

Tanzania's New National Multi-Sectoral Nutrition Action Plan

What's New and Why

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Yaritza Rodriguez

It is my great pleasure to introduce today's moderator, Sarah McClung. She is a technical advisor with USAID Advancing Nutrition with the Tanzania activity. Sarah has more than 10 years of experience in international program implementation and management in the areas of nutrition, agriculture, and food and nutrition policy. Sarah joined the Tanzania team from the USAID Advancing Nutrition Food Systems Team, where she worked on activities to build evidence on how food systems can contribute to improved diet. In Tanzania, Sarah has supported the multi-stakeholder efforts that resulted in the Action Plan and Strategy we will learn about in today's webinar. Over to you Sarah.

Sarah McClung

Thanks, so much Yaritza. Hello everyone and welcome. Good afternoon to my colleagues here in Tanzania and good morning and good evening to those joining from other parts of the world. We can go to the next slide please.

It's a pleasure to be your moderator for today's webinar: *Tanzania's new National Multi-Sectoral Nutrition Action Plan. What's new and why.*

I'll quickly take you through an outline for today's webinar and the speakers that we're so lucky to have with us today. First, we will hear from the USAID Tanzania mission director, Kate Samvongsiri, for some opening remarks. From there our first speaker from our panel Dr Germana Leyna of the Tanzania Food and Nutrition Center will speak about shifts from the first NMNAP to the second NMNAP that was just launched. Dr Leyna will be followed by Mr. Paul Sangawe. Mr. Sangawe is the Director of Coordination of Government Business at the Prime

Minister's office and he will speak to multi-sectoral coordination at the national level. Our third speaker will be Mwita Waibe. And Mr. Waibe is the Head of Nutrition from the President's Office Regional Administration and Local Government. He will be speaking to NMNAP implementation. We'll end with a panel discussion and QA.

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Please allow me to introduce the Mission Director of USAID Tanzania, Kate Samvongsiri. Miss Samvongsiri, a career member of the Senior Foreign Service, assumed the role of mission director for USAID Tanzania in July 2021. Prior to this, she served as the Deputy Mission Director in Tanzania from 2019 to 2021, and was Acting Deputy Assistant Administrator for USAID's Bureau of Democracy Conflict and Humanitarian Assistance from 2017 to 2019. She has also served as Democracy Rights and Governance Officer in Indonesia, Afghanistan, Ukraine and Washington. Miss Samvongsiri began her career with USAID in 2002 as a Presidential Management Fellow and joined the Foreign Service in 2006. Miss Samvongsiri, I pass the mic over to you.

Kate Samvongsiri

Thank you so much Sarah. Assante Sana. [inaudible] from Tanzania good afternoon everyone and good morning and good evening for those of you or wherever you may be. First of all let me just say how excited I am to join you for this discussion and to be able to kick it off and let me thank everyone, all 152 of you so far, who've joined from all around the world to tune in to hear about the lessons learned from Tanzania's previous National Multi-Sectoral Nutrition Action Plan and to learn more about the development of the second plan and its accompanying resource mobilization strategy. Let me also start off by acknowledging our government of Tanzania colleagues who are on the call today who are with us. Without their commitment none of this would have been possible. I really want to congratulate my government counterparts '*angera asana*' on the launch of the second and NMNAP and its accompanying resource mobilization strategy. This is a huge accomplishment for the government of Tanzania and really a true demonstration of your strong and continued commitment to the multi-sectoral approach to improving nutrition.

I will be the first to recognize that multi-sectoral approaches are really very challenging in any sector or any area you're working in, and nutrition is no exception, both operationally and conceptually. And really for this approach to be successful, it's key to have strong coordination and strong leadership and we are very fortunate in Tanzania to have that and that's what we've witnessed from the Prime Minister's Office. The challenges are complex, they're multifaceted, and you really need an 'all hands on deck' approach from all parts of the government and of all different partners. So, I hope this global webinar will be a unique opportunity for you all to hear more details of this progressive plan and then the coordination structure, both at national and local levels, and how it was done here. And as we all know; it is invaluable for us to build on past successes and also for some of us to learn from what didn't work so well. So, I hope we'll be able to have candid conversations around that. And we hope that the lessons learned from NMNAP 1 and 2 and the development process will be helpful to all the other governments and partners in their own multi-sectoral nutrition journeys.

A word about our approach in USAID Tanzania. We here share the Tanzanian government's vision in improving nutrition. We recognize, as all of you on this call do, that children deserve the best chance for a bright future and that really begins in their first 1000 days. In fact, our entire strategy for USAID Tanzania in every sector has been realigned to be focused on youth. So, bringing the best to bear in those early stages of life. Whether it's education, health, nutrition, governance, agriculture, all of our sectors are really aligned towards this goal. And we all really believe that to ensure that all Tanzanian children have a strong foundation for the future, we need to have this integrated approach.

An essential component for Tanzanians to capitalize on these opportunities in life is really having a healthy, diversified, accessible diet that consists of nutrient-rich foods. I don't need to convince any of you all of that but I wanted to share that that's part of our approach overall and part of our comprehensive approach to tackling nutrition. So, USAID really envisions that Tanzania's well-nourished youths, mothers, as well as caregivers, and we have comprehensive cohesive health and agricultural programs really at all levels; community levels and up, to achieve this vision. On behalf of the United States government, I'm really very happy to be here and I'm really happy to have the opportunity to align our programs and to partner with the government of Tanzania in this regard. We're really proud to have been a dedicated partner throughout this whole

development process of NMNAP 2 and the resource mobilization strategy, and we're really looking forward to continuing the work with the Prime Minister's Office and the Tanzania Food and Nutrition Center, to ensure that initial steps of implementation; because as we all know plans are just part of the battle, it's really the implementation, and to ensure that the initial steps of this implementation establish a strong foundation for success and achievement of the targets laid out in the plan.

With that, let me again express my thanks 'Asanteni Sana' to my colleagues on the call, to everyone who has participated. A special shout out to Tamina our Nutrition Coordinator with USAID staff who will be with you throughout this call if there any other questions for USAID. And please let me turn it back over to you Sarah for the presentations and discussions.

'Asanteni Sana'.

Sarah McClung

Thanks so much for those words. It really sets the stage for some rich discussion today.

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I can introduce you to the speakers we have today. We're joined by Mr. Paul Sangawe, Director of Coordination of Government Business at the Prime Minister's Office, Mr. Mwita Waibe, Head of Nutrition from the President's Office Regional Administration and Local Government, and Dr Germana Leyna, the Managing Director of the Tanzania Food and Nutrition Center. I'll share their bios in the order in which they will be presenting.

