

District Nutrition Coordination Committee Initiative: Year 1 Lessons Learned

February 2016



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Contact Information

Food and Nutrition Technical Assistance III Project (FANTA)
FHI 360
1825 Connecticut Avenue, NW
Washington, DC 20009-5721
T 202-884-8000
F 202-884-8432
fantamail@fhi360.org
www.fantaproject.org

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Abbreviations and Acronyms

| | |
|---------|--|
| AWP | annual work plan |
| CAO | Chief Administrative Officer |
| CNDPF | Comprehensive National Development Planning Framework |
| DDP | District Development Plan |
| DNAP | District Nutrition Action Plan |
| DNCC | District Nutrition Coordination Committee |
| FANTA | Food and Nutrition Technical Assistance III Project |
| IP | implementing partner |
| M&E | monitoring and evaluation |
| MOH | Ministry of Health |
| MOFPED | Ministry of Finance, Planning, and Economic Development |
| MOLG | Ministry of Local Government |
| MSP | multi-stakeholder partnership |
| NDP II | Second National Development Plan 2015/16–2019/20 |
| NPA | National Planning Authority |
| OBT | Output Budgeting Tool |
| OPM | Office of the Prime Minister |
| SNCC | Sub-County Nutrition Coordination Committee |
| UNAP | Uganda Nutrition Action Plan 2011–2016 |
| USAID | U.S. Agency for International Development |
| WUR CDI | Wageningen University and Research Centre, Centre for Development Innovation |

1 Background

Malnutrition is a serious problem in Uganda. According to the 2011 Uganda Demographic and Health Survey, 33 percent of children under 5 years of age are stunted, 33 percent are vitamin A deficient, and almost half suffer from anaemia. Almost one third of pregnant women are anaemic and about 10 percent of babies are born with low birth weight. These alarming figures have implications for the health and development of the entire country including poorly nourished children who are more susceptible to chronic disease and more likely to have cognitive deficits as adults, leading to lower economic productivity. If malnutrition rates in children under 5 years of age and women of reproductive age were reduced, Uganda would see significant improvements in the health, well-being, and productivity of its citizens. Actions to prevent stunting in children under 5 could result in 118,652 lives saved and UGX 4.257 trillion (US\$1.699 billion) in economic productivity gains by 2025¹.

Nutrition, especially that of young children and women of reproductive age, is a priority in the Uganda Vision 2040 and is identified as a key contributor to social transformation. The Government of Uganda recognizes malnutrition's complexity, and the Second National Development Plan 2015/16–2019/20 (NDP II) and the Uganda Nutrition Action Plan 2011–2016 (UNAP) provide a multi-sectoral framework to improve the nutrition situation in Uganda. These policy documents also emphasize the need to plan and coordinate nutrition programming at national, district, and community levels.

The UNAP's nutrition coordination framework (provided in Annex 1) is a plan for both centralized coordination of nutrition activities at the national level and decentralized coordination through sectors and districts. The Office of the Prime Minister (OPM) Nutrition Secretariat oversees the coordination framework and the implementation of the UNAP. District Nutrition Coordination Committees (DNCCs) play an integral role at the decentralized level in ensuring nutrition activities take place within the districts. DNCCs, whose members include representatives from health, planning, education, agriculture, gender and social development, water and environment, trade and industry, and administration sectors/departments are responsible for planning, implementing, and monitoring district multi-sectoral nutrition activities.

Significant progress has been made in implementing the national-level nutrition coordination framework. The OPM Nutrition Secretariat has been launched, development partners and sector nutrition committees have been formed, and DNCCs have been oriented on the UNAP. However, the UNAP only provides a broad mandate for DNCCs and does not include specific roles and responsibilities or benchmarks for DNCC performance. Additionally, while DNCCs were formally established by OPM through the UNAP, they were created as a parallel system and not formally integrated into existing local governance structures. Because of this, there was inconsistency in the way that DNCCs operated, were supported by partners, and fulfilled their multi-sectoral mandate.

Recognizing the challenges faced by DNCCs and understanding that improving nutrition outcomes at the district level is a long-term challenge requiring investment in local government systems and frameworks, the OPM Nutrition Secretariat and the Ministry of Local Government (MOLG)—in collaboration with the U.S. Agency for International Development (USAID) and with technical support from the Food and Nutrition Technical Assistance III Project (FANTA) and the Wageningen UR Centre for Development Innovation (WUR CDI)—are working together to strengthen nutrition leadership and governance at both the national and district levels. This partnership, known as the DNCC Initiative, has three main objectives:

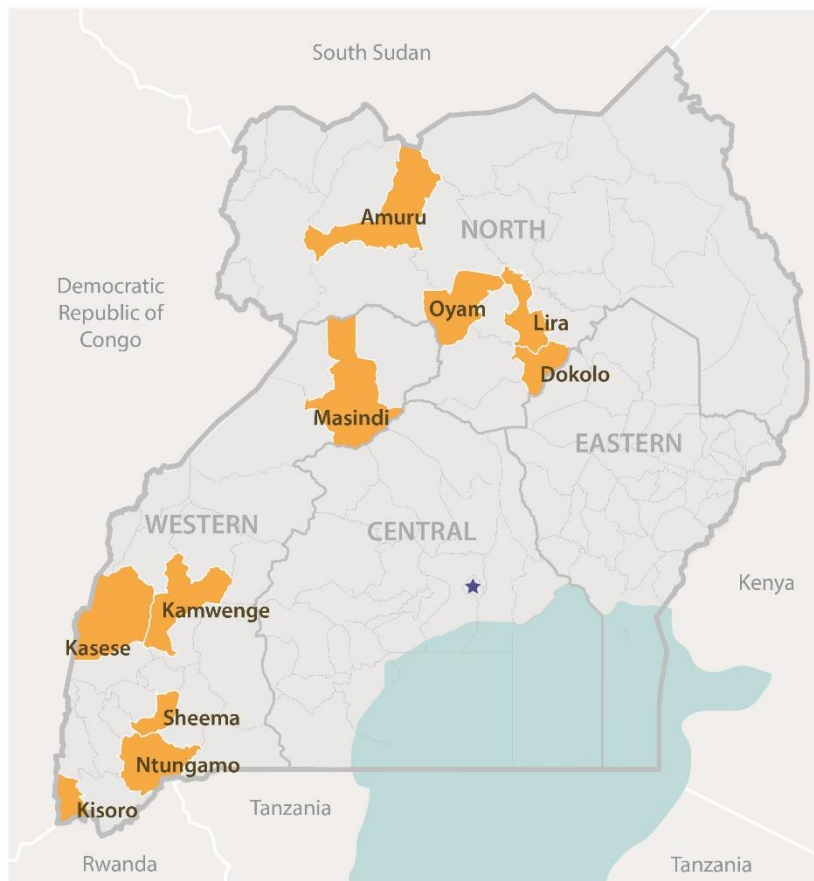
1. To strengthen the national oversight and support structure for the DNCCs

¹ Namugumya, B. et al. 2014. *Reducing Malnutrition in Uganda: Summary of Uganda PROFILES 2013 Estimates to Support Nutrition Advocacy*. Washington, DC and Kampala, Uganda: FHI 360/FANTA and Office of the Prime Minister, Uganda.

2. To enhance awareness of and commitment to nutrition among local stakeholders including technical and political leaders, implementing partners (IPs), and community members
3. To strengthen DNCC capacity to plan, budget, leverage existing resources for, advocate for, and monitor nutrition activities

The DNCC Initiative focuses on 10 districts in the Feed the Future zones of influence in the southwest (Kamwenge, Kasese, Kisoro, Ntungamo, and Sheema) and north (Amuru, Dokolo, Lira, Masindi, and Oyam) regions, as shown in Figure 1. During the second year of implementation, the DNCC Initiative will be transitioned over to key partners for scale-up to other districts. This report outlines the activities and lessons learnt during the first year of the DNCC Initiative implementation.

Figure 1. DNCC Initiative Districts



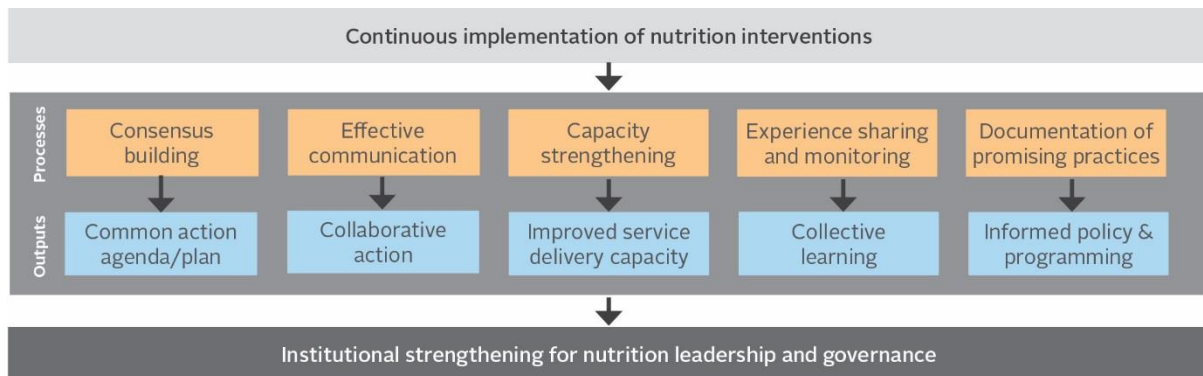
2 Approach

Achieving the objectives of the DNCC Initiative requires strong coordination, collaboration, and buy-in from stakeholders with very different mandates and levels of experience with nutrition programming. Key stakeholders who are part of this process include: national level ministries, development partners², DNCC members, district political leadership, and IPs³. A multi-stakeholder partnership (MSP) approach was selected to bring together the diverse community of multi-sectoral nutrition stakeholders⁴. The MSP approach engages different perspectives and points of view in order to clarify and agree on common objectives and expectations, leading to plans to improve nutrition that are locally owned and sustainable. The MSP approach is guided by seven principles that are applied to achieve positive change in complex, multi-stakeholder settings. These seven principles, as adapted for the Uganda nutrition context, are:

- Enabling effective communication
- Promoting collaborative leadership
- Working with complexity
- Fostering collective learning
- Creating new nutrition norms and standards for local leadership and governance
- Empowering actors to assure improvements in nutrition at the district level
- Dealing with conflict

Using these seven principles, a DNCC Initiative framework for strengthening nutrition leadership and governance in Uganda was developed (see Figure 2). This framework shows the key processes and outputs required to achieve lasting institutional change.

