

DNCC INITIATIVE: PROCESS OF DEFINING DNCC FUNCTIONALITY

Malnutrition in Uganda is a complex issue with multiple causes; addressing it requires joint efforts among multiple sectors of the national and local governments, development and implementing partners, and the private sector. As part of these efforts, the Office of the Prime Minister (OPM) Nutrition Secretariat and the Ministry of Local Government, 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 Centre for Development Innovation (CDI), undertook a 2-year initiative to strengthen nutrition leadership and governance at both the national and district levels. This effort, called the District Nutrition Coordination Committee (DNCC) Initiative, had three main objectives:

- To strengthen the national oversight and support structure for the DNCCs
- To enhance awareness of and commitment to nutrition among local stakeholders including technical and political leaders, implementing partners, and community members
- To strengthen DNCC capacity to plan, budget, leverage existing resources for, advocate for, and monitor nutrition activities

The DNCC Initiative focused on 10 districts in Feed the Future zones of influence in the southwest (Kamwenge, Kasese, Kisoro, Ntungamo, and Sheema) and north (Amuru, Dokolo, Lira, Masindi, and Oyam). The initiative engaged stakeholders from many government sectors at the national and district levels—including health, agriculture, gender and social development, education, planning, water and environment, trade and industry, and administration—as well as development and implementing partners (IPs). This brief describes the components of DNCC functionality as defined under the DNCC Initiative as well as the ongoing

support that FANTA and partners are providing to further strengthen the DNCCs' capacity to fulfil their roles and responsibilities.

DNCC Functionality

Between late 2012 and 2014, the OPM Nutrition Secretariat and its partners oriented 112 districts on the DNCC mandate, as outlined in the Uganda Nutrition Action Plan (UNAP). However, because the UNAP did not clearly define benchmarks for DNCC performance or provide specifics about DNCC roles and responsibilities, there was no way to determine if the DNCCs were performing satisfactorily or functioning according to a minimum standard of quality. To address this issue, DNCC Initiative stakeholders worked together to clearly define DNCC functionality, ultimately agreeing upon specific roles, responsibilities, and benchmarks against which DNCC capacity and performance can be measured. Having clear definitions of DNCC roles, responsibilities, and performance benchmarks enables districts and stakeholders to measure and monitor improvement in DNCC operational capacity and helps implementing partners to better tailor their support.

DNCC functionality depends on three components: composition, roles and responsibilities, and measurement.

DNCC Composition

Core Membership

In the past, the composition of DNCCs varied greatly across districts. Stakeholders decided that establishing standard composition criteria would introduce a minimum standard to ensure that DNCCs are truly multi-sectoral coordination mechanisms for nutrition. DNCC core membership should include government representatives from the administration, health, planning, education, production, community

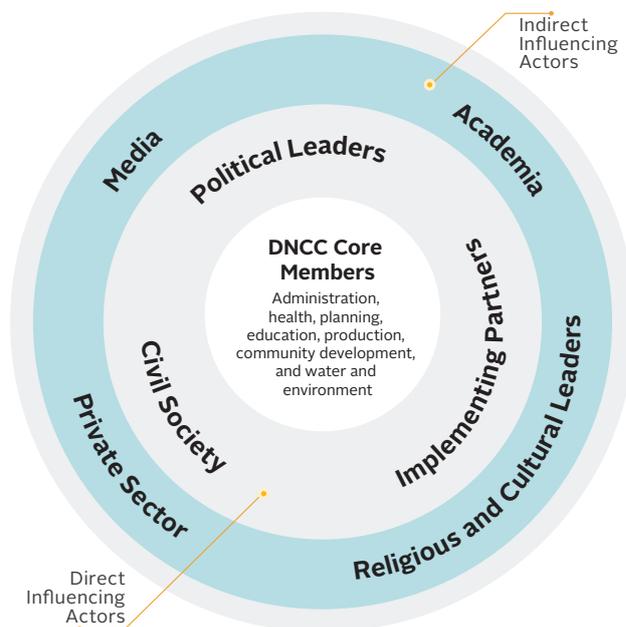
development, and water and environment sectors/departments (see Figure 1). At present, many DNCCs rely on implementing partners and others for nutrition expertise, which is not sustainable in the long-term. Stakeholders felt that having a nutrition technical expert available in the district would ensure that the DNCC’s plans and activities are technically sound and meet nutrition-specific and nutrition-sensitive objectives. When possible, this individual should be co-opted to be part of the DNCC.

