance is defined as a network of actors whose major designated job is to enhance nutrition outcomes through processes and mechanisms for convening,

agenda-setting, decision-making (including norm-setting), implementation, and accountability (Friel *et al.*, 2017).

So far, unacceptable high rates of malnutrition and its consequences have increased the need for nutrition governance in many African countries (Ayele et al., 2020). Tanzania has expressed significant political commitment to implementing nutrition services (Dolf et al., 2020), but adequate nutrition coordination at all levels, low investment in nutrition. and poor accountability have been shown to cause slow progress in reducing malnutrition in the country (URT, 2016).

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Various efforts have been undertaken in Tanzania to strengthen nutrition governance. Such efforts include the establishment of nutrition units in the Ministry of Health and the President's Office, Regional Administration and Local Government and nutrition positions as Regional Nutrition Officers and District Nutrition Officers. Other efforts include adopting a Multisectoral nutrition coordination approach, putting a budget line for nutrition across sectors to enable greater transparency in spending public funds for nutrition and establishing nutritional platforms such as the annual Joint Multisectoral Nutritional Review meetings (URT, 2016).

Furthermore, the President's Office Region and Administrative and Local Government Authority updated the Terms of Reference for nutrition coordinating bodies such as the Region and district Multisectoral Steering Committees on Nutrition and development committee meetings with the inclusion of nutrition as agenda (URT, 2018). The coordinating bodies aim to make each of the government authorities more accountable for nutrition. The signing of compact agreements from the national to the community level is for increased accountability.

Moreover, all the initiatives have been formulated based on the National Multisectoral Nutrition Action Plan framework. Through its implementation, the PO-RALG via the Ministry of Finance has a mandatory commitment of 1000 Tanzania shilling per child aged below five years in the council (Nemer et al.,2020). The commitment has been there since the financial year 2018/2019 financial year and the compact review meeting annually is among the indicators (PMO, 2019). This paper seeks to examine ways in which nutrition governance is conducted at the council and sub-council levels in Morogoro Municipality Council and Morogoro District Council through nutrition budget and nutrition coordination. The finding of this study has added and reflected on the understanding of nutrition governance in Tanzania, and the reasons for the slow improvement in nutrition and sometimes difficulties in attaining nutrition targets set by the country or relevant international targets including the Sustainable Development Goals.

Methodology Selection of study area

It was a cross-sectional study design which was conducted in Morogoro Municipality and Morogoro rural district councils. Morogoro region is known for high food production (Mrema et al., 2021), but still has a high prevalence of stunting (26.4%) in children under the age of five years (MoHCDGEC, 2018). The two councils were selected because they are both in a single district, which is highly diversified in terms of urban and rural characteristics and socio-economic conditions. It was assumed that the two settings represent the typical conditions found in most parts of the country.

This study was conducted in four wards in each of the two-district councils. The wards were selected based on cardinal direction, in Morogoro Municipality council the wards were Mafisa, Mindu, Bigwa, and Sabasaba and in Morogoro District council the wards were Mkuyuni, Mvuha, Kinole, and Mikese. Two villages in each ward included in Morogoro District Council which were Fulwe and Mtego wa Simba (Mikese), Madam and Kibwaya (Mkuyuni), Dala and Mvuha (Mvuha) and Tandai and Rudewa (Kinole), while two streets were included from each of selected ward. They were Mganza and Madaganya (Mindu), Ngotto and Kenyata (Sabasaba), Bigwa stand and Lukuyu (Bigwa), Sina and Mbuyuni (Mafisa).

Selection of respondents

A total of 140 respondents were included in the study. At each council, a purposive sampling of 7 key members of the Council Multisectoral Steering Committee on Nutrition was done adding 14 respondents. The respondents were selected due to their roles

as the heads of departments of Education, health, community development, planning, Agriculture, Water, Livestock and fisheries. At each council, three respondents involved in coordinating nutrition at the council level were included. At the sub-council level, a total of 120 respondents were selected. At the wards, five respondents who oversee nutrition as per signed the compact and two extension officers from the government structural posts, and two members of the Ward Development Committee were also included in the study. At the street and village levels, a random selection of the respondents was applied to obtain respondents on the criteria that they have attended the meetings at least twice in the previous year.

Data collection and analysis

The regional authority approved to carry out the study. The semi-structured questionnaires and a checklist were the main data collection tools. While the checklist was used to review the nutrition budget and minutes for the financial years 2018/19 to 2020/21, the questionnaire was administered in face-to-face interviews. Data were analyzed using Microsoft Excel 2010, whereby the summation of variables, averages, and percentages was calculated. Also, content analysis was used for

the analysis of the responses from the respondents.