Figure 2. Framework for Strengthening Nutrition Leadership and Governance



The DNCC Initiative focuses on five processes and outputs each of which relate back to a combination of the MSP principles outlined above:

- **Consensus-building to develop a common action plan and agenda** incorporates elements of all of the MSP principles, but specifically emphasizes the need for effective communication and collaborative leadership. Because consensus must be built among diverse stakeholders, complexity and conflict around differing mandates and competing objectives

² DNCC Initiative development partners include: USAID, UNICEF, the Food and Agriculture Organization of the United Nations (FAO), and the World Health Organization (WHO).

³ DNCC Initiative implementing partners include: Applying Science to Strengthen and Improve Systems (ASSIST) Project; Communications for Healthy Communities; Community Connector; HarvestPlus; Learning Contract; Strengthening Decentralization for Sustainability; Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) Project; Concern Worldwide; and World Vision.

⁴ More information on the multi-stakeholder partnership approach is available at: <http://www.mspguide.org/>.

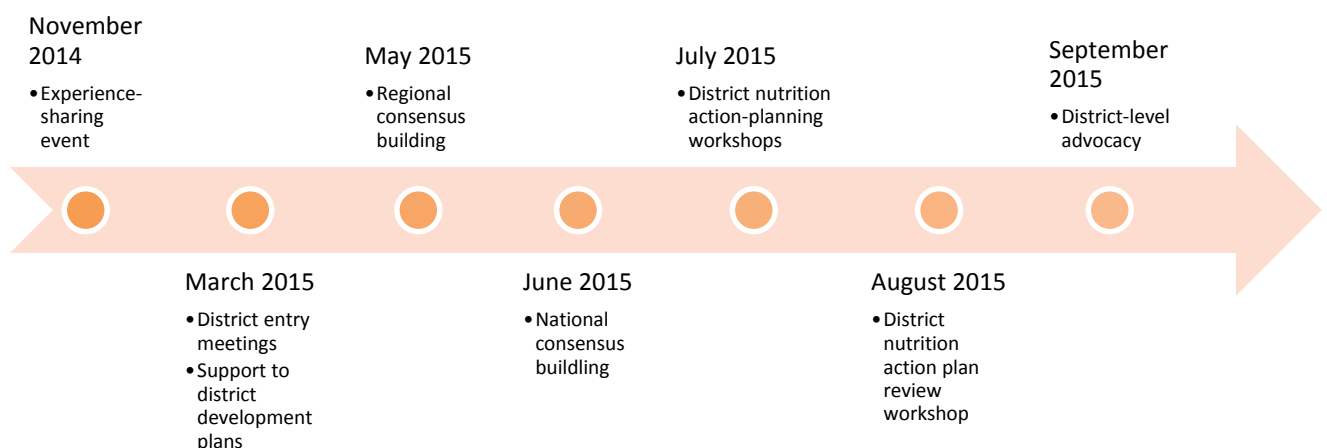
come into play. The MSP approach helps stakeholders to be open to change, thus reducing conflict while improving communication and collaboration.

- **Effective communication to create collaborative action** focuses primarily on the first MSP principle of communication and again touches upon elements of complexity. Good communication also promotes the principle of collective learning through information sharing, which in turn empowers districts to improve their nutrition situation.
- **Capacity strengthening to improve service delivery capacity** empowers districts to take the lead in addressing their nutrition challenges. Strengthening capacity also applies the principle of creating new norms and standards for local leadership and governance by raising the standard of nutrition service quality and associated oversight of those activities by district leadership.
- **Experience sharing and monitoring to foster collective learning** contributes to the principle of empowering district-level nutrition actors. Knowledge allows for well-informed, strategic decision making. It also creates accountability, which enforces new norms and standards of leadership.
- **Documentation of promising practices to inform policy and programming** is an essential part of establishing new norms and standards of leadership as it informs stakeholders of expectations and standards. Documentation also promotes effective communication and collaborative action, as a common understanding and shared vision provide a rallying point for action. Finally, common understanding and documentation of decisions reached through consensus reduces the effects of complexity and conflict.

Although graphically represented as individual boxes, all of the processes in the framework are ongoing and overlapping, with each process and output contributing to the final outcome of institutional strengthening for nutrition leadership and governance. In addition, the ongoing process of documenting promising practices aims to ensure that the DNCC Initiative can be replicated and scaled-up across other districts seeking to strengthen nutrition leadership and governance.

These processes take place during ongoing implementation of nutrition activities in the target districts and, therefore, all work through and strengthen existing structures and systems. Finally, as highlighted by the MSP principles, the process is meant to generate learning. Throughout the first year of implementation, the activities of the DNCC Initiative were informed by continuous learning and were adapted as required to meet stakeholder concerns and to respond to specific district contexts. The timeline in Figure 3 illustrates the key activities that took place in year 1 of the DNCC Initiative based on the framework described. A full description of the activities and the key outputs are provided in the next section.

Figure 3. DNCC Initiative Year 1 Timeline



3. Activity Summary and Key Outputs

Strengthening nutrition leadership and governance was a new concept that required buy-in from stakeholders in order for the DNCC Initiative to produce results. Additionally, linkages between district and national-level stakeholders and structures had to be established and reinforced. To ensure the creation of a solid foundation for ongoing DNCC Initiative activities, year 1 focused on four key activity areas that would fully engage stakeholders from the beginning of the process and cut across the processes included in the DNCC Initiative framework including: experience sharing, consensus building, district planning for nutrition, and advocacy. Key events from the year 1 timeline are described under the activity areas in the sections below.

3.1 Experience Sharing

While the DNCC Initiative introduced a new process of strengthening the nutrition coordination framework, many stakeholders had already begun to engage with DNCCs and local nutrition governance structures. Beginning in late 2012, the OPM Nutrition Secretariat and its IPs began a process of defining DNCC roles and responsibilities, based on the broad mandate provided in the UNAP, and jointly oriented all 112 districts. Following orientation, IPs began to support DNCC activities in their target districts. However, the support provided to DNCCs by partners and the activities undertaken by DNCCs varied greatly across districts. Therefore, before the full development of the DNCC Initiative concept and methodology, it was important to capture what had been learned from both IPs and DNCC members since their orientations. An experience-sharing event was held with national and district-level stakeholders, including representatives from ministries, departments, and agencies; IPs; and development partners to give them an opportunity to share their experiences and inform the DNCC Initiative concept development moving forward.

Prior to the experience-sharing event, consultations were held with the same groups of stakeholders to learn about their ideas on how to strengthen leadership and governance for nutrition and their experiences working with the existing nutrition coordination framework. This feedback was used to develop the learning objectives and experience-sharing event agenda. The experience sharing was structured to generate thinking around the following areas:

- The nutrition coordination framework, as laid out in the UNAP, and its application at the local level
- The support required to implement the coordination framework and capacity strengthening needs
- Factors influencing multi-sectoral coordination, particularly the enabling environment and leadership
- Processes for nutrition planning and reporting

The learnings from this event and consultations with stakeholders were then used to finalize the DNCC Initiative concept. Discussions around coordination and stakeholder complexity directly influenced the decision to use an MSP approach to develop the guiding framework of the DNCC Initiative. The refined concept was shared with stakeholders for further input in order to increase buy-in leading up to the next set of DNCC Initiative activities.

3.1.1 Key Outputs from Experience Sharing

The most important output from the experience-sharing event and associated stakeholder consultations was the gathering of lessons learned used to inform the final DNCC Initiative concept. Specific issues identified during the event that were incorporated into the DNCC concept and planned year 1 activities included: improving stakeholder coordination; strengthening district-level leadership; better defining and standardizing expectations about DNCC membership and responsibilities;

clarifying the DNCC reporting mechanism; identification of capacity-building needs; and supporting the nutrition planning process.

