

Developing Subnational Scorecards for Nutrition Accountability in Tanzania  
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# **Developing Subnational Scorecards for Nutrition Accountability in Tanzania**

Dolf J.H. te Lintelo

## **Summary**

Scorecards are an increasingly popular instrument aiming to advance accountability for nutrition. Often devised at national level, growing interest is now emerging in subnational application. This paper presents a protocol for how a subnational scorecard may be developed in a participatory manner, summarising our experience doing so in two districts of Tanzania: Morogoro and Kigoma. We reflect on the process of devising the scorecards, present results, and identify lessons for third parties that may seek to devise subnational nutrition scorecards in other countries. We underline the importance of considering political economy dimensions and dynamics as part of the scorecard design process.

**Keywords:** nutrition; subnational; scorecards; accountability; Tanzania.

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# 1 Introduction

In the last decade, the global hunger and nutrition community has increasingly come to view political commitment as an essential ingredient for pushing food and nutrition security higher up public policy agendas (FAO *et al.* 2014, 2013; Foresight 2011; Gillespie *et al.* 2016, 2013; IFPRI 2014; te Lintelo *et al.* 2014b, 2011). In response, a range of commitment metrics and scorecard tools to assess levels of political commitment have proliferated. They typically aim to enhance accountability of governments, donors, civil society and the private sector organisations for actions addressing hunger and nutrition. International organisations and aid donors also use these tools to make decisions on funding and programmatic action. Examples of these metrics include the World Health Organization's (WHO) nutrition landscape analyses (Engesveen *et al.* 2009), the HungerFree scorecard (ActionAid 2010, 2009), the Hunger Reduction Commitment Index (te Lintelo *et al.* 2011, 2014b); the Hunger and Nutrition Commitment Index (te Lintelo *et al.* 2013, 2014a); and the Political Commitment Rapid Assessment Tool (Fox *et al.* 2015).

In this toolbox, scorecards have become one of most popular instruments. They are designed to be easy to read and visually engaging, so that all stakeholders regardless of education and literacy levels are able to understand the data they present. Scorecards can highlight successes and failures within a particular sector. They typically report on assessments of performance across different units of geographic hierarchies, to comparatively analyse which areas are performing better than others.

Implemented in numerous countries, scorecards have typically been used at the national level. It is only in recent years that governments, donors and service providers have begun to roll out scorecards to at a sub-national level, to measure developmental outcome indicators, or the performance of hospital, school and other essential service facilities in regions, districts, villages and at individual service centres. An example within the nutritional sector is the POSHAN District Nutrition Profiles (DNPs) in India which measure undernutrition, obesity and non-communicable diseases at district level (International Food Policy Research Institute 2018).

In this report, we present findings from a feasibility study and efforts to develop a prototype district level nutrition commitment scorecard in Tanzania conducted in 2015-2016, by a team of researchers and practitioners at IDS, PANITA and Sokoine University of Agriculture, with support from the Child Investment Fund Foundation (CIFF). We present a protocol for how a subnational scorecard may be developed, summarising our experience doing so in two districts of Tanzania: Morogoro and Kigoma. We reflect on the process of devising the scorecards, present results, and identify lessons for third parties that may seek to devise subnational nutrition scorecards in other countries.

## 2 Background – the Hunger And Nutrition Commitment Index

There are many reasons for insufficient global progress in reducing hunger and undernutrition. One of these is a 'lack of political will' or political prioritisation (FAO 2012: 22). Political commitment to reduce hunger and undernutrition would be shown by purposeful and decisive public action, through public policies and programmes, public spending and legislation that are designed to tackle these twin problems.

Recognising this, since 2013, the global Hunger And Nutrition Commitment Index (HANCI, [www.hancindex.org](http://www.hancindex.org)) has systematically compared and ranked government efforts acting on malnutrition (commitment) across 45 countries with high burdens of malnutrition. The HANCI was launched to:

1. Rank governments on their political commitment to tackling hunger and undernutrition.
2. Measure what governments achieve and where they fail in addressing hunger and undernutrition – providing greater transparency and public accountability.
3. Praise governments where due, and highlight areas for improvement.
4. Support civil society to reinforce and stimulate additional commitment towards accelerating the reduction of hunger and undernutrition.
5. Assess whether improving commitment levels lead to a reduction in hunger and undernutrition.