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Dr Leyna, Managing Director of the Tanzania Food and Nutrition Center or TFNC - there are lots of acronyms today - has a medical background with a postgraduate training in International Community Health and Nutrition Epidemiology for her Master and PhD degrees respectively. Prior to joining TFNC in 2019, she was a member of Faculty in the department of Epidemiology and Biostatistics and the Director of Quality Assurance at the Muhimbili University of Health and Allied Sciences. Dr Leyna's research interests include dietary assessment methods, micronutrient deficiencies, food insecurity and the link between nutrition and infectious diseases. Of late she is

involved in studies assessing the burden of DR-NCDs (obesity, hypertension and aging) in urban societies of Tanzania as well as access to health services among vulnerable populations. Welcome Dr Leyna.

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Mr. Paul Sangawe is Director of Policy and Coordination of Government Business at the Prime Minister's Office. Mr. Sangawe also serves as the Country Coordinator for the Tanzania Scaling Up Nutrition (SUN) movement with more than 15 years of experience in governance, including eight years in management. Mr. Sangawe has vast expertise in policy, coordination, and planning, and international trade and economic cooperation. Mr. Sangawe has worked in multiple government offices including the President's Office Planning And Privatization, Ministry of Planning and Economic Empowerment, Ministry of Finance and Planning, the Vice President's Office and currently with the Prime Minister's Office. Mr. Sangawe, thank you for joining us today.

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Our third speaker, Mr. Mwita Waibe is Head of the Nutrition Section at the President Office Regional Administration and Local Government or PO-RALG. Mr. Waibe is a nutritionist by profession and holds a master's degree in health policy and management with expertise of working both at Tanzania local government authorities (LGAs) and the Regional Secretariat for 11 years heading the nutrition section and serving as the nutrition focal person. Mr. Waibe joined the PO-RALG in 2015 as the Head of Nutrition. his responsibilities in this role include leading coordination and overseeing implementation of nutrition-related activities at Local Government Authorities. 'Caribou' Mr. Waibe and thank you for being here.

Now that we know who we're hearing from, I'd like to pass the floor over to Dr Leyna for her presentation. Over to you.

Dr Germana Leyna

Thank you very much Sarah and good morning, good afternoon, good evening to everyone who has joined the webinar. I'll take you through what the first NMNAP (the National Multi-Sectoral Nutrition Action Plan) had, the second National Multi-Nutritional Action Plan and what has

changed or what is new, and why we thought these changes are relevant or important for Tanzania.

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So, I start with a bit of a background and introduction. The National Multi-Sectoral Nutrition Action Plan was not the first action plan for nutrition in the country but it was the first in terms of it being multi-sectoral. It was designed and started to be implemented in 2016. The previous plan was more or less nutrition-specific or what we can say it was health oriented. The main rationale for this change was the Landsat publication of 2013 which showed that not only the health sector has an ability to contribute to the decrease in nutritional problems, but that other sectors could also be engaged and also had a contribution. And probably this contribution would even outweigh the health sector contribution. This Multi-Sectoral Nutrition Action Plan of 2016 to 2021 was organized in a sense where we had seven key result areas. Where the first was MIYCAN or what we often refer to as Maternal, Infant, Young Child, Adolescent Nutrition. Area number two was looking at micronutrient deficiencies. Area number three was looking at integrated management of acute malnutrition. Area number four was looking at diet related non-communicable diseases. Area number five now entered into a nutrition sensitive where all the other sectors that were engaged could also play a part. We had area number six which looked at governance and the last area number six was looking at how could we have a multi-sectoral nutrition information system. All these were costed under one plan and all had one monitoring, accountability and learning framework.

In 2018, we did the midterm review to understand how far have we progressed in implementing the activities that were highlighted in the plan, and how much of the targets, whether at regional or national level, had we achieved. And in 2021, we conducted a qualitative review to look at what were the best practices and what were the challenges that were encountered during the implementation, so that we can move forward the gaps while addressing the challenges that were identified.

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So, when we look at the lessons that we learned. Let us first start at the best practices that we identified in the implementation.

One was that the Prime Minister's Office was playing a key role in leadership and ensuring that all sectors that were identified in the plan participated in implementing activities that were under the NMNAP. In NMNAP I, we had about nine sectors, ranging from finance all the way to the health sector, that had a part to play. With the main implementer being the PO-RALG or the President's Office Regional Administration and Local Governance. During this phase we also saw an increase in domestic budget that was planned at the national, all the way to the local government level, and these resources were aimed at addressing nutrition issues. One example is the commitment which the country had agreed upon and implemented, which was each council to set aside one thousand Tanzanian shillings for each child who was less than five years old. And these resources were reinvested in order to implement nutrition interventions. Now one thousand T-shillings is roughly around half a dollar per child under five. It's not a huge sum but it's towards the right direction where we can have more local commitment and more resources to implement nutrition interventions in the country.

Similarly, in order to ensure that there is ownership and accountability for both governments other sectors, as well as the private sectors, we had what we called the Joint Multi-Sectoral Nutrition Review meeting which was conducted annually. This was a forum where members of the nutrition audience in Tanzania could meet, discuss, debate and understand what was well or what was bad, within a given year towards reaching the intended goals. Similar to this Joint Multi-Sectoral Nutrition Review, there were also technical working groups that met quarterly, including a Multi-Sectoral Steering Committee at different levels, all the way up to a high level which is members are primarily permanent secretaries of the sectors that were identified in [inaudible]. Also, within the NMNAP I, we had a lot of capacity building and capacity strengthening efforts that were aimed to build the capacity of local players within the government and outside, in order to ensure that the plan was implemented, and engagement of the new players particularly the other sectors that were not initially in the implementation of nutrition activities, understood their role and were able to significantly contribute to the implementation of the plan.

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But with every success we know we cannot hide away from challenges. We did encounter some challenges that we think are worthy of sharing with all of you. One of the key challenges was it was felt that in some key result areas, roles of the different players were not well defined and this was specifically stated among the key result area. For example, in diet related non-communicable disease, how do they contribute and what do they do in order to ensure that they participate well. So, this is a challenge that we've taken on board and you will shortly see how we will address this challenge.

Another challenge is related to data and target setting. We all know that it's best practice to have what we in short say smart targets or objectives, and we think that we could do better in setting these targets specifically looking at the attainable part given the resources that are available in the country. Another challenge was insufficient disbursement of funds. As I've previously said, we were setting aside one thousand Tanzanian shillings per child who is under five in the local government constituencies. However, sometimes, disbursement of these funds did not reach sufficient levels in order to ensure that all the planned activities were implemented as intended.