3.2 Consensus Building

The next step in the DNCC Initiative process was to build consensus among stakeholders on decisions that would inform future steps related to planning, capacity building, and monitoring. The consensus-building process is a critical step towards uniting stakeholders with different backgrounds and mandates and strengthening leadership and ownership of nutrition activities at the national and district level. Two consensus-building meetings took place, first at the regional level and then at the national level. Regional-level consensus building was strategically planned to take place first so that feedback and experiences from those implementing the nutrition coordination framework at the district level could be taken into consideration by national-level decision makers providing oversight to the DNCCs and the overall nutrition coordination structures during the national-level meetings. Regional and national consensus-building events sought to build stakeholder consensus around the following key areas:

- Define characteristics of a strong and functional DNCC and milestones by which DNCCs can be measured
- Identify key capacities required to achieve DNCC functionality and conduct a self-assessment on current capacities
- Agree on recommendations for the process of strengthening nutrition leadership and governance, and identify actions to be taken by IPs to support DNCCs in their responsibilities

During the regional consensus-building event, district participants were taken through a series of group-work activities that helped them identify a common nutrition vision that all sectors could contribute towards; analyse their district nutrition situation and ways in which sectors can contribute to its improvement; assess their current capacity as it relates to nutrition leadership and governance; and define key elements of DNCC functionality. At the national consensus-building event, national-level stakeholders further reflected on the issues identified by district participants at the regional event. Discussions focused primarily on the operationalization of DNCCs, specifically issues of DNCC functionality and capacity-strengthening needs.

Throughout the consensus-building process, stakeholder experiences were shared and information to inform upcoming DNCC Initiative activities was gathered, particularly for the district nutrition action-planning workshops. The process of consensus building also aimed to continue to strengthen the coordination and collaboration among the group of stakeholders at both the national and district level.

3.2.1 Key Outputs of the Consensus-Building Process

The two main outputs from the consensus-building process were the agreement on the definition of DNCC functionality and the identification of capacity-strengthening needs, based on a district capabilities self-assessment.



Representatives from OPM and implementing partners engage in discussion during a consensus building event. Photo by Anita Komukama, FANTA.

3.2.1.1 Defining DNCC Functionality

Through the consensus-building process, stakeholders successfully agreed upon the definition of DNCC functionality, against which DNCC capacity and performance can be measured. This is a critical step as it provides a way to hold DNCCs accountable for their performance and to identify capacity-strengthening needs. Participants defined DNCC functionality based on three components: composition, roles and responsibilities, and measurement. The agreed upon components were formally shared by OPM with the Chief Administrative Officers (CAOs) in the 10 target districts. Each component is described next.

Composition

The composition of DNCCs has varied greatly across districts. In order to introduce a minimum standard to ensure a truly multi-sectoral coordination mechanism for nutrition, it was decided that including DNCC composition as a component of functionality was important.

To date, DNCC membership has been made up primarily of key government representatives from administration, health, planning, education, agriculture, community development, and water sectors/departments. These sectors make up the core DNCC membership. During the consensus-building process, stakeholders agreed that more effort is needed to increase involvement of civil society organizations, the private sector, and academia. While these groups are not part of the core DNCC membership, these partners are well placed to mobilize nutrition resources and can contribute technical assistance in areas such as data collection. Therefore, they should be included in DNCCs as appropriate to each district's context and goals.

In addition, new thinking emerged that the DNCCs should also engage more directly with political, religious, and cultural leaders whenever possible. Participation of these individuals is important because they play vital roles in influencing decision making on resource allocation and have access to

platforms through which advocacy and behaviour change communication for nutrition can be done. In addition, it was recommended that a nutrition technical expert, such as a nutritionist, is needed as part of the DNCC membership. Currently, nutrition positions are placed within the health sector at general and referral hospitals, and some districts do not have a nutritionist, even at the hospitals. The responsibilities of the nutritionists at the hospitals can limit their ability to also participate in DNCC activities. As a result, DNCCs have to rely on outside support, primarily from IPs, for consultation on nutrition technical matters.

Roles and Responsibilities

Clarification and understanding of DNCC roles and responsibilities is crucial to ensure that expectations of DNCC performance are consistent across districts. Generally, DNCC members should understand that collaboration and communication across sectors is a key strategy to address the malnutrition problems in the districts. Stakeholders further refined DNCC roles and responsibilities and agreed upon six responsibility areas, all of which should be undertaken with a multi-sectoral perspective: technical guidance; coordination of nutrition stakeholders; monitoring, evaluation, and reporting of nutrition activities; planning and budgeting for nutrition; advocacy and resource mobilization; and nutrition behaviour change communication. See Annex 2 for a full description of each DNCC responsibility area.

Stakeholders also recognized that there is a need to formalize the responsibilities of DNCC members through official appointment letters and assignment of duties by the CAO to ensure nutrition is given the same level of prioritization as other duties included in DNCC members' terms of reference.

Measurement of Functionality

It is important to define how to measure the level of DNCC functionality so that stakeholders from OPM, MOLG, local governments, and IPs can track progress and hold DNCCs accountable for performing their roles and responsibilities. Stakeholders agreed upon the following criteria to determine the level of functionality achieved by a DNCC, which will be used to assess DNCC performance:

- Each DNCC member has an official appointment letter issued by the Office of the CAO stipulating their roles and responsibilities
- Each DNCC has a chairperson who is formally designated by the CAO
- Each DNCC has a nutrition focal person who is formally appointed by the CAO
- Each DNCC holds four high-quality DNCC meetings per year, which are defined as having met the following criteria:
 - Chaired by CAO or the designate
 - Attended by at least 70 percent of core DNCC members
 - Produced a DNCC meeting report containing an update on nutrition activities from sector departments, agreed upon actions to be undertaken before the next meeting, and an update on recommended actions from the previous meeting
 - Discussed feedback and action points from presentations previously made to the Technical Planning Committee or District Management Committee on key nutrition issues
 - Circulated DNCC meeting reports to stakeholders 2 weeks after each DNCC quarterly meeting
- Existence of quarterly integrated monitoring and support supervision reports on nutrition activities undertaken by sectors and IPs including reporting on sub-county activities
- Creation of a 5-year District Nutrition Action Plan (DNAP) by the DNCC, including the integration of nutrition in the district annual work plan and sector plans

- Specific budget allocations for nutrition activities in all sectors and departments

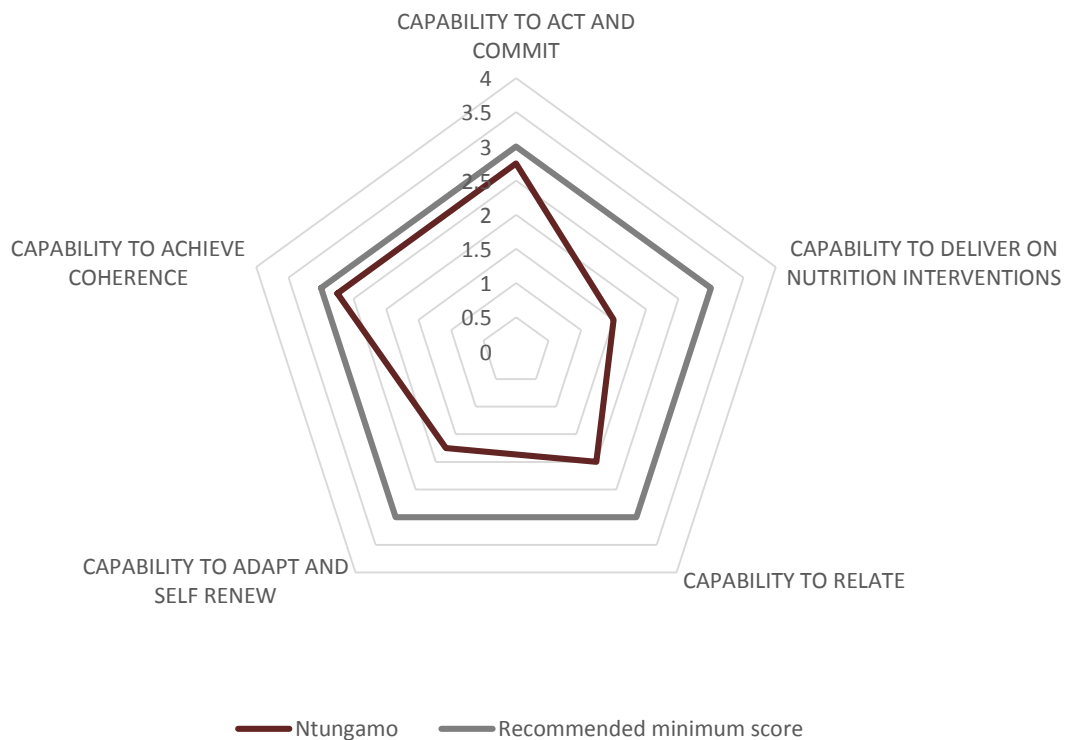
3.2.1.2 DNCC Capabilities Assessment

During the regional consensus-building event, districts completed a self-assessment of their current capabilities to promote nutrition leadership and governance in their districts. At the end of year 2, it is planned that districts will again take the same capabilities assessment to track their progress. DNCCs assessed themselves on the following five core capabilities:

- **Capability to commit and act:** Are district leaders able to inspire key partners to make commitments to improve governance and nutrition?
- **Capability to deliver results:** Can DNCC members produce the necessary outputs (e.g., guidance, reflection notes, monitoring and evaluation [M&E] structure, exchange between stakeholders) to improve the nutrition situation at the district level?
- **Capability to relate with key actors:** Can a strong network of engaged partners be built, expanded, and maintained to support the DNCCs throughout the initiative and beyond?
- **Capability to adapt and self-renew:** Do the partners in the DNCC Initiative have the ability to design and implement a helpful M&E learning framework at the national level? Can they learn from M&E results in order to be adaptive and innovative in delivery of nutrition services?
- **Capability to achieve coherence:** Can the partners provide a coherent strategy and implementation support for DNCCs?