The HANCI is unique in three respects. First, its methodological insistence on decoupling the measurement of political commitment from outcomes (levels of hunger and undernutrition) distinguishes it from other food security metrics and scorecards, such as the Global Hunger Index (WHH, IFPRI and Concern 2012), the Global Food Security Index (EIU 2012); SUN country analyses (SUN 2012b) and WHO's Global Landscape Analyses (WHO 2012a). Second, the HANCI presents composite as well as separate analyses of the political commitment to hunger reduction (using ten distinct indicators) and undernutrition reduction (12 indicators). Third, while the HANCI is calculated using secondary (government-owned) data, primary research is employed to deepen analysis of political commitment for selected countries in order to further support in-country advocacy by partner organisations.

HANCI findings have been presented, amongst others, in the shape of country scorecards (these can be downloaded here: [www.hancindex.org](http://www.hancindex.org)). These demonstrated the actual status on each of the 22 commitment indicators, as well as how a specific country compares relative to other countries on the 45 high burden country list (te Lintelo *et al.* 2013, 2016). Collaborations of HANCI researchers with civil society groups in Nepal, Bangladesh and Malawi, Zambia and Tanzania effectively used these scorecards in policy advocacy and for holding governments to better account for their efforts to address malnutrition. Scorecards were reported to be a powerful means of attracting the attention of decision makers, civil society and other policy stakeholders (te Lintelo *et al.* 2016).

In Tanzania, over the past fifteen years, nutritional status improved across Mainland Tanzania (excluding data for Zanzibar). Tanzania Demographic Health Survey (TDHS) data shows that stunting of children under five years of age in mainland Tanzania dropped from 48.4 per cent in 1999 to 34.4 per cent to 2015. However, stunting prevalence varies significantly by zone, and by region (districts are a subdivision of regions). The Central and Eastern zones reduced stunting by nearly 50 per cent between 1999 and 2015, compared to only 12 per cent and 13 per cent declines in Lake and Northern zones, respectively. Malnutrition is an underlying cause of child deaths - stunted and wasted children are more likely to die of infectious diseases. Of all under-five deaths in Tanzania between 1999-2015, 14 per cent are attributable to stunting and 4 per cent are attributable to wasting. These reductions have been estimated to have saved 204,000 lives over this period (United Republic of Tanzania, 2017).

IDS researchers had since 2012 collaborated with the Partnership for Nutrition in Tanzania (PANITA), a federation of over 300 civil society organisations across the country. Following consultations with PANITA members, and the joint development of advocacy messages, scorecards and other evidence were presented to a cross-party Parliamentary Group on Child Rights, Food Security and Nutrition in November 2013. The Parliamentarians, some of who became future Ministers of State in the nutrition-related areas of Agriculture; Health; and Regional and Local Affairs, much appreciated the international comparisons set out in

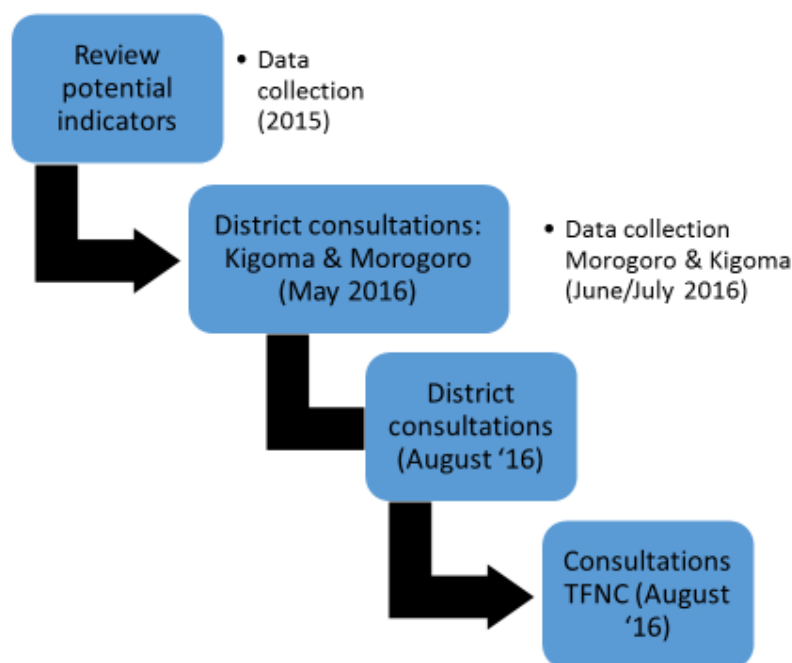
the scorecard. They welcomed the researchers' suggestions to develop a similar instrument whose comparative focus would rest on subnational administrations in the country.