Another challenge was the lack of a common definition of nutrition sensitive. This was a specific challenge in the sense that quantification of how much these nutrition-sensitive sectors contributed in terms of resources as well as in terms of various activities, or how much malnutrition was decreased because of the activities that they did, was difficult to quantify. I think this is a challenge that we share across the ball. I hope and we bring them to you also to see how can we quantify the nutrition sensitive interventions that are meant to decrease malnutrition. We also have financial resources challenge creating a bottleneck. A number of large-scale programs that were intended to reduce nutrition were ending in the year 2019-2020, and we saw this as a challenge as then there is no continuity moving forward to NMNAP 2.

And lastly, but not least in importance, is the covid 19 pandemic which has hit hard all of the countries globally, in that implementing nutrition operations sometimes was difficult and sometimes resources were set aside to address covid 19 over and above what it was intended for nutrition operations countrywide.

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So, what was the main takeaway from both the qualitative discussions that were done at the end of NMNAP I, as well as the midterm review that was done in 2018.

1. The missed opportunities that we see is that nutrition sensitive sectors were identified under NMNAP but the guidance that they received was either inconsistent or limited in order to have their full potential for contribution realized.
2. Private sector engagement was limited also including how we could capture the data and the resources that they funneled towards addressing nutritional challenges.
3. Engagement of academia could have been much stronger where they would have been the source of evidence, as well as identification of gaps, when addressing nutrition issues in the country.
4. Lastly, the lack of a resource mobilization strategy for NMNAP I.

However, in spite of the challenges and missed opportunities overall, we believe NMNAP was effective in addressing nutritional issues as we were able to achieve 80 percent of the impact level indicators the country had planned by the end of the implementation of the project of the plan. The Prime Minister's Office Coordination and Multi-sectoral Support Structures continued to ensure that all stakeholders contributed and played their role in ensuring that NMSAP I was implemented successfully.

Additionally, challenges that were identified in NMNAP I now have been used to inform NMNAP 2, improve activities, develop a realistic and dedicated resource mobilization strategy, academia engagement plan is now in place, as well as a need for a functional multi-sectoral nutrition information system that can meet the needs of the accountability framework that is developed by NMNAP I, will now trickle over to NMNAP 2. And we believe that by doing this there will be continuity in NMNAP 2 and further other NMNAPs that will come in the future.

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So, when we're starting NMNAP 2, what's the backdrop and what are the national nutrition challenges in Tanzania.

We are now facing a triple burden of nutritional problems in the country. We're still seeing the traditional nutritional challenges that is stunting of children where one of three children who are under five in Tanzania are still stunted, and this is approximately three million in absolute numbers. We still have child wasting, albeit less than five percent, we've now come to 3.5 percent. But in numbers, about 600,000 children are wasted every year in Tanzania, and about 15 percent of these are severely wasted needing admission services.

We've also seen an increase in child overweight where about 500,000 children in Tanzania annually have a BMI of greater than 25.9. But also, separately from the children, we are also seeing that adults, specifically women of reproductive age, have increased in terms of their weight. And this is the only indicator that is consistently increasing showing excess of weight. Currently about 30 percent of women who are in the reproductive age are overweight or obese. In the country, we don't yet have indicators or statistics for men. Hopefully by the end of this year we shall have that as well.

In addition to the macro-nutritional issues that I've just mentioned, we also have micro-nutritional challenges and specifically here I'd like to show the estimates for anemia where about 58 percent of children who are less than five years old are anemic, while 45 percent of women in their reproductive age are also anemic. We anticipate or we extrapolate that these estimates might be a little bit higher among adolescents and specifically adolescent girls.

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So, what is new now in NMNAP 2 after having heard all this about NMNAP 1 and the status quo of nutritional issues in the country.

1. The National Multi-Sectoral Nutrition Action Plan 2 of 2021 to 2025 acknowledges that we have a triple burden of malnutrition. We have the traditional underweight and stunting, we also have micronutrient deficiencies, but in addition now we have a problem of overweight and obesity.
2. We have had commitment and engagement that's more or less adequate at the national level. Now we need to increase community engagement as well as social mobilization for ownership of the problem, as well as the interventions that will be introduced.

3. We have emphasized on domestic funding and we've even developed a resource mobilization strategy of which my colleague Paul will present in more detail.
4. We believe and think more research and evidence is needed in order to guide nutrition programming at all levels. And this is starting from the household level all the way to the national level, to ensure that we use resources efficiently as they ask us, but also, we try to intervene on high impact interventions.

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The NMNAP 2 conceptual framework is geared towards the lifecycle approach. We wanted to ensure that all subgroups within the Tanzanian population in one way or another are impacted by the various nutrition interventions that will be done. And so, our conceptual framework starts from in-utero and pregnancy all the way to early childhood, adolescence, adulthood, elderly, and we've even placed a proposition for people with special needs including elderly and those with non-communicable diseases, as well as infectious diseases. Particularly now with the emergence and re-emergences of various infections in the world.

We are also going to build on stronger private sector engagement to ensure that they also contribute to addressing nutritional issues, particularly the development of food and food products that might be geared towards increasing diet-related NCDs. And lastly, we need a systems approach in order to avoid having parallel systems within the government structure and hence the key sectors or systems that we have identified is education, the food system, WASH, health, as well as social protection which is more or less a cross-cutting issue, to ensure that nobody is left behind. And with this thank you Sarah and thank you everyone for listening to me over to you Sarah.

Sarah McClung

Thanks so much Dr Leyna and thank you for those details on a pretty complex nutrition landscape. With that common background and understanding, let's hear from Mr. Sangawe at the PMO for his perspective on providing leadership and coordination. Mr. Sangawe, I pass the floor over to you.

Paul Sangawe

Thank you very much Sarah and thank you everyone for joining us. I will take you through the multi-sectoral nutrition and how is it coordinated in Tanzania, but also, I'll speak a little bit about what has changed from NMNAP 1 to NMNAP 2 in terms of coordination. But also, as Dr Germana said, I'll take you through what is resource mobilization in terms of Tanzania and how are we going to manage it in terms of making sure that it supplements the implementation of NMNAP 2.

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Multi-sectoral nutrition coordination in Tanzania is set under the Prime Minister's Office that provides leadership in terms of coordination. And through this, we host high-level studying committee that involves various members from the [inaudible] ministries, but also, we have participants from the U.N, donor countries and business networks who also do participate.