Based on the assessment results, two capability areas emerged as the strongest: 1) the capability to commit and act and 2) the capability to relate with key actors. This shows that most DNCCs feel that they have a committed team in place and that these teams are relatively well networked with other multi-sectoral nutrition actors within the district. This is important for forging alliances that will help to transform nutrition programming in the district. An area where most DNCCs see the need to become stronger is the capability to adapt and self-renew; strengthening the learning and M&E frameworks in the districts may help improve this key capability.

However, in addition to identifying areas of relative strengths and weaknesses, there was a need to set a minimum standard for capabilities in order to ensure that DNCCs are able to conduct their responsibilities at a high level of quality. For this exercise it was proposed that a minimum score of three for each capability indicates that a DNCC is able to conduct its business at an acceptable level. Items scoring below three were considered to be weak capabilities and in need of capacity strengthening. Only one district achieved a score above three in one of the capability areas. This indicates that there is an overall need for capacity strengthening across all capabilities in all districts. An illustration of the results from the Ntungamo district's capability assessment is shown in Figure 4. An illustration of the results from all district capabilities assessments is provided in Annex 3.

Figure 4. Ntungamo Capabilities Assessment

After completing the capabilities assessment, districts identified four main capacity strengthening areas that are needed to improve their capabilities:

- A basic understanding of the multi-sectoral nature of nutrition
- How to plan for, budget, manage, and implement nutrition, including DNAP development
- M&E and documentation of multi-sectoral nutrition issues
- Mobilization, lobbying, and advocacy for nutrition in the district

Capacity strengthening in planning and DNAP development and community mobilization for food and nutrition security were provided as part of year 1 activities. Additional capacity building, including capacities required of DNCC members (e.g., advocacy, planning, and leadership) and technical capacities (e.g., targeted nutrition training in agriculture and community development) will continue to be strengthened throughout the remainder of the DNCC Initiative.

3.3 District Planning for Nutrition

Technical support was provided to help the target districts align plans with new guidance issued by the National Planning Authority (NPA). This guidance requires that all district planning align with the Comprehensive National Development Planning Framework (CNDPF), which contains national-level vision, goals, and objectives. Nutrition is identified as a cross-cutting issue in the NDP II and the Local Government Development Planning Guidelines 2014 that should be included in all planning documents, from the 5-year district development plans through annual work plans. Specific guidance on how to plan for nutrition is provided in the National Nutrition Planning Guidelines 2015, which were developed by the NPA with support from FANTA.

Technical assistance was provided to strengthen the capacity of the 10 target districts to integrate nutrition as a cross-cutting issue in their District Development Plans (DDPs) and to produce 5-year DNAPs, which provide detailed guidance on nutrition planning and are included as an annex in the DDP. Having nutrition included in key district planning documents, such as the DDP and annual

sector plans, allows districts to allocate and mobilize resources for nutrition activities, guides IP implementation, and helps to coordinate partners towards achieving a common district nutrition goal.

DNCC members were oriented on the National Nutrition Planning Guidelines 2015 as part of the DDP and DNAP development process. During the DDP development, DNCCs were provided with one-on-one technical assistance to identify nutrition problems in their districts and multi-sectoral strategies to improve nutrition outcomes. They were also provided with information to help them make an investment case for nutrition in their districts and lobby for the inclusion of nutrition in the final DDPs.

Two regional DNAP development workshops were held, one each in the north and southwest regions. Target district DNCC members, led by the district planner or designate, participated in the workshop held in their respective region, with full participation from all district representatives. During the DNAP development workshops, participants were systematically guided through the process of conducting a nutrition situational analysis; creation of an implementation matrix that identified a district nutrition goal, objectives, strategies, interventions, and activities; and identification of indicators to monitor progress towards improving nutrition. Participants were provided with a standardized DNAP template and identified a DNAP editor who captured workshop outputs in the draft DNAP. DNCC members were supported to align their DNAP goals with the Uganda Vision 2040 and NDP II goals of reducing stunting among children under 5.

DNCCs were then provided with feedback on their draft DNAPs by the DNCC Initiative team and received additional support to complete their DNAPs during a second DNAP review workshop. Following the review, DNCC members again received one-on-one technical assistance to further finalize their DNAPs and to lobby for their approval by district councils. More about this process is provided in Section 3.4 on advocacy activities.

3.3.1 Key Outputs from District Planning for Nutrition

At the conclusion of the planning activities, all 10 target districts had nutrition included in their DDPs and had completed draft DNAPs for submission to the district councils for approval. Based on information from the districts, it is anticipated that the District Executive Committees and District Councils will approve the DNAPs before the end of their term in office, at which time the districts have committed to present their plans for approval.

District-level planning was also used as an opportunity to pre-test the NPA's National Nutrition Planning Guidelines 2015. Following the pre-test, the guidelines were finalized and approved by the NPA. Copies of the guidelines will be distributed to districts as part of subsequent DNCC Initiative planning activities.



Members of the DNCC work on intervention mapping during the planning process. Photo by Anita Komukama, FANTA.

3.4 Advocacy

Nutrition has been high on the national-level agenda for many years. Despite this, the stakeholders engaged in nutrition activities were primarily from sectors and partners dealing directly with health, agriculture, and food security. Throughout the DNCC Initiative, advocacy efforts have been undertaken at the national level, focusing primarily on new, multi-sectoral nutrition stakeholders. MOLG and partners working on nutrition-sensitive⁵ interventions were specifically oriented on the UNAP and nutrition coordination framework. In addition to one-on-one orientations, the OPM Nutrition Secretariat hosted various meetings to introduce the DNCC Initiative to key national-level stakeholders and gain their buy-in.

Advocacy was also undertaken at the district level. Working multi-sectorally in nutrition is a relatively new approach for local governments who rely mostly on IPs to implement nutrition activities. Nutrition advocacy among district-level stakeholders is important to ensure support for DNCC activities and for the inclusion of nutrition as part of district planning documents.

At the start of the DNCC Initiative, district visits were undertaken to introduce the DNCC Initiative concept, its roots in national policies such as the NDP II and UNAP, and the importance of good nutrition for the overall well-being of the districts' population. Further advocacy was undertaken to support DNCC members to lobby for inclusion of nutrition in the final DDPs, have their DNAPs approved by the district council, and to integrate nutrition in the annual district work plan. Half-day meetings were held in the districts, with participation from district executive committee members,

⁵ Nutrition-specific interventions address the immediate causes of malnutrition and nutrition-sensitive interventions address the underlying and basic causes of malnutrition. Further explanation can be found in: Republic of Uganda National Planning Authority. 2015. *National Nutrition Planning Guidelines for Uganda*. Kampala: National Planning Authority.

DNCC sector and department representatives, community service organizations, the media, and religious leaders.

3.4.1 Key Outputs from Advocacy

Through DNCC Initiative advocacy activities, MOLG has been successfully brought on board as a new and fully committed partner in nutrition. Throughout the process there has been joint leadership and ownership of the DNCC Initiative by both OPM and MOLG. This partnership is a success in achieving coordination between two national-level bodies that are critical to the success and sustainability of strengthened nutrition leadership and governance. Other key sectors have also demonstrated their commitment through ongoing participation in national-level DNCC Initiative activities.

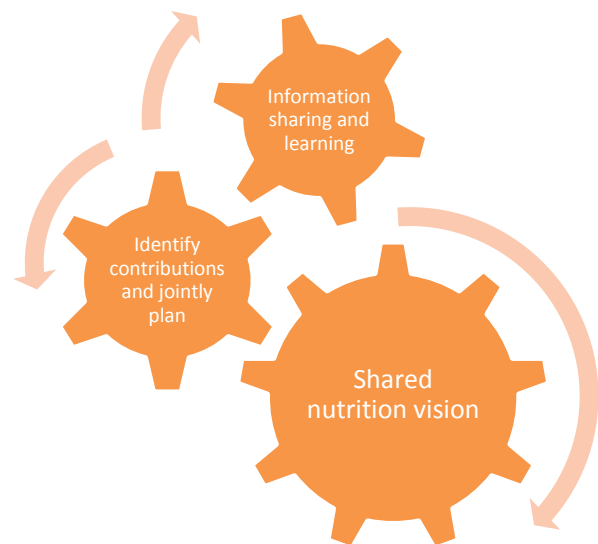
District buy-in to the DNCC Initiative has been reflected through ongoing commitment and ownership of DNCC Initiative processes and activities. Throughout year 1 activities, issues of nutrition leadership and governance have become increasingly visible at the district level. One district chairperson based in a DNCC Initiative target district stated that he has talked about nutrition at every meeting he has attended since becoming involved in DNCC Initiative activities. His district colleagues concurred about the improved visibility of nutrition in their district.