Witnessing the potency of international comparisons, and assuming that the logic of comparison could also support accountability processes *at subnational level*, yet not finding any documented examples of such a comparative subnational scorecard or indexing effort in the international nutrition literature, researchers set out to develop a prototype district commitment scorecard.

### 3 Developing a prototype district level nutrition commitment scorecard

The process of developing the prototype district commitment scorecards involved an iterative process of research design, participatory consultations and fieldtesting (Figure 3.1).

**Figure 3.1 Step by step design of district nutrition commitment scorecards Tanzania**



Source: Author's own

The first step in the analysis involved **reviewing nutrition policy and programming relevant data** for the districts captured in management information systems published by a range of ministries, including the President's Office for Regional Administration and Local Government ('Tamisemi'); Ministry of Agriculture and the Ministry of Health. While identified data provided pointers to the types of indicators on which district authorities are likely to collect data, the data was often presented in a highly aggregated manner; typically only for regional or national level. As we were interested in inter-district differences in nutrition outcomes and particularly in efforts addressing malnutrition, regional or national level data were inadequate for the purpose of constructing district scorecards. Beyond the village, it is at district level that many nutrition relevant interventions are undertaken and monitored.

Next, we commenced **longlisting potential indicators**, drawing on the literature and ensuring that key sectoral efforts were included covering nutrition-specific and nutrition-sensitive interventions. We aimed to cover the following areas: food and agriculture;

women's empowerment; social protection; health and nutrition; education; WASH; and nutrition governance. Moreover, we sought to capture for each of these sectors a balanced set of indicators on spending, legislation and policy (implementation) that would express local efforts towards addressing malnutrition.

To further identify and review suitable indicators, we conducted a limited set of **semi-structured interviews** with selected in-country stakeholders to determine their perspectives on existing indicators and data sources, and on potential desirable indicators for future monitoring. This was focused on national level stakeholders. UN-REACH Tanzania were thus found to have undertaken the development of a template for assessing all government and non-government actors undertaking nutrition relevant efforts within districts, providing valuable ideas for the scorecard development.

We subsequently commenced **operationalising** and naming potential indicators. As such we:

- Identified indicators of various types: input indicators (e.g. budget spent on nutrition as share of total district spending), output indicators (e.g. number of vaccinations issued) and outcome indicators (coverage of population having access to improved drinking water).
- Specified an numerator and a denominator for each indicator.
- Listed the years for which district level data was found to be available.
- Specified data sources.
- Specified the frequency of data renewal/updates.
- Added notes on data reliability or validity and other possible constraints.

Armed with a longlist of potential indicators, next we conducted a first round of **field visits**: research teams undertook trips to Morogoro (eastern Tanzania) and Kigoma districts (northwestern Tanzania). These districts were selected based on their distinct socio-economic and nutrition profiles, (with Kigoma generally having poorer outcomes than Morogoro) and on the basis of having solid local partnerships that could support carrying out the research with support of local authorities.

In both districts, we first arranged meetings with the District Executive Directors (DEDs), the highest ranking civil servant at this administrative level, to explain the project and to request and **obtain their blessing** for undertaking it. This was important for facilitating subsequent cooperation from other district officials. We presented the DEDs with copies of the HANCI national scorecard, as an example of the type of research product that was going to be devised and we explained how it had been used in various African countries. In order to further build up support, we clarified in what way the project would seek to support the objectives of national policy. By explicitly **drawing out connections to current policy** such as the National Nutrition Strategy and President Kikwete's 'Call to Action on Nutrition' we underlined the relevance of the project for existing nutrition objectives of the national government. We also informed DEDs about the collaborative efforts research partners were undertaking with the Parliamentary Group on Food Security, Nutrition and Child Rights.