This steering committee includes academia. The permanent secretary from the Prime Minister's Office is the chair of this steering committee. We are well connected with the President Office Regional Administration and Local Government which is the main institution that oversees the implementation of nutrition intervention at the local levels. At the local levels we have steering committees these are at the regional level, but also councils. Steering committees on nutrition that also provide inputs to the regional steering committees. As I have said, we do have a connection to civil society organizations but also the private sector, and local government authority structures that are also well linked to the President Office Regional Administration and Local Government. When we meet at the high-level steering committee, we get inputs from all these levels to make sure that no one is left behind. So, through NMNAP 2, PMO will continue to support sector engagement and the stakeholder's participation in nutritional activities, to ensure that we have accountability and also making sure that what we have planned is achieved. At the Prime Minister's Office, through a steering committee, we also well connected with the nutritional technical working groups and [inaudible] working groups that involve different areas of nutrition interventions that provide both technical inputs to the steering committee.

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So, what's new at the Prime Minister's Office in NMNAP 2.

We will continue to provide the leadership and the coordination which is not very new but with the resource mobilization strategy coming in, we have a new baby which we have to take care of and which is very important in terms of meeting targets and the objective of NMNAP 2. This will ensure that we get enough financial resources necessary to implement the plan. And with this, we have to make sure, as we did coordinate very well, the implementation of NMNAP 1, we must make sure also the accountability and responsibilities of each institutions and each stakeholder in the resource mobilization strategy is achieved through constant reporting, monitoring and evaluation.

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Why did we come up with the resource mobilization strategy?

During the midterm review uh one of the main findings was that although we were doing well in some of the indicators but in terms of financing the statistics showed that we were lagging behind and of course we didn't have the strategy and the recommendation was to have a specific resource mobilization strategy for implementing the NMNAP, and that's when we came with the idea of developing a resource mobilizing strategy for implementing NMNAP 2. As some of you may be aware that Tanzania has moved into the middle income status country, and when you move into that category it also means that you need to take care of more of the plans and strategies that you develop within the country, and therefore also this was to make sure that the government assumes more responsibility in terms of financial support to the implementation of nutrition interventions. But the long-term plan of the government also is to make sure that we are self-sufficient. Therefore, a resource mobilization by the government was a step forward towards making sure that, at some point in time in the future, we are able to finance the greater part of our nutrition interventions in our country.

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So, in terms of the financing strategy, the demand for implementing the strategy is around 642.4 billion Tanzania shillings. In terms of U.S dollars is around 279.2 million US dollars. And in this

financing strategy, we included both a traditional but also, we call them innovative financing options. The first group of traditional financing options are the usual ones of government revenue, government budget and the taxes that already exist that contribute to the main basket of the government budget. But we said there are some other options that we may try to explore in the next five years which we call innovative. These are the means and methods that we have not used before, particularly when we were implementing NMNAP 1. And these of course include sourcing financing from the private sector which was not so great in NMNAP 1, but also trying to see the possibility of introducing some tax. This could be earmark tax or [inaudible] to make sure that we also get some amount though not very big but at least we try to see what are the options that we can explore to make sure that we complement what the government will be putting in. In our financing strategy, we tried to have a stability cushion such that if we explore all options, meaning both traditional and innovative sources, we will have a cushion of about a 13.1 percent. With the innovative sources, we'll try to do our best but if we fall short, we can still accommodate to implement the greater percent in NMNAP 2 because if we do all options, then we'll be covering an additional 13.1 percent. And therefore, we need to leave a space in case something goes wrong in terms of applying the new methods that have not been applied before.

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So, in implementing a resource mobilization strategy, there are issues that are key to make sure that there is effective implementation and, in our minds, we have:

1. Advocacy and community engagement: As I said in particularly in the innovative sources, we need to make sure that we do a good engagement with all groups and at all stages such that they do understand the need of contributing into the financing of implementing the nutritional strategy. For private sector engagement, private sector engagement has been there and will be there and we do think that this is a big chunk but we had one challenge; to know the percentage contribution that is made by the private sector into implementing a nutritional strategy.
2. To scale up the funding to make sure that they do increase their finance into implementing NMNAP 2. But also, to make sure that the resource mobilization strategy works out very clearly, we need to have reviews. And this will be done annually trying to see what did we

plan in the first year because in the resource mobilization strategy, we did indicate what amount will be mobilized in the first year up to the fifth year. So, every year we'll be going through to see in each of the options how did we fare, what are the challenges and how do we move forward? But through the plan, we would also make sure that each stakeholder knows the responsibility that they have but also be able to report on what they are doing to make sure that we fulfill the objective of our support implementation of NMNAP 2.

So, thank you very much and over to you Sarah.

Sarah McClung

Thanks, so much Mr. Sangawe. It's certainly a big role and we've heard so much of PMO's effectiveness in this coordination position. Let's hear a bit more detail about implementation and how all of this links down to the local levels. Mr. Waibe, the floor is yours.

Mwita Waibe

Thank you very much Sarah. Good morning and good evening, good afternoon to everyone who has joined this meeting today from all the globe. First of all, I would like also to kind of make a quick understanding on what we mean by a local government. From this aspect, I need to tell you in the product we when we say the local government, we mean we have 26 regions, we have 184 councils; I mean the local government authorities, we have like 139 districts whereby we have the district commissioners around that; but from the region also we have regional commissioners. I'm trying to build their base so that when I will be moving forward the people could quickly understand what we mean by the local government implementation and the vast of this country. We also have 570 divisions in Tanzania, we have 3956 wards, we have 4263 streets, we have 64,384 hamlets and at last we have around 12,319 villages. So, when we mention the local government, you make reference to those I have mentioned through to the village level. We have around 12,319 villages and the PO RALG (the President's Office Regional Administration and Local Government) tries to oversee. That's the area we cover in actually overseeing the implementation. Let me quickly now go to the implementation at that local level.

As I have said, the PO-RALG coordinates, supervises and facilitates the implementation and adaptability of the NMNAP 2. Previously it was NMNAP 1. Our role is really to support sub-national and nutrition stakeholders as well to interpret the NMNAP 2 now to align to the actions of the respective priorities around the areas I have mentioned from the region to the local level at the grassroots of the community. So, based on the lessons we learned from the implementation of the NMNAP 1, the PO-RALG actually is here to really ensure relevant skills and tools are available and utilized to support the implementation. As you understand, I have just mentioned the administrative levels, but we have the health facilities, we have the schools, we have the community homes, quite a lot at the ground. For all of these, we need people and tools to ensure that a nutrition implementation at that level with respect to what kind of intervention is and the place where it is being implemented then is addressed.