4 Challenges and Lessons Learned

Throughout implementation in year 1, several key themes repeatedly came up as areas for further learning. Thematic areas include: coordination, accountability, capacity strengthening, attitudes about nutrition implementation, and sustainability considerations. Addressing the challenges in these areas through the application of lessons learned during year 1 will contribute to the achievement of the processes and outcomes outlined in the DNCC Initiative framework. Coordination and accountability will be improved through the framework processes of further consensus building and effective communication. Capacity-strengthening lessons, once addressed, will yield improved service delivery. Finally, attitudes about nutrition and sustainability considerations will be strengthened through the process of experience sharing, monitoring, and the continued documentation of successes, challenges, and lessons learned.

4.1 Coordination

Coordination among and within stakeholders at both the national and district level was identified as an area for further improvement in order to achieve the goal of strengthening leadership and governance for nutrition. During the consensus-building process, three key attributes required for strong coordination were identified: having a shared nutrition vision, identifying contributions and joint planning, and information sharing and learning. By first identifying a common vision, stakeholders can rally around and work together towards it. After thinking through individual contributions that each stakeholder from development partners, IPs, and government can make towards that common vision, the next key step in coordination is to undertake joint planning. Finally, information and lessons learned through individual implementation of activities must be shared with the larger stakeholder group to track progress towards the vision and to inform the next joint planning cycle. If all of these attributes are present, then it is likely that coordination is strong. These attributes also link back to the MSP principles and DNCC Initiative framework outputs of creating a common action plan, collaborative action, and fostering collective learning.



Coordination needs to be strong at all levels of implementation in order for nutrition goals to be achieved. In working with national and district-level stakeholders during year 1, it was determined that coordination needs to be strengthened among and between the following groups: among national-level stakeholders, among district-level stakeholders, between the national level and district level, and among and within development partners and IPs. The planning component of coordination was also identified as needing improvement at the district level. Each level of coordination is described in further detail in the following sections.

4.1.1 National-Level Coordination

Weak coordination and communication among national-level government stakeholders, including ministries, departments, and agencies, and between government and national-level partners, was identified as the biggest challenge to overcome in order to improve overall nutrition leadership and governance. The OPM Nutrition Secretariat is responsible for the coordination of all nutrition

stakeholders in order to ensure joint achievement of UNAP objectives. This mandate includes coordination of sectors and partners, and oversight of district-level activities. However, several factors pose challenges to the fulfilment of this mandate.

During the national consensus building event, stakeholders suggested the need for a common work plan to improve coordination. Currently the OPM Nutrition Secretariat does not have a nutrition coordination plan from which to work and does not have specific resources earmarked for nutrition coordination. This work plan should guide the further operationalization of the nutrition coordination framework by outlining the specific roles of OPM, sectors, partners, and districts and how information flows throughout. Instead, individual stakeholders come to the OPM Nutrition Secretariat with competing agendas and priorities. A compounding factor is the differences in resource packages that stakeholders bring to the table. This can create challenges for the OPM Nutrition Secretariat when selecting which activities to prioritize and support.

The ideal scenario would be that the OPM Nutrition Secretariat is able to take the lead in engaging and coordinating stakeholders who come with complementary resource packages (e.g., monetary versus technical assistance) through a country-owned planning approach. This would also result in overall improved multi-sectoral planning for nutrition and reduce duplication of efforts while promoting overall resource maximization. The challenge of coordinating those who have ‘more resources than you’ frequently came up and should be further reflected upon by national-level stakeholders, especially those coming to the table with resources. This challenge was also mirrored at the district level, where district-level nutrition priorities are largely partner-driven. If the national-level direction of partners is improved, it should also help to improve district-level partner coordination around district priorities.

Inter-sector coordination must also be strengthened. At both the national and district level, many sectors are coming together for the first time as partners in nutrition. Often, these sectors are used to working in silos on their own programs. To break out of these silos, channels of communication and collaboration need to be established and reinforced to ensure that key processes of joint planning and information sharing are taking place. Sector representatives should concentrate on improving intra-sector coordination. Each sector has been required to establish a sector nutrition coordination committee composed of representatives from sector departments and IPs. However, participation in these sector committees is frequently limited to the sector’s nutrition focal person and IPs. Consistent participation from a range of sector departments will ensure that nutrition is incorporated into the broader sector mandate, leading to improved sustainability and ownership of nutrition within the sectors. Additionally, it is not clear how sector representatives can directly interact with DNCCs. Strong coordination from OPM, which has the mandate to call ministries to action, is needed to clarify, reinforce, and encourage sector coordination. The coordination challenges at the central level affect district-level coordination efforts, as there is not a clear structure to look to for guidance.

4.1.2 District-Level Coordination

District-level coordination is especially important when it comes to the planning process and managing development and IP support. The planning process at the district level is quite complex, with each sector developing their own plans for inclusion in DDPs. Because nutrition is a cross-cutting issue, it adds an extra layer of complexity to the planning process. Cross-cutting issues as part of the DDP are primarily situational analyses from which the identified issues should be addressed through activities included in the sector plan sections of the DDP. If nutrition activities are not incorporated into the sector sections, then funding will not be allocated and the activities will not be implemented. This was a key lesson learned during year 1 nutrition planning activities. The inclusion of nutrition in sector plans prior to the start of work on the DDP nutrition cross-cutting section was missed, as work on the nutrition situational analysis began after sectors had already begun the planning process.

For future planning activities, sectors must already be considering nutrition within their own sector plans and have received the district's nutrition situational analysis before the collation of DDP sector sections begins. To ensure that nutrition makes it into district plans, DNCC members need to think through district nutrition priorities prior to the start of sector planning so that the DNCC members can communicate these priorities back to their sectors and advocate for the inclusion of nutrition in those plans. If this is achieved, the entire district planning process for nutrition will fall into place much more easily. In the Nutrition Planning Guidelines 2015, which were finalized during year 1 planning activities, it is recommended that nutrition planning actions begin at least 1 month prior to the sector and other government planning processes.

To ensure the planning process takes place in the manner described above, DNCC member participation must be consistent and the members must communicate DNCC decisions back to their sectors and departments on a regular basis. The core DNCC members are typically department or sector heads, as those are the personnel sitting at the central-level district offices, where DNCCs are also positioned. Because of competing priorities, their participation may be inconsistent, with delegates sent to attend instead of their superiors. Inconsistent attendance then leads to a lack of regular feedback to the department/sector head and other department/sector members on the DNCC proceedings. Additionally, even if participation is consistent among DNCC members, a lack of information sharing within the department/sector puts sustainability at risk if the active member leaves his or her post. This concern is also true for the CAOs, who have a great amount of influence over the success of DNCC operations. However, CAOs are frequently sent to new posts. Therefore, other members of the district administration department should be briefed on DNCC operations so that they are in a position to orient new leadership. Otherwise, there is a risk of starting from scratch each time a new CAO is appointed.

At the district level it is also important to strengthen communication between the DNCCs and the sub-county nutrition coordination committees (SNCCs). At present, SNCC support is typically only provided by DNCCs who have strong IP support. Also, the SNCC support is often limited only to those sub-counties in which the supporting IP also has activities. This results in limited coordination and communication down to the lowest levels of implementation within the district and also limits communication back up to the district level about the situation in the communities.

District-level IPs also have a responsibility to ensure coordination with district leadership in terms of joint planning and information sharing. Joint planning, focused on achieving DNAP goals and objectives should be actively undertaken by all district-level stakeholders. IPs working in the districts also need to ensure that nutrition-relevant data and lessons learned are fed back to the DNCCs. Throughout year 1 of the DNCC Initiative, a common challenge was the lack of district-specific nutrition data. In some cases, it was not that information had not been collected, but that it had not been shared with all stakeholders (e.g., IPs sharing assessment data with district personnel). In addition, even with IP support, there is a lack of district-wide data as IPs' activities are often limited to the sub-counties they support. Data from sector information management systems is inadequate for tracking nutrition interventions. Mechanisms to ensure standard reporting of nutrition data to districts need to be established and enforced.

4.1.3 National and District-Level Linkages

Coordination between the national and district level must be, in many cases, established for the first time when it comes to communication and coordination around nutrition issues. Reporting and accountability systems must be developed, creating linkages between districts and OPM, which oversees nutrition activities at the national level. The new planning process that requires alignment with the CNDPF is an important step in the right direction, as it provides a link between the national-level vision and goals and district implementation priorities.

During year 1, it was planned to form a national-level DNCC sub-committee under the multi-sectoral nutrition technical committee, which could have played a role in helping to link the national-level oversight structure more directly to the DNCCs. It was envisioned that the sub-committee would engage with and monitor DNCCs through, for example, support supervision activities, and report back to the OPM Nutrition Secretariat on district progress towards improving nutrition and fulfilling their DNCC mandates. However, challenges due to a lack of national-level support required to form this sub-committee have prevented it from taking shape. Because of this, new potential avenues for improved national and district-level coordination need to be explored. One option to consider is creating more direct linkages between DNCCs and national-level sectors, and stronger feedback mechanisms from OPM to national-level sectors to provide updates on sector-relevant nutrition activities at the district level. The current pathway for sectors to interact with DNCCs is unclear.