Field visits were also central to developing insights into the perspectives of **local CSO partners and district officials** on relevant local data and their uses, and to cultivate interest in possible future end-users of district scorecards.

PANITA members in the district helped to **organise Indicator Consultation workshops** (May 2016) and identify local participants in each district. The workshops were attended by key officials in all the district departments that made nutrition specific and nutrition sensitive contributions. These included heads of district departments (education, finance, planning,



water and sanitation, health, social welfare and gender) and the regional nutrition officer (Morogoro). District nutrition officers and focal points, recently put in charge of coordination regarding nutrition affairs in the district through newly adopted national government guidelines, also actively participated in Morogoro and Kigoma. The Morogoro workshop also benefited from active participation by the regional nutrition officer.<sup>1</sup>

By working with the District Executive Director, workshop venues were arranged within the district headquarters, to facilitate staff from various departments located within its compound to easily attend the workshop.

The consultation workshops sought to: present and discuss the project; raise awareness about nutrition and **identify administrative data** on nutrition specific and nutrition sensitive indicators that are **routinely collected** by district administrations, and easily accessible. Furthermore, the workshops allowed participants to propose, debate and agree on what indicators and administrative data would be important to present, to generate support for subsequent efforts to collect data and construct and potentially use the district scorecards. Accordingly, we discussed project objectives, timeline and activities, followed by a summary presentation of the key nutrition challenges in the Morogoro and Kigoma regions. Demographic and Health Survey data provided regional level data on key nutrition status indicators such as stunting (regions containing a set of districts). They were followed by interactive moderated groupwork (with groups organised by sector) in which the longlist of prepared district commitment indicators were reviewed in detail. It quickly became clear that **local participants had a strong grasp of existing administrative data**. Workgroups debated the proposed indicators and suggested alternative numerators and denominators and then presented and defended these in a plenary session. At the end of the workshop, a revised list of indicators was identified for which participants felt would capture district level commitment to nutrition and for which data would be locally available.

It turned out that the Indicator Consultation workshops were a first opportunity for participant officials to jointly discuss their individual departmental contributions towards improved nutrition outcomes in the district. They highly appreciated learning about each others efforts. As such, **workshop exercises to co-construct indicators for the scorecard involved a convening process that raised awareness about nutrition and its multisectorality**. It also underlined participants' appreciation of the need for coordination of efforts, if nutrition improvements are to accelerate.

The next step was to act on the workshop recommendations. The Tanzanian consultant, together with a research assistant and a PANITA staff member revisited the districts to gather data on the set of indicators agreed upon in the workshop. This involved systematically visiting the multi-sectoral district administration departments in Kigoma and Morogoro. **Having worked prior with workshop participants greatly facilitated easy access to the pre-identified type and sources of administrative data.**

Having obtained the data, draft scorecards for the two districts were devised and designed by the research team (Figure 3.2). They set out 22 indicators (four on child nutrition; four on women's nutrition; five on community nutrition; four on nutrition governance and five on nutrition financing), their operationalisation, scores on indicators and reference years. The **scorecards were presented in English and in kiSwahili to facilitate access to and use by district staff and local communities.**

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<sup>1</sup> Mainland Tanzania has 20 regions, each subdivided in multiple districts.

**Figure 3.2 Prototype district commitment scorecards**

District level Hunger and Nutrition Commitment Index (HANCI)