Lastly on this point, we also do ensure the accountability, transparency and efficiency. And here I think you will hear the issue of the contract which was signed and has been cascaded to the lower levels. This contract has actually gone to the village level whereby all executives are involved in implementing it, to ensure that all indicators which are relevant at that level are well articulated and implemented.

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Let's now try to see what will PO-RALG do in support of NMNAP 2. As I have said and actually as you have heard also from Dr Germana when she was trying to present the challenges we do face. Actually, most of the challenges were faced at the local level whereby the overall implementation and whereby the people are was really a journey. From that point, we as PO-RALG, because we are looking for the accountability and also the processes of implementation that will be the projects in the programs, then we maintain the compact which is a performance contract. And this actually has called about the accountability and transparency and experiences among all leaders whom I have mentioned. We have the district officers, regional commissioners, we have the [inaudible] here and we have the ward executive and village executives. All of these people have been bound to really sign this compact and they are actually implementing what is being put forth as an intervention at their level. So, the nutrition compact was rolled out under the NMNAP 1 but now we are really insisting to ensure that it continues

such that the objective of NMNAT 2 and that we reach the target we are supposed to. This actually comes with what we call a scorecard which engages a monitoring tool whereby all leaders at those levels do assess themselves and try to see how far they have progressed and how they are carrying in their areas. In addition, the regional commissioners are required to indicate the progress of the compact implementation through the bi-annual evaluations. This is actually, even now for this month, the first bi-annual evaluation is being done in 20 regions of Tanzania but for each quarter the evolution is being done at the council level. And all of those have been done at the council level whereby 184 councils have done the evaluation.

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Having that in mind now and trying to see that PO-RALG needs really to supervise the implementation of NMNAP so that at the end of the day when we make our evaluation, we see how far we have reached or we have tried to come near or finalize the target. Then we'll keep on continuing with the nutrition compact evaluation schedules at all levels, because we have one schedule at national level done by early July or early or late August, annually. Also, we have bi-annual evaluations. We have the quarterly evaluations at the council level but also in the villages. But also we will continue the initiative to engage the community through the village health and nutrition days whereby there are a lot of issues being done; demonstrations of cooking, etc, so as to really change the behavior of the people, but also to ensure that the communities understand what actually is supposed to be provided to the children or the kids so that we change the issue of malnutrition and all.

We as PO-RALG have been given the mandate of ensuring that the domestic resources at lower level are really reached. From the NMNAP 2, if you quickly go in and see, at PO-RALG we have a role: to ensure that the domestic fund of around 67 billion shillings which is around 10 percent of the total budget of the m 2 which is about 640 billion, then we contribute through the 1000 shillings at the domestic level. This is the commitment we have made and actually we hope that we will meet it.

And also, we have the issue of skilled human resources at that local level. I have told you that out of 26 region we have 184 councils. At least we have tried now we have a proper nutrition of councils at this level so we need to really improve more of the skills of people at that level

because this is the level where all the communities are and the people are. These are the areas where the problems of malnutrition have already emerged. So, we will try to go on with the recruitment but also the issue of training will remain critical because that's the only area of intervention. Another thing also is the issue of data quality and we have the information system which has been formulated; the nutrition IMES and this is the Integrated and Monitoring and Evaluation System which actually has the data from the ground. This is collecting basic data which feeds to other information system at higher levels, for instance the malnutrition information system is being fed from the IME system. So, we hope that as we keep on, we are going to review the indicators of the IMES but also the compact, and at last we will ensure that the quality now is also being measured.

Another emphasis is to the issue of planning and budgeting overall, but also without forgetting the finance tracking through the systems which are there; the planning and reporting systems, the facility, financing and accounting reporting system, but also, we have the new system which replaces the EPICA and this is for execution tracking. But also, the CBMS system which the central government are using in the planning. All of these systems are working at local government and these are the systems which we are using to track. And now we are able to track an efficient nutrition finances used or utilized at the local level, and also what has been planned into the systems.

Next slide please.

I think and that holds the end of my presentation. Thank you very much. Over to you Sarah.

Sarah McClung

Thanks so much Mr. Waibe and thank you to all of our speakers today. We're going to move into a bit of a panel discussion and some questions that we've already identified. So, Dr Germana and Mr. Sangawe, if you can turn on your mics or turn your cameras back on, we can get started. The first question is for Dr Leyna. As the Managing Director of TFNC and given some of the changes in the nutrition landscape and the challenges that you spoke to during your presentation, do you anticipate shifts in the role of your institution and are there any specific nutrition issues that will require a unique response?

Dr Germana Leyna

Thank you, Sarah. That's a tough question. Yes, I think the role of TFNC is ever-changing and it has been changing for a while. not so much but I think in the nuance there are some areas that will definitely have to change. TFNC was established in 1973 and by then the landscape of nutrition challenges in the country was mainly undernutrition. In addition, the landscape in terms of players within the nutrition field were quite few. It was mainly TFNC itself, but later on we've seen that there is an increased interest in understanding that nutrition is a key component for human capital development and people reaching their full potential. So at the moment, we see ourselves as one with the key role in generating evidence in order to ensure that all players know where we stand and which are the best directions to take, but leave the nitty-gritties to the specific sectors and players so that they can tease out within the realm of their key responsibilities and mandates.

Another role that I see that will not necessarily change its capacity building. When I talk about capacity building it's not about formal education but more about the skills that are required in order to navigate the complex nutritional challenges. These two elements I don't see them changing, but in some of the areas, I think we do change and we should change in order to give more opportunity for other players to engage and contribute to alleviating malnutrition in the country. Thank you.

Sarah McClung

Thanks for that response. There's certainly a lot of moving pieces here which relates directly to a question from Mr. Sangawe. We understand that PMO plays this major role as the lead coordinator, can you speak to how PMO has navigated changes in leadership with some of the other government offices or agencies that you work with in these nutrition efforts?

Paul Sangawe

Thank you very much Sarah for the question. It's not a simple role but we are trying to always make sure that there is consistency in terms of understanding, particularly when leadership changes in various institutions. What we normally do, first we normally make sure that in every annual work plan, we do put issues of nutrition orientation but also sensitization. The senior

management officials in the ministries are concerned but also some of the workers who are specifically working on nutritional issues in the ministry such that if management changes there would still have some officers who can easily brief their new leaders when they come in. But you also make sure that capacity building is done constantly and each and every year such that, apart from the senior management, we also have staff who are well oriented on nutrition issues but on how they can coordinate their institution and linking up with the Prime Minister's Office. We also do this through various meetings and seminars and also do have inter-ministerial technical committee meetings and this is a permanent secretary. Therefore, they do have a general understanding of nutrition issues and therefore if they are transferred to different institutions, they carry their knowledge with them.