Currently, most nutrition technical experts are based in hospitals or health facilities. However, facility-based nutritionists do not routinely take part in district-level meetings due to several factors: nutritionists may be located far from the district headquarters, they have responsibilities to patients at the facilities, and/or they may not have been assigned by the Chief Administrative Officer (CAO) to participate in DNCC activities. Additionally, facility-based nutritionists may not be knowledgeable about multi-sectoral nutrition issues, which limits their ability to engage effectively with DNCC members, and some districts do not have nutritionists to provide technical support. To overcome this challenge, stakeholders have proposed that districts lobby to have a nutritionist stationed at the district level and that multi-sectoral nutrition capacity strengthening be provided to existing nutritionists in the districts.

Influencing Actors

During the consensus-building process, stakeholders agreed that more effort is needed to increase direct and indirect influencing actors’ engagement with DNCCs. Direct influencing actors include political leaders, civil society, and implementing partners. Because these actors have both financial and technical resources and political influence, they can be effective supporters of DNCC operations even though they are not part of the core DNCC membership. DNCCs should engage with them to advance shared goals that are appropriate for the local context, as these actors are well placed to mobilize nutrition resources and can contribute technical assistance in areas such as data collection. DNCCs should also engage with indirect influencing actors such as academia, religious and cultural leaders, the media, and the private sector. Each of these actors has a sphere of influence in the community and access to

DNCC Composition and Influencing Actors



platforms through which advocacy and behaviour change communication for nutrition can be done.

During planning and implementation, DNCCs should also keep the national context in mind, including both development partners and government sectors. While many such actors do not directly engage with the DNCCs on a regular basis, they can influence decisions that impact DNCC operations through their work with influencing actors, such as implementing partners, at the district level.

DNCC Roles and Responsibilities

Clarifying DNCC roles and responsibilities ensures that expectations of DNCC performance are consistent among all districts. Stakeholders also recognized the need to formalize the responsibilities of DNCC members to ensure that nutrition is prioritized as highly as other duties in DNCC member terms of reference. This can be achieved through official letters of assignment from the CAO.

Generally, DNCC members should understand that collaboration and communication across sectors is a key strategy to address malnutrition. In refining DNCC roles and responsibilities, stakeholders agreed upon six areas of responsibility, all of which should be undertaken with a multi-sectoral perspective:

- **Technical guidance:** DNCCs should provide nutrition technical guidance at all local government levels, including to: the District Technical Planning and District Executive Committees, to ensure proper nutrition planning and approval of resources; 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 and build consensus on how best to address nutrition problems, use available resources, and harmonize the implementation of nutrition activities in the district. Coordination also enables local governments to learn which strategies work best when collaborating across sectors, what the challenges are, and how they can be addressed.
- **Monitoring, evaluating, and reporting on nutrition activities:** DNCCs should conduct multi-sectoral monitoring and evaluation (M&E) and report on the progress of nutrition activities, including integration of nutrition into joint support supervision initiatives and monitoring activities undertaken by sector departments and partners. Information from these activities should be aggregated and compiled into a quarterly local government nutrition status report.
- **Planning and budgeting for nutrition:** DNCCs should ensure integration and alignment of nutrition interventions in all local government development planning frameworks, including the District Development Plan (DDP), the District Nutrition Action Plan (DNAP), annual work plans, and budgets.
- **Advocacy and resource mobilization:** DNCCs should conduct advocacy to raise nutrition awareness among their district leaders as well as to mobilize internal and external resources from local revenues, partners, and through proposal development.
- **Nutrition behaviour change communication:** DNCCs should use available platforms such as the media, community dialogue meetings

(barazas), and community outreach for behaviour change communication for nutrition.