4.1.4. Development Partners and Implementing Partners

Internal coordination within IPs, which implement development projects, was found to be lacking, as was coordination between IPs and development partners, which fund IP development projects. Many IPs work in multiple sectors and, therefore, could multiply their nutrition impact by leveraging other projects and activities within their organizations. However, IPs have clear mandates and expected deliverables, which often leads to them operating in silos. Asking them to engage in new activities that do not clearly align with their existing mandates and work plans can be a challenge, as partners, understandably, must justify their use of resources especially for add-on activities. Therefore, it can be difficult to sustain commitment to new activities that do not directly link to their current mandates. This can also lead to a loss of interest, especially because IPs, much like government counterparts, have competing priorities. The DNCC Initiative is an ongoing and interactive process that requires sustained engagement of all stakeholders.

Development partners are in a unique position to address this challenge if their own internal coordination mechanisms are improved. By including support to multi-sectoral nutrition activities and nutrition leadership and governance in their new programs and strategies, development partners can ensure that their specialized sector projects also set aside resources to support multi-sectoral nutrition efforts and systems. However, to ensure nutrition is included in all relevant mechanisms, coordination between different offices and bureaus of development partners must be purposive and strong. In the case of USAID, the Multi-Sectoral Nutrition Strategy 2014–2025 can serve as a key guiding document for this internal coordination. The Sustainable Development Goals are also cross-cutting and multi-sectoral in nature and should be considered by all IPs and development partners when thinking about nutrition, particularly by United Nations agencies.

To address issues of coordination, communication, and planning at all levels the following should be considered:

Standardize a process of information sharing, especially of district-specific nutrition data. A lack of district-specific nutrition data severely hinders districts' abilities to develop well-informed, targeted plans to address malnutrition and its underlying causes. A process should be put in place through which IPs are required to submit results of studies, surveys, and routine project monitoring data to districts to help bolster the availability of nutrition information. Additionally, by including nutrition in national-level assessment tools, such as the Ministry of Finance, Planning, and Economic Development (MOFPED) Output Budgeting Tool (OBT), nutrition data will be readily available through national-level databases. This is discussed further in Section 4.2.

Create a national-level nutrition information repository. Much more nutrition information exists beyond nationally collected annual district monitoring data and national-level household surveys. Similar to the system proposed at the district level, a national-level nutrition information repository should be created. This system could be a one-stop place for all multi-sectoral nutrition data, guidance, policies, and reports from government, development partners, and IPs. This system could be

owned by the OPM Nutrition Secretariat, which could require that all government, IPs, and development partners contributing to multi-sectoral nutrition goals submit their materials to this repository.

Signing of agreements or memorandums of understanding by partners, detailing their contributions to national nutrition goals. A way to ensure coordination and enforce compliance with the two data-sharing systems mentioned above is to require IPs to detail their specific work plan activities and their contributions to national nutrition goals in memorandums of understanding. These can be signed between the partner and respective sectors and districts, giving sectors and DNCCs the ability to both coordinate actions taken by partners, require information sharing, and ensure promised contributions are being met.

Development partners should include direct support and investment into the coordination mechanism in their new awards and mechanisms. As mentioned previously, this is a unique role that only development partners can play. By writing in support to multi-sectoral nutrition leadership, governance, and implementation, development partners can ensure that strengthening of these systems continues and that forward progress towards multi-sectoral nutrition coordination is sustained.

4.2 Accountability

A key factor that is preventing DNCCs from taking full ownership of their roles and responsibilities as DNCC members is a lack of accountability mechanisms. There is a feeling at the district level that nutrition is ‘projectized’. That is, nutrition issues are handled primarily by and through the support of IPs. There is a lack of ownership among district-level leadership in terms of feeling responsible for the implementation of nutrition activities that will improve the nutritional status of the people in their communities. Accountability, as defined here, focuses both on the district in terms of DNCC members and district leadership fulfilling their duties, and oversight provided by the national-level coordination framework, led by OPM.

As previously mentioned, when created through the UNAP, DNCCs were not formally integrated into the existing local governance structure. The responsibilities of DNCC membership are thus not formally transferred upon members through an official process. Formal appointment of DNCC members, through an official letter from the office of the CAO, will improve accountability and help to ensure their full participation and commitment to their duties as DNCC members.

Another way to improve accountability is through improved M&E and reporting systems at both the national and district level. The lack of a clear M&E system for multi-sectoral nutrition activities repeatedly came up as an area for further improvement. At the national level, both MOLG and MOFPED conduct annual district assessments, which have budgetary performance-based incentives and consequences. MOLG uses the Local Government Annual Performance Assessment (hereafter referred to as the MOLG assessment tool) and MOFPED uses the Output Budgeting Tool (OBT). Clarification is needed on how nutrition performance is assessed within these tools across sectors. It was openly acknowledged among districts that priority is given to activities on which they will be assessed by the national government. Districts are also reluctant to set aside resources for activities that will not be captured in the MOFPED OBT, the primary performance assessment tool of that ministry.

The identification of indicators for inclusion in the OBT and the MOLG assessment tool was added to the DNCC Initiative concept as a year 1 activity. This issue was specifically identified by stakeholders as a critical component to ensure that nutrition implementation takes place at the district level and that implementation is owned by local governments and not left to IPs. Discussions with sectors and IPs are needed to identify and agree upon priority multi-sectoral nutrition indicators against which all sectors are measured.

Beyond the need to include nutrition indicators in the MOLG annual assessment tool and the OBT, the UNAP M&E framework is yet to be completed. Therefore, it is not possible to track overall national progress towards achieving multi-sectoral nutrition goals, and districts do not have a model for their own district multi-sectoral M&E plans. The districts made some progress during the DNAP development workshops to identify indicators for their DNAP activities drawing from the draft UNAP M&E framework. However, it was clear that more guidance and capacity strengthening on M&E as it specifically relates to the tracking of multi-sectoral nutrition activities is needed. To provide for this in a consistent and harmonized way, finalizing the UNAP M&E framework should be prioritized.

Related to the lack of defined indicators is the lack of a standardized nutrition reporting template and system to be used by DNCCs to capture all sector nutrition activities. DNCCs who are currently reporting are using templates provided by supporting IPs. This leads to a lack of comparability across districts in terms of if they are meeting required national expectations. The work done during year 1 of the DNCC Initiative to define DNCC functionality and measurement criteria needs to be integrated into a standard reporting template.

Beyond the development of a reporting template, however, is the need for the stakeholder group to think through the most appropriate chain of reporting. At the district level, a clear reporting system already exists and nutrition reporting by DNCCs should be formally integrated into this system. The ideal system described by stakeholders for district-level reporting was explained in detail at the experience-sharing event: each sector or department head generates a nutrition report for the sector which is consolidated into a DNCC report. This report is then submitted to the CAO's office. However, beyond reporting to the CAO, the reporting mechanism up to sectors and OPM needs to be clarified.

To increase accountability for improved uptake of nutrition activities at the district level, the following actions should be considered:

Increase ownership of nutrition activities at the district level. Through activities such as community mobilization, demand for nutrition activities can be generated among community members. Community members are well placed to hold their elected officials and district leadership accountable for the delivery of services. At the same time, ongoing advocacy with district-level leadership should be undertaken so that they understand the importance of good nutrition and its positive benefits in the district in concrete terms such as increased productivity and economic growth.

Include nutrition indicators in key national-level assessment tools. Districts prioritize activities on which they will be assessed. Currently nutrition activities are not included among those that are part of the MOLG annual assessment or the MOFPED OBT. Inclusion of nutrition indicators in these tools will mark the establishment of an important accountability mechanism.

Creation of a standardized DNCC reporting system. The contents of a standardized DNCC report template must be agreed upon and the system through which these reports pass must be formally established. Once these elements are in place, the next step of reviewing the reporting content and holding DNCCs accountable to the performance standards outlined in the definition of DNCC functionality can begin. This will then guide capacity strengthening priorities, as discussed further in Section 4.3.

4.3 Capacity Strengthening

Based on the outcomes of the capabilities self-assessment, it is clear that capacity strengthening is needed to enable DNCCs to successfully and fully take on their defined roles and responsibilities. While DNCCs already possess a great deal of technical knowledge and skills, members expressed the need for additional capacity strengthening specifically targeted to nutrition content. For example, DNCC members may already possess M&E skills as they relate to their specific sectors, but they

require additional knowledge about M&E for nutrition. Additional areas where DNCCs requested more nutrition-specific knowledge and skills include: leadership and advocacy, planning and budgeting, and community mobilization. In addition, DNCCs requested general training on basic nutrition. It was recognized that there is a need for the development of tailored nutrition content that is relevant to sectors' ongoing activities.

Another important lesson that was uncovered was the lack of a nutrition capacity-strengthening strategy and tracking system. Currently both line ministries and IPs go directly to the districts to implement their trainings, based on their individual mandates and work plans. Specific skills that are needed by DNCC members in order to first fulfil their DNCC membership functions (e.g., leadership, advocacy, and planning skills), as well as nutrition technical skills that allow them to provide technical leadership to their sectors and departments need to be identified and agreed upon as a standard for all DNCC members. Capacity gaps can then be identified and addressed when new DNCC members come aboard.