Thirdly, we do a consistent sharing of information. And what information do we share?

1. for stakeholders to understand nutrition policy
2. understanding of the strategy but also understanding of the role. We understand that the leader is just one of the group of people that need to understand, but also engagement with the political leaders and this starts with the Prime Minister himself. But after the Prime Minister, there are some ministers normally involved in the annual steering meeting such as some ministers and government secretaries but also some directors. And therefore, we always make sure that there is general understanding at all levels of leadership in the government. Over to you Sarah.

Sarah McClung

Thanks for that it sounds like continuous capacity strengthening and sensitization around nutrition was one of the main takeaways from the NMNAP I experience that informed how you plan to coordinate NMNAP 2. On a similar thread, Mr. Waibe, if you could speak to some of the challenges or experiences that your institution experienced under NMNAP I that haven't influenced or informed changes that PO-RALG will make in NMNAP 2.

You're muted. Please unmute your mic.

Mwita Waibe

Thank you, Sarah. Actually, whenever you have success, you cannot escape from challenges. This is the thing we as PO-RALG did observe during the implementation of NMNAP I. I am mentioning a few because there are many in the process. We do always get solutions as we go along. Given the NMNAP I, the way it was implemented and the way we are now shifting to the NMNAP 2, there are issues which we encountered and we are now throwing the ball on how to tackle them. One being the execution or disbursement of funding.

Actually, Dr Germana also mentioned it. We plan but at the end of the day we are not fully executing or discussing all what we did plan. So that was one of the challenges. But another challenge was the HR for nutrition. As I have said, we are still struggling to get the professional nutrition officers, in all concepts and all districts. Not only at council level but we need them at the ward level and at the division level. We need them down to the community level because there are a lot of issues we need the people to change; the behavioral change. So, they need to get the actual messages from the horse's mouth actually. So, we have that problem.

Another thing also with the issue of data quality. I think this is a situation we're still struggling with to make sure that our data are becoming of quality so that they can inform even the changes and the planning processes and also address the bottlenecks we have. And the last thing again which we encountered at the local level as a challenge was the low abject condition of the behavioral change. At the community level people are not like changing because we are struggling. Tanzania we are not food secure actually and if you go into other regions these are the basket giving regions like [inaudible] but if you go to the statistics or villages then you find these other areas. So, we were struggling to see what is happening really. These are the challenges we have faced during the implementation of NMNAP I and now we have grown above [inaudible]. The first one about the execution, the government through the ministry of state, president of the administration has announced that we are now not going to plan again efficient financing through the recurrent budget. We are now going to plan nutrition activities through development budget. What does this mean? If you put it in a development budget then it's obvious that the disbursement will be there at 100 percent. So that's the shift now we are making and from the next year budget that's the thing which is going to happen to all plan's finances plan for nutrition.

Another thing is to improve the finance tracking or fund tracking through their systems. We have the plan as I have mentioned but we have the execution system now the MOSEP. This is the new system which replaces what we call the epical class. And also, we have the facility financing and accounting system and also the IMS. So, we are improving so that we always daily track the progress of what has been planned, how much has been disbursed and what kind of intervention has been implemented. Another area also in that part of the financing is to continue with the aggressive advocacy to newly appointed leaders. You know when I mentioned the regional commissioner, when I mentioned the district commissioner; these are the presidential appointees so all the time things will change. And these are the ones who have signed the compact. So, we'll keep on with advocacy when they come in as new leaders because some of them come from out of the nutrition arena so sometimes, they don't know so we'll keep on doing that.

On the HR actually we'll be continuing with on job training but also through support and mentorship and the like and also the training through workshops. But also new recruitment. We have even now requested the President's Office to recruit more nutrition officers so that we can cover again what we have. But also, from this point of HR for nutrition, we are calling also from the partner part the contractual recruitment. From this point I would like to thank actually the Benjamin and Papa Foundation. Last year they offered us 20 posts for nutrition officers and we had to recruit 20 from the support from Benjamin and Papa, and actually we took them to the periphery of the regions of Goma and councils of Kiboma.

For the data quality, we are going to improve the IMS and now we are going for the review of indicators from the IMS and also the compact. This work actually will start next week and the stakeholders were invited so that they can participate and contribute also to the changes of indicators which actually will give the impact, and also, we need to change so that we can align with the NMNAP 2 and at last we measure the progress. Also, the issue of capacity building of personnel. We are now moving we 10 CRS Tanzanians. They have collaborated with the [inaudible] region to digitalize the collection of data from the community and actually they are now doing the pilot at three regions in [inaudible]. So, digitalization from the grassroots will actually lessen the paperwork and will improve the quality of data. In the lower optic actually and the issue of behavioral change communication around the communities, then we will continue with awareness creation but use also local context messages. We think we will need to use even

the natural language of the communities so that they can understand. So, this is a challenge with a tricky part whereby we need to kind of interpret the proper messages which people will understand at that local level. So here I hope [inaudible] and my colleagues are here, they will play their part together with the minister of health to ensure that we really have the messages at the context level so that people can understand and try to change. But also we are now using the local radios at the community local TVs in all areas and we are actually calling upon the stakeholders and other stakeholders who are waiting at the councils and the in the various areas of Tanzania, to use also the local medias so that we can really influence the behavioral change around the communities. We also need to kind of have the disaggregation of the information of and findings of the operational researches or surveys at the context because now the regional commissioners and district commissioners now are asking I need to know my people in my locality; I need to know my people in my district. And also, what the executives are saying; I need to know my stunting prevalence level in my work. I don't want to hear the concept of what I need at my ward. So, to receive the challenge we have we need to really provide the answers and the TFNC colleagues are here, this is the area where we need to really see how we can answer these questions from the VEO (from the village executive officers). How can we now localize the findings of anemia at that level so that they can see how they can address it and also do what we call effective allocation of resources at those levels. So, these are the issues of which PO-RALG and also using the practical demonstrations using the [inaudible] approach whereby the other NGOs or stakeholders have been using in areas of black zone for instance [inaudible] and now they are doing it in [inaudible] and the like. The communities are now engaging in demonstrations cooking and doing other things by using their local available food. In addressing these challenges, this is the way we have set it and the quality we are now really going into it. We hope come 2025 when we'll be evaluating our NMNAP 2, then we might be progressing towards there. Thank you very much.