Measurement of DNCC Functionality

Defining how to measure DNCC functionality helps stakeholders track progress on nutrition and hold DNCCs accountable for performing their roles and responsibilities. Stakeholders defined the following criteria to measure DNCC functionality and assess performance:

- Each DNCC member has an official assignment letter issued by the Office of the CAO stipulating his/her roles and responsibilities
- The DNCC has a chairperson who is formally designated by the CAO
- The DNCC has a nutrition focal person who is formally assigned by the CAO
- The DNCC holds four high-quality DNCC meetings per year that meet the following criteria:
 - Chaired by the CAO or a designate
 - Attended by at least 70 percent of core DNCC members
 - Produce a DNCC meeting report containing an update on nutrition activities from sector departments, agreed actions to be undertaken before the next meeting, and an update on the status of recommended actions from the previous meeting
 - Discuss feedback and action points from presentations previously made to the Technical Planning Committee or District Management Committee on key nutrition issues
 - Circulate DNCC meeting reports to stakeholders no later than 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 information on sub-county activities
- Existence of a 5-year District Nutrition Action Plan (DNAP) and integration of DNAP activities into the district's annual work plan and sector plans
- Specific budget allocations for nutrition activities in all sectors and departments

Next Steps To Strengthen DNCC Functionality

As DNCCs work to perform the roles and responsibilities outlined above, the following areas have been identified as needing further strengthening:

- **Sustainability of DNCC operations:** Many of the key DNCC responsibilities outlined above, including monitoring and reporting, quarterly meetings, and nutrition action planning, are largely financed by implementing partners. As a result, the extent to which DNCCs fulfil their defined responsibilities varies considerably across districts in areas such as reporting, meeting frequency, and efforts to adequately address all relevant topics. It is challenging for districts to take full ownership of their coordination role when implementing partners are better resourced both technically and financially. Long-term plans should be made to continually strengthen the DNCCs' capacity to function independently, as well as to identify local and national resources to ensure their ongoing operations and sustainability. Additionally, coordination among national-level stakeholders to develop a national coordination plan, among other initiatives, can help ensure consistent support and implementation of activities at the district level.
- **Capacity to plan, budget and advocate for nutrition activities:** Strengthening the capacity of DNCC members to integrate nutrition activities into local government plans including the DDP, DNAP, annual work plans, and budgets, will help to ensure that multi-sectoral nutrition interventions are implemented. Additionally, as DNCC members develop their DNAPs, they can collaborate across sectors to identify existing human and financial resources that can contribute to the achievement of common nutrition goals and objectives. When additional resources are needed, improved advocacy skills can help districts secure funding and additional resources.
- **Monitoring and reporting systems for multi-sectoral nutrition:** While many DNCCs report on their meetings and activities internally, there is currently no multi-sectoral nutrition reporting system that transfers information effectively from local governments to the national level. Even when reports are sent to the national level, there is inconsistency as to where they are sent and a lack of feedback from the national level to the districts. One way to strengthen and standardize the monitoring system and to improve feedback from the national to the district level is to integrate additional indicators into the Output Budgeting Tool to track multi-sectoral nutrition activities by sector and to create standard DNCC reporting templates. A first step toward achieving this is to finalize a common multi-sectoral nutrition monitoring and evaluation framework as part of the UNAP II. The establishment of the criteria for measuring DNCC functionality makes the need for such a framework even more apparent in order to consistently monitor progress and hold DNCCs accountable for their performance.

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

Dr. Hanifa Bachou
Project Manager, FANTA III
FHI 360
Plot 15 Kitante close
P.O. Box 5768, Kampala
Tel: +256-312-266-406
Mobile: +256-772-509-088
Email: hbachou@fhi360.org

This brief is made possible by the generous support of the American people through the support of the Office of Health, Infectious Diseases, and Nutrition, Bureau for Global Health, U.S. Agency for International Development (USAID) and USAID/Uganda under terms of Cooperative Agreement No. AID-OAA-A-12-00005, through the Food and Nutrition Technical Assistance III Project (FANTA), managed by FHI 360.

The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States Government.