**Key data for Kigoma District**



| Indicator   | Measured as  |
|---|--|
| Vitamin A supplementation coverage for children (recommended double dose)                             | Number of children 6–59 months who have received 2 high doses of Vit A supplements in last available year / total number of estimated children in 6–59 months age range in last available year                         |
| Coverage of Vitamin A campaign (single dose)  | Total number of children recorded receiving one dose of Vitamin A supplements in a single campaign in last available year / total number of estimated eligible children between 6–59 months age in last available year |
| Percentage of children receiving deworming tablets once a year  | Number of children aged 12–59 months receiving deworming tablets once in last available year / estimated total number of children aged 12–59 months in district in last available year                                 |
| Percentage of children who attend growth monitoring sessions  | Total number of children 0–59 months attending growth monitoring in last available year / estimated total number of children aged 12–59 months in the district in last available year                                  |
| Percentage of pregnant women receiving 4 doses of iron/folic acid supplements at ANC clinic           | Number of pregnant women visiting ANC clinic that receive 4 doses of iron folic acid in first 6 months of pregnancy / total estimated number of pregnant women in the district   |
| Percentage of pregnant women getting HIV tested   | The total number of pregnant women that test for HIV in last available year / estimated number of pregnant women in the district in last available year  |
| Percentage of pregnant women who attend 4 ante natal care visits                                      | Number of pregnant women in the district that attended 4 ANC in last available year / estimated total number of pregnant women in district in last available year  |
| Percentage of women giving birth in a health facility   | The total number of women giving birth in a health facility in last available year / the estimated total number of births in the district in last available year   |
| Percentage of villages with access to agriculture and livestock or fisheries extension services       | (total number of agricultural extension workers + livestock or fisheries extension workers in the district) / (total number of villages in district*2)   |
| Percentage of population with access to an improved water source                                      | The number of individuals in the district with access to an improved water source in last available year / the total population in the district in last available year   |
| Achievement of government targets to increase population access to improved water                     | Number of additional individuals obtaining access to improved water in last available year / district annual targets for additional population obtaining access to improved water in last available year               |
| Percentage of households with access to improved sanitation   | Number of households in district with access to an improved sanitation source in last available year / total number of households in the district in last available year   |
| Awareness activities on overnutrition and dietary related NCDs  | Has the district organised events to raise awareness on overnutrition and dietary related NCDs (e.g. diabetes) in last available year? Y/N   |
| The regularity of meetings of the multisectoral Council Steering Committee on Nutrition               | The number of minuted meetings in last available calendar year / 4   |
| Presence of a District Nutrition Officer  | Does the district have a District Nutrition Officer? Yes / No  |
| Number of nutrition indicators for which data is reported in the Health Management Information system | Count the number of nutrition indicators for which data is reported on in the district HMIS in last available year / total number of nutrition indicators in the HMIS in last available year                           |
| Nutrition budget allocation as share of Capital Development Grant                                     | Allocated budget for nutrition activities (identified by district nutrition officer) within Capacity Development Grant in last available year / total Capacity Development Grant in last available year                |
| Nutrition budget expenditures as share of total district expenditures                                 | Share of nutrition budget expenditures in last available year / total district expenditures in last available year   |
| Separate nutrition budget lines in 5 key departments  | Which of the health, agriculture, education, livestock, community development departments have a separate departmental nutrition budget line (x/5)?  |
| Planned nutrition budget as share of the total Comprehensive Council Health Plan                      | Total planned allocation to nutrition activities over time period of Comprehensive Council Health Plans (CCHP) / total CCHP planned spending   |
| Share of "local sources" collected allocated to fund nutrition in district                            | Share of "local sources" (taxes + licensing fees + levies etc) allocated for nutrition in last available financial year / total local taxes collected in the financial year  |