Sarah McClung

Thanks you Mr. Waibe. You can hear the energy in your response and we're excited to hear that. You can also hear how there are feedback loops or mechanisms within these existing structures to adapt and learn from what's going on as it's happening. So, I think that's an overall theme in your response to that question. Given that sort of busy system with all of those activities going

on at the same time, this next question is for Dr Germana and it's for young nutrition professionals. What advice would you give them as they are entering this the new NMNAP 2 environment and all of these activities that Mr. Waibe touched on? What suggestions or advice would you give young nutritionists getting started in their careers?

Dr Germana Leyna

Thank you so much Sarah. I think the biggest challenge that we're facing when it comes to human resource in addressing nutrition is the application of the innovation. I've seen that one of my professors is here, Professor Joyce Kinabo, and she trains nutritionists and does it eloquently; providing the basics of what is needed when you're a nutritionist. Now the biggest challenge is when you come to the job market. It's not about what you know, it's about what you can do and how can you contextualize that knowledge in order to address solutions. And I see that there is so much opportunities for current young nutritionists, including food science and technologies. Mr. Waibe has said so many challenges and in order to overcome these challenges we need novel solutions. Some of us who are in management have become senior and we're much older. The way we think and the solutions we have may not necessarily apply for young nutritionists, similarly for the population of which you know the epidemiological distribution of Tanzania is mainly of youth. So, we need solutions of how we should tackle nutritional issues for the youth in Tanzania and knowing that these are the future community or the future of the country.

Tanzania is now an industrial nation or aiming to be an industrial nation. It's a mid-income country and given that we know this and that they know all about nutrition, what can they do and how can they help us move forward? So, my challenge is, be innovative, use your application and not so much of your knowledge, and we would be very grateful if you could help us with that. Thank you, Sarah.

Sarah McClung

Thanks! that's a great response. Mr. Sangawe, I have a sort of similar question but a slightly different target population. This is a global webinar and we've established how hard multi-sectoral nutrition approaches can be technically and operationally, what advice would you give to professionals working with governments or outside of government in other countries just beginning their multi-sectoral coordination journeys.

Paul Sangawe

Thank you very much Sarah for that question. I think there are about three issues that I'll give us and advise into that. I think number one which is very important is the definition of the institutional framework that will work through with the nutritional plans that they have in their respective countries. Setting up an institutional framework is key and I think that is number one. If you don't have a strong institutional framework then it's difficult for coordination to work within a country. For that to happen also, we must make sure that you go through stages of approval such that it has ownership at a very high level. But it must be part of the strategy or plan that the country ...

Sarah McClung

I think Paul may have encountered some ... yeah, he is back.

Paul Sangawe

So, I was saying, apart from approval, we must make sure that the institutional framework is well set within the plan or strategy that the country implements. And I think the second, which is very important, is a sharing of information; but a consistent sharing of information with the stakeholders. That information has to carry the content of the strategy that the country is implementing. That message had to sink through all stakeholders. But also, an understanding of their roles at the different groups. I think this is key for stakeholders to understand. How can they contribute into effective implementation and how can they be part of strengthening coordination within the country?

I think the last which is very important is all about leadership and leadership goes with the authority. Where do you place the coordination role in our countries? I think this has to be placed at the office which has authority to call and ask for information for accountability from other institutions. So when you have a good institutional framework, when the roles of stakeholders are well clear and understood, when you have an institution that is set at a high level and has authority to ask for issues to be done and ask for information, then I think the coordination framework within country can work very well. Thank you very much.

Sarah McClung

Thanks! that's a great response, good advice. Our last question is for Mr. Waibe and it is related to sustainability. So, you talked a lot about implementations in the real nitty gritty and I think a follow-up question that a lot of our participants might have is related to sustainability. Can you talk about both formal or informal things that are in place to ensure sustainability?

Mwita Waibe

Thank you very much Sarah. Actually, as the first point, you all need to understand that sustainability actually requires a concerted effort. Everyone in the room, everyone who hears, every stakeholder in the country, the country leaders, if we all really participate and provide our inputs, then obvious the sustainability will be there. That's one.

Secondly, from the part on which PO-RALG is working, we are trying to ensure that the government commitment at that local level. The political leaders at the subnational level are really committed to ensure this because these are the structures which will be always there. We don't expect not to have regional commissions or commissioners. So actually, having this level of understanding at the administrative level, then this actually will call for sustainability in the future. Another thing for which we really see, there is no sustainability of interventions or programs or projects without finances. So, the issue of domestic commitment, domestic resources, the mobilization of these is also a part which will really ensure the sustainability in the future, especially in this program. So, for that, we will maintain 1000 shillings but we are feeling that, probably in the coming years, we might also increase this from 1000 to 1500 so that at least that part of the finances is being put and also this would always be accounted in the planning and budgeting at that lower level. But also, the issue of accountability strategy through the compact which has been signed through 26. I think also this one is giving us hope that in five years we'll kick the ball, we'll play all together, all people who have signed the compact to the village level. We think for this, we'll be singing nutrition, nutrition, and until that moment we hope that we will also revamp and sign again for the other years. The president has said she needs to see the nutrition actually coming and we need to see that the indices are coming down in terms of prevalence for those which require to calm down. And for those which need to be raised like EBF, then we raise to a certain percentage which is really okay. But also, the structures we have

actually at that level, especially the regional multisectoral steering committee, the council steering committee, and now we have the ward steering committees, and also, we have the village. The village boards always sit and they have a nutrition agenda.

So, we have been doing all of this to really make sure that the nutrition is spoken. In old days the nutrition is at the fingers of the administrative structure so that at the end of the day now it remains the part of imparting this to the communities. So the sustainability at this point, the concerted effort, is very critical and I think I would probably say Yes, I'm seeing this from the stakeholders part of nutrition in Tanzania, the way they are supporting, the way we are working, they are moving down and are taking their resources now to the communities. So, I think these will call the sustainability in Tanzania. Thank you very much.

Sarah McClung

Thanks so much for that thoughtful response and thank you for the panel discussion. We are going to move now for some of the questions that we've received through the QA box from our participants from all around the world. Before I start throwing questions out, I wanted to highlight that both the NMNAP 2 document and the Resource Mobilization Strategy are currently on the TFNC website. There are a number of questions asking about specific details in those two documents and we encourage you to go check them out. They are available there and I believe there is a link in the chat box itself. That said, let's get into some of the questions that we've received from online.

The first one I will direct to Dr Leyna, but Mr. Sangawe and Mr. if you want to weigh in, I know you have experience with this issue as well. The question is related to a challenge that you mentioned, Dr Leyna, related to difficulty in quantifying the contribution by various sectors working in the nutrition sensitive space to outcomes. And that this is a common problem in any multi-sectoral approach. Can you speak to some of the ideas or some of the factors related to this challenge and how it informed NMNAP 2 and implications for implementation?