The next step, beyond the identification of training needs, is to set up a system through which DNCC members can obtain necessary capacity strengthening. IPs can play a key support role in providing the trainings, however, planning and coordination on the scheduling and availability of trainings must be undertaken. This could be a role for OPM as part of their coordination mandate. If trainings take place on an ad hoc basis, as they often do at present, then DNCC members have no way to proactively obtain the skills they need to fulfil their responsibilities as DNCC members. National-level partners should consider developing a training schedule so that DNCC members across the country have opportunities throughout the year to strengthen key capacities. It is worth noting that capacity building for DNCC members alone might not necessarily result in improvement of nutrition outcomes in the district. As such, these capacity-building efforts have to be cascaded beyond the district to other structures below the district, such as to community-level workers. Additionally, there is no system through which to track who has been trained on relevant multi-sectoral nutrition skills at the national level. Without a way to know who has received training in which capacities and how long ago, the system is unable to strategically address capacity gaps of key personnel and to plan for additional training due to staff attrition or reposting. Linked to the national-level training schedule should be a system that documents training received by personnel from the various sectors and districts.

Make nutrition interventions and knowledge relevant to sector and district-level stakeholders.

Not every person implementing nutrition-related activities needs to be a nutritionist. Instead, it is important to distil the most important and relevant aspects of nutrition education and messaging for use by the various sectors, especially at the district level.

Track capacities of key personnel. In order to address attrition and transfers of key personnel, a system of tracking staff capacities at both the district and national level should be considered. In addition, a capacity strengthening strategy that identifies key capacities for all DNCC members and other relevant district staff should be developed to ensure high levels of DNCC functionality and high quality implementation of nutrition activities.

Be strategic about nutrition capacity strengthening. Not every nutrition skill requires a standalone training package. Time and resources can be better leveraged if DNCC partners, including government and IPs, integrate nutrition messages into already-existing training packages and materials when appropriate. These trainings that include nutrition content should be incorporated into a training schedule so that DNCC members can seek the capacity-strengthening opportunities they need.

4.4 Attitudes about Nutrition Implementation

Nutrition interventions in Uganda have historically been emergency-focused, originating in the northern part of the country due to conflict-related food insecurity. Even during the transition from

emergency to development-focused interventions, nutrition activities have often remained tied to health facilities. Because of this, there is a lack of understanding about the difference between nutrition-specific interventions and nutrition-sensitive interventions, especially when it comes to resource requirements.

A common statement encountered when speaking to sector representatives about adding nutrition interventions was that they were eager to add nutrition programming, but that they would need additional resources to do so. What is required to make an existing activity nutrition-sensitive needs to be redefined. For example, agriculture extension workers are already promoting the production of beans and sweet potatoes. Changing the messages promoted by extension workers to specifically focus on the production and consumption of iron-rich beans and orange-fleshed sweet potatoes costs very little in terms of additional resources, as these are already among the crops being promoted by the agriculture sector. However, by making these small changes, the agriculture sector can now directly contribute to positive nutrition outcomes by working to increase the production and consumption of nutrient-rich foods.

Challenges related to understanding how to change sector activities into nutrition-sensitive activities were also faced during DNAP development. Sector personnel had a hard time adapting their proposed DNAP activities so that they would contribute more directly to the DNAP nutrition goal. Sector personnel often copied activities directly from their specific sector plans into the DNAP. For example, in one target district, the water, sanitation, and hygiene sector had an activity to improve water quality. By refocusing the activity to reduce incidence of water-borne disease among children under 5, the sector can still maintain its sector plan activity of improving water quality, while targeting a key age group that is made more vulnerable to malnutrition due to poor water quality.

Because of perceptions that nutrition is ‘owned’ by the health and agriculture sectors, some other sector personnel were hesitant to include nutrition in their sections of the district plans, fearing that they were intruding on the health and agriculture sector mandates. In some cases, health and agriculture/production sector personnel were hesitant to share what they viewed as their specific mandate. Here, a clear definition and understanding of what multi-sectoral means in terms of contributions to nutrition outcomes could help to alleviate these concerns.

A clear understanding of multi-sectoral nutrition and the contributions to be made by each sector will also enable sectors to communicate new additions to their mandates down to their community-level staff. If community-level staff understand how they can personally contribute to nutrition goals through their day-to-day work, then they are more likely to take up this new mandate and have ownership over the activities requested of them.

To help shift attitudes about nutrition implementation and improve understanding of nutrition-specific and nutrition-sensitive interventions, the following should be considered:

As stakeholders, clearly define what is meant by a multi-sectoral approach to nutrition. It must be clarified that nutrition is not the mandate of a few key sectors, but that contributions from all sectors are needed in order to address all of the underlying causes of malnutrition. In addition, it must also be clearly defined what is meant by scaling up multi-sectoral nutrition interventions. For example, there is needed clarity on if ‘scale up’ implies bringing on more stakeholders from non-traditional sectors or if it means increasing coverage of the nutrition interventions offered by different stakeholders.

Provide tools and opportunities through which DNCC members can strengthen their understanding of nutrition. This can be achieved, in part, through the provision of capacity-strengthening opportunities mentioned in the previous section. Beyond this, however, is also the need for ensuring ongoing technical support until DNCCs have reached full functionality. Availability of nutrition reference materials at the district level is also important.

4.5 Sustainability Considerations

Strengthening accountability mechanisms and continuing to streamline DNCC and nutrition activities into already existing government structures will help to ensure that DNCC activities continue without direct IP support. The main problem facing sustainability of not just nutrition leadership and governance activities but of nutrition activities in general is that the success or failure of interventions typically lies with just a few champions, be it at the national level, within an IP, or at the district level. For example, the responsibility for coordinating and providing oversight to all nutrition activities in the country rests with just a few key individuals. Without them, the oversight structure would collapse. To prevent this, nutrition needs to be truly institutionalized, with all sectors and their staff understanding their contributions to improving nutrition and, thus, the overall health, well-being, and economic productivity of the country.

Activities to improve stakeholder coordination, increase accountability, and strengthen nutrition capacities will all contribute toward institutionalization of nutrition as part of the governance structure. In year 2, DNCC Initiative activities will specifically address sustainability concerns as part of the package of activities. These activities are described next in Section 5.

5 Recommended Actions

To directly address the lessons learned described in the previous section, the following actions should be considered by Uganda's nutrition stakeholders:

Ongoing advocacy. Ongoing advocacy is needed at both the national and district level to ensure that the necessary support and resources are available to continue to strengthen nutrition leadership and governance. At the national level, advocacy is needed to encourage the identification of multi-sectoral nutrition indicators for inclusion in the MOLG and OBT assessment tools. Additionally, advocacy is critical to continue the consensus-building process to improve collaboration among national level stakeholders. OPM should take a lead role in these national-level activities, but should also be supported in its efforts by partners. At the district level, advocacy is necessary to ensure that nutrition activities included in DDPs and DNAPs are also included in district annual work plans and budgets. Partners should also participate in advocacy activities to support adequate nutrition resource mobilization.

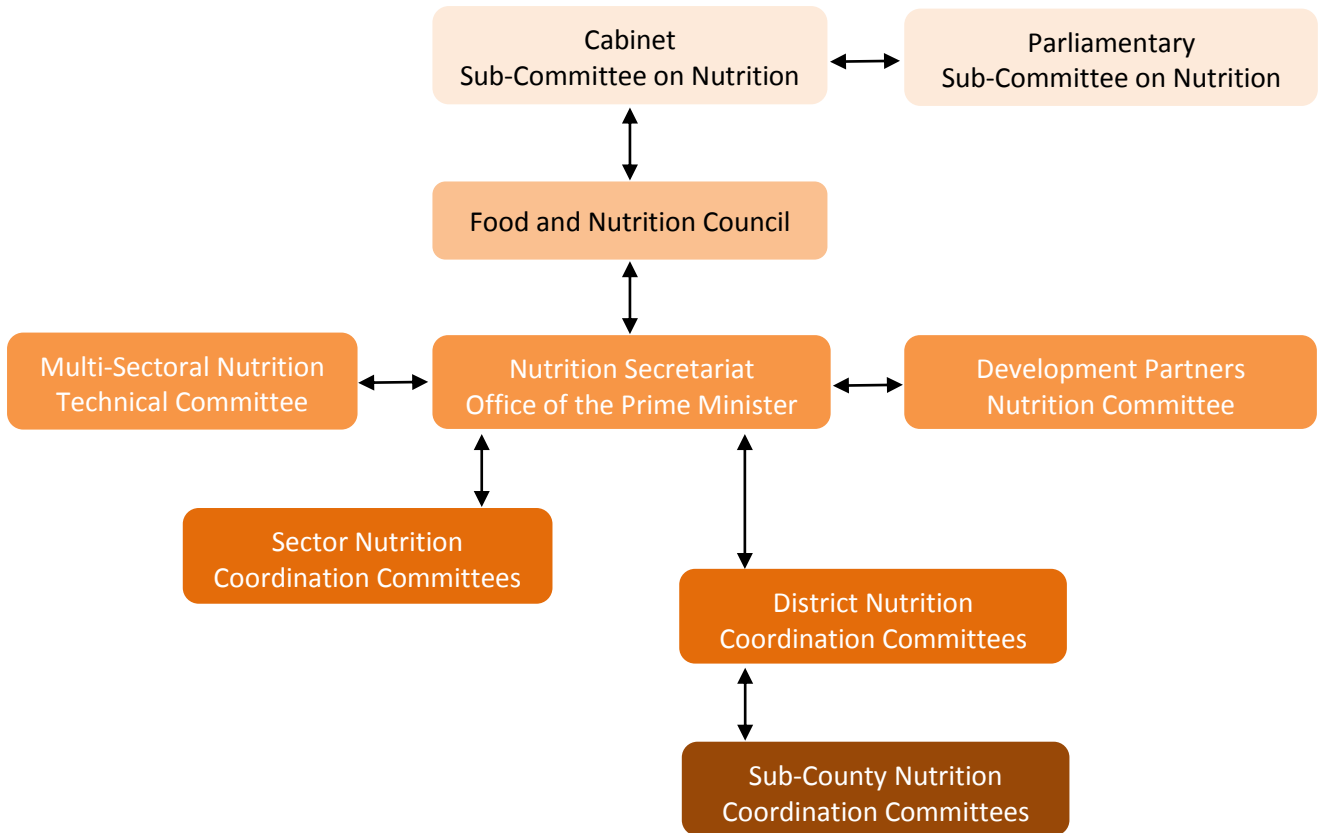
Capacity strengthening. Capacity strengthening needs fall under two broad categories: 1) capacities related to strengthening leadership and governance for nutrition and 2) nutrition technical capacities. Capacity strengthening in these areas is needed at both the national and district level. In terms of nutrition leadership and governance, key skills required include planning, advocacy, support supervision, and M&E. In terms of technical skills, sectors and departments need to have additional training on nutrition as it specifically relates to their sector mandates in order to strengthen and improve the quality of nutrition-sensitive services. Examples include training on integration of nutrition and agriculture and community mobilization. In the health sector, additional capacity is needed to monitor nutrition services. Beyond training in the above mentioned areas, capacity of stakeholders should also be built through the continuation of the recently established nutrition community of practice through which information on DNCC Initiative activities and general information of relevance to the multi-sectoral nutrition community is shared.