Results

Planning and spending of nutrition budget

Both councils had a difference in the number of children below five years of age, which corresponds to the expected budget from the national guide that each child should be allocated 1000 TZS per year. The actual nutrition budget for the three consecutive financial years has been increasing where in Morogoro rural, the progress has increased from 0% to 50%, while in Morogoro Municipality it rose from 80% to 112%. Furthermore, Morogoro rural relied solely on development funds from its source, whereas its counterpart council had two sources of nutrition funds. From the interview, it was revealed that budgeting on nutrition based on 1000 Tanzanian shillings per child below the age of five in the council has only been placed department of health. Other in the departments did not budget for nutrition objectives. Moreover, most respondents who were interviewed at councils pointed out their sources as being insufficient to suffice the nutritional purposes due to challenges facing the allocation of the 1000 TZS per child below the age of five years.

Coordination of nutrition

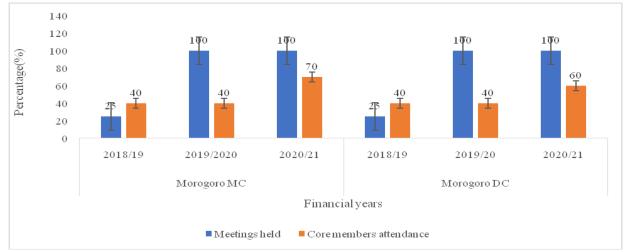


Figure 1: Meetings and attendance of core members

Coordination at the council level

As shown in Figure 1, there has been good progress in the conducting of Council Multisectoral Steering Committee on Nutrition (CMSCN) meetings in both councils in Morogoro district The attendance from core members in 2018/19 and 2019/20 was less than 50% (40%) while in 2020/21, Morogoro Municipality Council was 70% while Morogoro District Council was 60%.

However, as tabulated in Table 1: The nutrition standard agendas to be chronological in the quarterly CMSCN meeting only 4 were seen to be followed in the minutes. The agendas were opening agenda, approval of previous meetings, any other business and closure of the meeting by the chairperson.

The other agendas which were not seen in the minutes were, updates towards each outcome of the National Multisectoral Nutrition Action Plan (NMNAP) by the Nutrition Officer and officers from each department (Council Agriculture and Irrigation Officer (DAICO), Council Livestock and Fisheries Officer (DLFO), Council Water Engineer, Council Development Officer, Council Medical Officer, Council Education Officer - Primary and Secondary, and Council Planning Officer), results of the quarterly Multisectoral Nutrition Score (MNS) card, the outcome of meetings between the District/Council Nutrition Officer (D/CNuO), Civil Society Organizations (CSOs), and private sectors and date for the Next Meeting by the Chairperson of the meeting.

Table 1: Standard agenda in CMSCN meetings

Variable	Morogoro Municipality			Morogoro district council		
	2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
Opening Agenda	1	3	4	1	3	2
Approval of previous minutes	1	3	4	1	3	2
Updates towards each outcome of the NMNAP	0	0	0	0	0	0
The result of MNS presented	0	0	0	0	0	0
The outcome of the meeting between the CNuO, CSOs and Private	0	0	0	0	0	0
Any other business	1	3	4	1	3	2
Date for the next meeting	0	0	0	O	0	0
Closure of meeting by the chair	1	3	3	1	3	2

Coordination at the sub-council level (ward, village and street)

As indicated in Table 2, all interviewed officials at the ward, village and street knew about the

inclusion of nutrition as a standing agenda in their meetings. About nine out of the 16 extension officers knew about it.

Table 2: Awareness of nutrition as standing agenda in development committee meetings

Respondents	Morogoro municipal council	Morogoro district council	Total
	n (%)	n (%)	n (%)
Executive Officers	12(100)	12(100)	24(100)
Extension officers	5(62.5)	4(50)	9(56)
Other committees	7(21.8)	8(25)	15(23)

Nutrition as a standing agenda in a development committee meeting at the subcouncil level, as seen in Table 4, in the financial year 2018/19 never existed. By 2019/20, at the ward level nutrition as a standing agenda appeared in five (31.3%) in Morogoro Municipal Council while in Morogoro District Council appeared one (6.3%). In the same year in both councils at the sub-ward level, there was no

existence of nutrition as a standing agenda in the development meetings. In the final year of the study, there was an increase in the inclusion of nutrition as a standing agenda in their meetings as was seen in seven (43.8%) and % (31.3%) wards in Morogoro Municipal and Morogoro District Councils respectively. For the streets, it was 34.3% and for villages 18.7%.

Table 3: Development committee with the inclusion of nutrition as standing agenda

Financial years	Morogoro Munici	ipal council	Morogoro District council		
	n (%)		n (%)		
	Wards	Streets	Wards	Villages	
2018/19	0	0	0	0	
2019/20	5(31.3)	0	1(6.3)	0	
2020/21	7(43.8)	11(34.3)	5(31.3)	6(18.7)	

Discussion

Planning and Spending on Nutrition Budget

Overall, both councils had at least adhered to the commitment of nutrition budget planning based on 1000 Tanzania shillings per child below the age of five years. However nutrition budget spending was low in comparison to planning, this was also envisaged in the midterm review of NMNAP I (PMO, 2019). Expenditure on nutrition was low in the rural when compared to the urban council. The results of this study are similar to the one conducted in Tanzania (Ramadhani, 2018). Despite nutrition budget spending being low still had show progress from financial 2018/19 to 2020/21. This could have been due to vertical accountability through the compact midterm review which is held annually (Government of Tanzania, 2018). There was a stride of the compact agreement, yet most local authority leaders were not accountable for nutrition budget expenditure.