## Key data for Kigoma District

|   | Indicators*   | Scores | Period              |
|---|---|--------|---------------------|
| Children's Nutrition                        | Vitamin A supplementation coverage for children (recommended double dose)                             | NA     | Jan 2015–Dec 2015   |
|   | Coverage of Vitamin A campaign (single dose)  | 98.9%  | December 2015       |
|   | Percentage of children receiving deworming tablets once a year  | 3.5%   | Jan 2015–Dec 2015   |
|   | Percentage of children who attend growth monitoring sessions  | NA     | Jan 2015–Dec 2015   |
| Women's Nutrition                           | Percentage of pregnant women receiving 4 doses of iron/folic acid supplements at ANC clinic           | NA     | Jan 2015–Dec 2015   |
|   | Percentage of pregnant women getting HIV tested   | 76.6%  | Jan 2015–Dec 2015   |
|   | Percentage of pregnant women who attend 4 ante natal care visits                                      | 23.0%  | Jan 2015–Dec 2015   |
|   | Percentage of women giving birth in a health facility   | 50.7%  | Jan 2015–Dec 2015   |
| Community Nutrition                         | Percentage of villages with access to agriculture and livestock or fisheries extension services       | 78.1%  | July 2016           |
|   | Percentage of population with access to an improved water source                                      | 62.0%  | December 2015       |
|   | Achievement of government targets to increase population access to improved water                     | 28.1%  | Jan 2015–Dec 2015   |
|   | Percentage of households with access to improved sanitation   | 76.6%  | December 2015       |
|   | Awareness activities on overnutrition and dietary related NCDs  | 50.7%  | Jan 2015–Dec 2015   |
| Nutrition Governance                        | The regularity of meetings of the multisectoral Council Steering Committee on Nutrition               | 0%     | Jan 2015–Dec 2015   |
|   | Presence of a District Nutrition Officer  | Yes    | July 2016           |
|   | Number of nutrition indicators for which data is reported in the Health Management information system | 83.8%  | July 2016           |
| Nutrition Budgets: Planning and Expenditure | Nutrition budget allocation as share of Capital Development Grant                                     | 0.02%  | July 2014–June 2015 |
|   | Nutrition budget expenditures as share of total district expenditures                                 | NA     | July 2014–June 2015 |
|   | Separate nutrition budget lines in 5 key departments  | 1/5    | July 2014–June 2015 |
|   | Planned nutrition budget as share of the total Comprehensive Council Health Plan                      | 1.8%   | July 2014–June 2015 |
|   | Share of "local sources" collected allocated to fund nutrition in district                            | NA     | July 2014–June 2015 |

Note: \*For each Indicator, enumerators and denominators reference the same time period (e.g. calendar/budgetary year).

Source: Author's own

### 3.1 Validation

Having crafted the draft scorecards, in August 2016 the research teams conducted a second visit to both districts. **Scorecard Validation workshops** presented and reviewed indicators and data, and debated district performance jointly with officials from district administrations, civil society groups and other local stakeholders. Many of the participants in Morogoro and Kigoma district had participated in the May 2016 consultation.

The discussions highlighted that the process of co-construction and review of the scorecards with district officials:

- **Established trust** between district officials, civil society representatives and researchers. Participants' appreciation being consulted translated in energetic participation throughout the workshops. Moreover, review of the data opened up space for discussions regarding the day-to-day challenges that well-intentioned officials face when seeking to deliver on their mandates.
- **Established clarity** regarding the operationalisation of indicators, sources and content of data, the relevance of individual indicators, and the overall value of the scorecard as a place where key data on efforts to address malnutrition in the district are located. Consequently, the process has supported users' **capacity** to understand the scorecard data.
- **Galvanised a clearer idea of nutrition as a multisectoral issue in need of coordination.**
- **Led district officials to recognise efforts by colleagues towards a common goal** (enhanced nutrition) that previously went unrecognised.
- **Raised the profile of district nutrition officers** as key coordinators amongst colleagues.
- Brought to light some key challenges regarding the assessment of political commitment at the district level in Tanzania. While many programmes are implemented at the district level, they depend on central level programme design and funding for inputs. Districts have only limited revenue raising powers that could be allocated to support nutrition, and have relatively little influence on the shape that national level programming takes. This suggests that **many scorecard indicators are likely to express district authorities' willingness to comply with national level instructions, whereas the strongest indicators would capture any additional relevant efforts undertaken (to address nutrition), out of their own volition.**
- Finally, debates started touching on the **potential sensitivities regarding adoption of scorecards**. This raised the issue that several district officials were fearful of bringing scorecards to the attention of locally elected political leaders. They feared undue interference with their mandates, also noting the limited awareness regarding nutrition issues amongst district councillors. Discussions also noted that an important structural feature of the Tanzania civil service is that certain posts are designed to report directly to the president, and such political appointees are wielding significant power throughout the administration. For instance, a district commissioner is more powerful than a DED. This prompted a larger question (for future research): within what kinds of political economic environments are scorecards to be used, and **how can we understand potential best applications of the scorecards to advance accountability for nutrition given particular opportunities and constraints that Tanzania's political economy may impose?** For instance, in what ways can district scorecards be applied to engage district councilors or MPs as champions in nutrition advocacy (now a significant interest of SUN across many countries)?