Creating accountability. Partners should work closely with OPM, MOLG, and MOFPED to identify nutrition indicators for inclusion in the MOLG assessment tool and MOFPED's OBT. The selection of indicators should be done in collaboration with these key ministries, as well as national and district-level stakeholders. At the district level, the establishment of a clear DNCC reporting system should be undertaken to integrate nutrition into existing accountability mechanisms.

Encourage continuous learning. The DNCC Initiative will continue to host learning and sharing events throughout the second year of implementation. While these events will encourage sharing of district experiences with other DNCC members and national-level stakeholders, more should be done to capture learning at the sub-county level, specifically in terms of how improvements in leadership and governance at the district level can translate into improved service delivery at the sub-county level. Additionally, national-level stakeholders need to apply lessons learned to upcoming policies and plans, such as the UNAP II. Learning from the start-up of DNCCs should inform what guidance, benchmarks, and expectations are laid out for DNCCs in the next UNAP.

Achieving sustainability. The DNCC Initiative will gradually be transitioned over to OPM and other local partners during the second year of implementation. To ensure sustainability of efforts and to support the expansion of DNCC Initiative activities to other districts, training in MSP and nutrition planning will be provided to stakeholders. Finally, a DNCC toolkit will be produced containing a guide outlining the necessary guidance, resources, and tools to duplicate the DNCC Initiative process in other districts throughout Uganda. It will also include an experiences and learning section that documents key outputs and lessons learned from the DNCC Initiative experience in the 10 target districts.

Annex 1. Uganda National Nutrition Coordination Framework



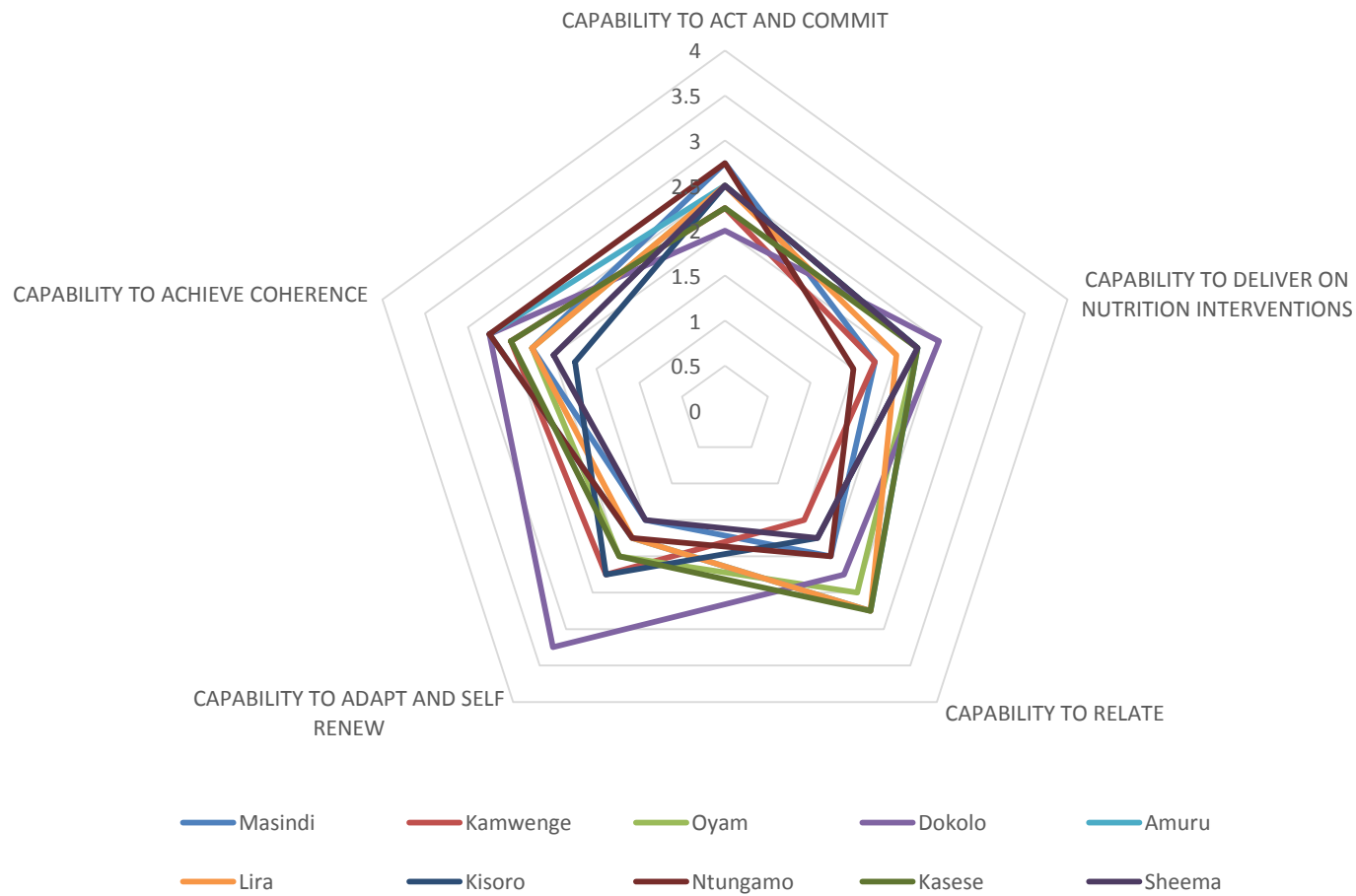
Annex 2. DNCC Roles and Responsibilities

Stakeholders collectively agreed to the following DNCC roles and responsibilities:

- **Technical guidance:** DNCCs should provide nutrition technical guidance at all levels within local governments including: the District Technical Planning Committee and District Executive Committee to ensure that nutrition is planned for and resources are approved; Sub-County Nutrition Coordination Committees to ensure execution of their roles; and Sectoral Committees to ensure that planned activities are nutrition-sensitive.
- **Coordination of nutrition stakeholders:** The DNCC provides a platform through which nutrition stakeholders from all sectors can share information, build consensus on how best to address nutrition problems within the district, utilize available resources, and harmonize and align the implementation of nutrition activities in the district. The coordination mechanism will also enable local governments to learn what strategies work best when collaborating across sectors, what the challenges are, and how they can be addressed.
- **Monitoring, evaluation, and reporting of nutrition activities:** DNCCs should conduct multi-sectoral M&E and report on the progress of nutrition activities. This includes integration of nutrition in joint support supervision initiatives; monitoring undertaken by sector departments and IPs; and aggregation/compilation of a quarterly local government nutrition status report.
- **Planning and budgeting for nutrition:** DNCCs ensure integration and alignment of all nutrition interventions in all local government development planning frameworks such as the District Development Plan, annual work plans, and budgets.
- **Advocacy and resource mobilization:** DNCCs should conduct advocacy to raise awareness among leadership and mobilize resources both internally through local revenue and externally through IPs and proposal development.
- **Nutrition behaviour change communication:** DNCCs should utilise the platforms available to them such as the media, barazas⁶, and community outreach for behaviour change communication for nutrition.

⁶ The baraza initiative was started by the Government of Uganda as a means of strengthening governance and downward accountability within the public sector and as a means of ensuring that there is adequate space for ordinary citizens to participate in planning and monitoring of government services in their local communities.

Annex 3. Results of DNCC Capabilities Assessment



Contact Information:

Food and Nutrition Technical Assistance III Project
(FANTA)
FHI 360
1825 Connecticut Avenue, NW
Washington, DC 20009-5721
Tel: 202-884-8000
Fax: 202-884-8432
Email: fantamail@fhi360.org
Website: www.fantaproject.org

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