Depending on a single source of funds may be the reason for less spending than initially planned. Morogoro was ranked

second last in the first compact evaluation in 2018, so the region scheduled the annual compact evaluations to enhance accountabilities. This is probably because inadequate funding might lead to some nutrition interventions not performing well thus resulting in depraved outcomes (Fanzo et al., 2018). The commitment to the nutrition budget based on 1000 Tanzania shillings per child below the age of five is however below the World Bank recommendation which ranges from 18,000 to 20,000 Tanzania shillings, (Government of Tanzania 2019). Thus, it is obvious some of the important nutrition aspects will not be addressed at all or not be adequately implemented.

Coordination of Nutrition

Coordination of nutrition at the council has through structured Council been a Multisectoral Steering Committee on Nutrition existing community development committees, at the ward, village and street 2018). Overall levels (URT, nutrition coordination at the council level based on the

President's Office Regional Administration and Local Government guide has shown good progress compared to the community level. Moreover, at the village and street level, the situation is less inspiring. A study conducted in Ethiopia showed a decrease in the level of coordination of nutrition in government structures from the national to the community level (Ayele et al., 2020). So, for coordination of nutrition to be of poorer quality at the village/street level, which is the lowest structure in the government, should be expected.

Coordination of nutrition at the council level

In both councils, it was only in the financial year 2018/19 whereby the CMSCN was held only once instead of four times per year. This could be possibly it was something new hence more orientation and capacity building were in process. Also, the government and projects such as "USAID Lishe Endelevu Projects" have made the meeting possible. The increase in

discussed under the agenda of reports from departments and other stakeholders but in Morogoro District Council they never had such agenda discussed. As a result, can be assumed the members were not reporting based on the NMNAP outcome.

The second agenda left was the presentation of the results of the quarterly Multisectoral Nutrition Score (MNS) Card, this agenda was on the minutes but it has been replaced with the Compact and ruling part manifest scorecards, which although they have similar indicators but have few which are different (Bhagawati et al., 2021). The third agenda was the outcome of the meeting between the District/Council Nutrition Officer and the private sector, for this agenda, was not discussed as the Nutritionist in both councils admitted that the meeting was not conducted probably due to not knowing that. Coming to the last agenda which was left out was the date for the next meeting included unknowingly. That it indicates that the Updated Term of Reference was not considered in the preparation of the agendas the number of CMSCNs held indicates a role in accountability, resource mobilization, and nutrition budget adherence (Nemer et al., 2020). Despite progress in conducting the CMSCN, they are still faced with the problem of the attendance of less than half of the core members, especially in the first two years. A study conducted by Ayele et al. (2020) showed similar findings, that there is poor attendance at meetings thus can result in a lack of ownership and accountability. The core members did not attend the meetings because of the short notice of the meetings and other responsibilities.

Although there was good progress in conducting the CMSCN meetings, the meetings did not also adhere to the standard agendas. The standard agendas which were not incorporated into the minutes for all three years of study were an update of the National Multisectoral Nutrition Action Plan (NMNAP), in Morogoro Municipality the agenda was

of meetings and this was confirmed by the nutritionists in both councils. Hence that could be the possible reason for skipping some of the agendas. Through this study, it has been a call-up in considering the guide rather than its application being verbal.

Coordination of Nutrition at sub-council levels

At the community level, the existing development committees have been used. According to the PO-RALG terms of reference guide, nutrition should be a standing agenda item in their quarterly ward development committee. It was seen that in 2018/19 the agenda did not exist, while in 2019/20 at least the wards now started to put nutrition as a standing agenda item, and finally, in 2020/21 the agenda has been twice. The reason for the progress could be that maybe in May 2019, the compact was scaled down toward level. This could have made them more accountable. Low-capacity building and a lack of a PO-RALG guide, on the other hand, could be reasons for

the meeting's slow progress in making nutrition a standing agenda item

At the sub-ward level, despite signing the compact agreement, they have made little progress in making nutrition a standing agenda item at their quarterly meetings. As suggested in the study by Ayele et al. (2020), a lack of ownership by the committee has been envisaged. This is because the executive who has engaged in the nutrition agreement is still

Conclusion and Recommendation

The nutrition coordinating committee at the ward and village/street have to be well capacitated and given the guidance manual. Furthermore, more studies needed to be conducted at community-level coordinating bodies to see the awareness of technical nutrition officers.

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not aware of what they have to do. Possibly due to a lack of capacity building and guiding documents. It has been noted that malnourished people are in the community and they lack a voice and even sometimes they are unaware of their situation, (D'Alimonte et al., 2019). Hence more efforts are needed to be channelled from the community level.

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