Dr Germana Leyna

Thank you Sarah this is a difficult question I think even for me because we really do not have any empirical models that can help us to say if you invest this much in a particular sector, this is how

much of the nutritional problems that you'll be able to reduce. And I think this information or this model is really important in order for one to assess progress for the sectors, but also to give them some acknowledgement when they do well in investing and in implementing the activities. So I really don't have an answer for you but I do know that in the current NMNAP 2 we have placed a provision that we need to get this model so that towards the end or towards the midterm review of NMNAP 2 we already have answers, in order to ensure that each player knows how much of the nutritional problems they will contribute to reducing by the investments they make and by the implementation of activities that they plan. So, I really don't have a positive or a clear response for you but I'm sure that Paul, Mwita and others in the audience who might know or might be able to have more information can chip in here as it's also a process of learning. Thank you.

Paul Sangawe

So, thank you very much Sarah for that question. I think Dr Germana said clearly that it's not easy but I do believe that this is a gradual process. We have no answer right now but I think towards the end of implementing NMNAP 2 probably we will be at a better stage than we are now. I think we're going to start to do that. I think step number one is to try to make sure that you earmark how much currently is contributed by these sectors. And to do this we have to go into the budget of the specific sectors, try to see through the budget lines that are specifically allocated for nutrition intervention issues. I think that's step number one. We did try to do that and that was the base of putting up an estimate of how much you know these sectors will contribute over the next five years.

I think number two now is the money earmarked for nutritional interventions in different sectors, go into the identified areas and what is it going to do there. Because if you can be able to do that then it can be a little bit easier now to go into the third step; how much can that contribute into nutrition. And therefore, as I said I think we have started, we have the estimate figures and we'll work out through to make sure that we try to identify where is that money going to and what is the impact of spending that amount? We don't have the model yet but I do believe we have many participants here. So, I think probably one of the contributors I will share with has a good experience on how they do that. But I think this is a gradual process and we are at least a step going forward. Thank you.

Mwita Waibe

Yes, Sarah and the colleague, really this is a tricky part and to me I was really expecting from this forum probably the one of the countries to invite us and learn how really this is being done. I'm saying so because I'm on the ground. When we go into the planning and budgeting, we insist we need to see the funding for agriculture, the funding for the nutrition intervention-sensitive work from the community development. But when we come to scrutinization, what we really see is that people have allocated departments of those sectors, they have allocated their co-businesses into the platform of officials which is not right at the end of the day. Take for instance people are from the water sector and in one time they planned the digging of a dam of around one billion shillings that is for nutrition. And they are saying this is a nutrition system because this is water it will be used, yes. This is the tricky part that I think Dr Germana has really mentioned it well. I think we still have a process way to go so that at the end of the day we realize what actually from this context, how can we separate the co-business of the sector and the sensitive to nutrition path. This is a very tricky pattern that really even myself I don't have the answer. But what we are struggling to do now at the local government is we are trying to use the way of the activity and the way of structuring the activities. And this is what Dr Germana was also saying where probably we need to have the activities at which the people will be actually selecting from the pool so that you see which kind of an activity can be pulled from the education sector or which kind of an activity can be pulled from the water sector. So that at the end of the day, we evaluate and see how much funding have been done. Primarily now, what we are doing at the local government, we can actually identify because we are tracking finances from those sectors. We could quickly see how much from when we are scrutinizing then you find that the whole funds which are actually allocated for the sensitive sectors are not actually really for nutrition. They are not really for nutrition sensitive; they are rather the co-sector to nutrition sensitive interventions. So, this is the area. I'm also remembering what we did two years or three years ago; the public expenditure review in Tanzania. I think this document was also circulated. This area also came as a challenge and it was really very challenging because we couldn't find how much the sensitive sector contributes through the PR. So, I think it's a prime area we need to go into and I really second what Dr Germana is saying - that we have a problem with the model. I think if this model

comes in then it will help us. But if any country has a proper way, I think they could invite Tanzania so that we also could learn. Thank you very much. Over to Sarah.

Sarah McClung

Thanks so much. Given that we have less than 10 minutes left, I'm going to take this time to say it actually might be Tanzania fielding requests for invitations from other countries to come and learn from all of the progress and the really progressive strategy and plan that is the NMNAP 2 and the resource mobilization strategy. I am hoping that I can go to each of you in the order that you presented and you can just give your main takeaways or your final words for this global audience that we had today. Dr German I'll start with you.

Dr Germana Leyna

Thank you, Sarah. I will only have a few comments and I think the most important message that I would like to say is that, as Kate said, having a multi-sectoral plan or multi-sector activity is always challenged because there are so many players, there are different agendas, and they are different interests. But as the Tanzanian or an African verb says: "if you want to go farther then you should go with others as well, but if you want to reach a goal quicker, then you should go alone. And I think what we want is to reach further by decreasing nutritional deficiencies in our country, as well as supporting healthy dietary practices. And in this case then, I would absolutely recommend that you take up the multi-sectoral approach. It won't be easy. It will be challenging but definitely through the process you will grow and eventually shine. Thank you.

Sarah McClung

Thanks so much. Mr. Sangawe your final remarks.

Paul Sangawe

I think on my side I'll say that coordination is key for nutrition to be able to deliver in any country. And for this to happen, we need a very strong and well understood institutional framework in place. Number two, we need a very clear strategy that is well understood by all stakeholders. But given the experience that we got in NMNAP I, that had to be backed up with a good resource mobilization strategy. And the last that I'll say is strong accountability framework that includes of

course monitoring and evaluation. When you have that in place and have a strong coordination within the country, you will be able to deliver nutrition interventions. Thank you very much.

Sarah McClung

Thanks so much for those comments. Mr. Waibe your closing remarks.

Mwita Waibe

Thank you very much Sarah. You know when you are going to the football pitch, you need to have all players ready. So, at the local context, strengthening local level implementation, it needs people's involvement. Let the communities give up so that at the end of the day when they accept, they are there to support you at the end. If they don't accept, you can come with good innovation but they reject and never go ahead. So, let's play a poll and the ground level players need to really participate fully so that we achieve our gold. Thank you very much.

Sarah McClung

Thanks so much to my panelists, and a huge congratulations on the achievement that is NMNAP 2 and the Resource Mobilization Strategy. For all those that are interested again both of those documents are available online and the recording of this webinar and the slides will all be available in the coming days. So, thank you so much for joining, thank you again to our speakers, and I think I can wrap us up here but please look out for further news and information on Tanzania and again check out those documents. Thanks so much.