### 3.2 National Nutrition Scorecards

In March 2016, as the HANCI district scorecards were in an advanced stage of development, researchers learnt about a parallel process to develop district level National Nutrition Scorecards (NNS) by the Government of Tanzania with support of UNICEF and ClIFF. It was learnt that the NNS was envisaged to be rolled out across all districts in the country. Consequently, linkages were forged with the Tanzania Food and Nutrition Centre (TFNC), in charge of the NNS, and a joint workshop was organised to compare notes about the different approaches that NNS and HANCI district scorecards had taken. It was found that the process of designing the scorecards had been distinct with HANCI district bottom-up using administrative data, and NNS using a more top-down process, drawing more on official statistics (e.g. DHS data). Whereas the NNS contained a combination of nutrition outcomes and indicators on efforts in the districts, the HANCI district scorecard focused on the latter. By May 2018, the Government of Tanzania (through the TFNC) was reported to be rolling out the district scorecards over 125 districts in the country, using a sophisticated computerised monitoring system to present quarterly updates on progress against targets for 18 indicators in areas of Health and Social Welfare; WASH; Community Development and Gender; Agriculture & Food Security; Education; and Nutrition Financing.

The National Nutrition Scorecards is an important and innovative initiative, that can provide national (and regional) level policymakers with improved and regularly updated evidence of ongoing efforts by subnational administrations implementing national policy, such as set out in the National Multisectoral Nutrition Action Plan. This evidence can not only improve central government oversight, but can also improve its ability to make evidence informed policy revisions, to accelerate nutrition improvements in the country.

Provided that scorecard data is open to scrutiny and freely and easily accessible, it may also provide a critical source of evidence for social accountability, for instance, by civil society groups engaging in nutrition advocacy in multisectoral nutrition steering committees at district, regional and national level. However, changes in the overall political environment (that have occurred in parallel with the development of the scorecards) may dampen such promise. Tanzania has in the last few years witnessed a growing closure of political space for civil society groups and opposition political leaders to be critical of the Government. The passing of the Statistics Act (2015); the Cybercrime Act (2015); the Online Content Regulations (2018) and Statistics Act (Amendments) in 2018, encode in law vaguely defined offences that are punishable with minimum (potentially unlimited) jail sentences and financial penalties. In case of the Statistics Act, its Amendments and the Online Content Regulations, violations are punishable with a minimum of 3 years in jail, with in case of the latter regulations, “prohibited content” including “content that causes annoyance” – clause 12(h).<sup>2</sup> In protest, the World Bank and the IMF, amongst others, have expressed serious reservations and frozen disbursement of aid monies.<sup>3</sup> It thus remains to be seen whether the scorecards can marry improved vertical accountability between layers of public administration with horizontal social accountability between government and communities.

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<sup>2</sup> <https://mtega.com/2018/04/fees-licences-and-lots-of-uncertainty-whats-in-tanzanias-new-online-content-regulations/#more-4793>.

<sup>3</sup> [www.reuters.com/article/us-tanzania-worldbank/tanzania-law-punishing-critics-of-statistics-deeply-concerning-world-bank-idUSKCN1MD17P](http://www.reuters.com/article/us-tanzania-worldbank/tanzania-law-punishing-critics-of-statistics-deeply-concerning-world-bank-idUSKCN1MD17P);  
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## 4 Conclusion

This paper reflected on the steps undertaken towards a prototype subnational scorecard on political commitment for nutrition in two districts of Tanzania. A participatory process devised a feasible prototype scorecard, and was found valuable for building trust between researchers, advocates and local district officials; raising the profile of district nutrition officers amongst colleagues; and generated staff capacity to understand the multi-sectoral contributions necessary and being undertaken towards improving nutrition, and the required horizontal coordination. Finally, discussions with district officials identified an important underexplored research agenda. It highlighted that scorecard promoters require a more explicit understanding of subnational and national political economies that will determine whether and in what ways scorecards may realistically advance accountability for nutrition.

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