



OFFICE OF THE PRIME MINISTER

# **Multi-Sectoral Nutrition Coordination Committee Orientation PARTICIPANT HANDBOOK**

July 2017

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## Foreword

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The Government of Uganda has made significant progress in the fight against malnutrition and its resultant effects on productivity, early childhood education, child and maternal mortality. According to the UDHS 2016, the prevalence of stunting, a measure of chronic undernutrition, has reduced from 33% in 2011 to 29%. This is attributed to the collaborative implementation of the Uganda Nutrition Action Plan by Government, development partners, civil society organisations, and the private sector. However, the prevalence of anaemia in children and women of reproductive age increased from 49% to 53% and 26% to 32% respectively and more effort should be channelled towards this. Government will continue to support and implement multi-sectoral interventions to address the issue of malnutrition in all its forms to achieve the acceptable levels through the National Nutrition Policy and the Second National Nutrition Action Plan.

Improving the nutrition indicators at the local government level requires coordinated efforts by all stakeholders through the existing structures and frameworks to promote sustainable implementation of nutrition-sensitive and nutrition-specific interventions. To scale up nutrition interventions, the Uganda Nutrition Action Plan (UNAP) outlines a decentralised multi-sectoral coordination framework that supports the coordination, planning, monitoring, and evaluation of nutrition programmes to improve district nutrition outcomes.

All local governments should establish and operationalise the structures in the multi-sectoral nutrition coordination framework to ensure sustainability of planning and implementation of nutrition interventions at district level. The Office of the Prime Minister, with support from USAID, developed this Multi-Sectoral Nutrition Coordination Committee Orientation Guide to strengthen coordination structures at local government level on the composition, roles, and responsibilities of nutrition coordination committees in scaling up nutrition interventions at district level. This guide is intended for use by the nutrition stakeholders in various government, civil society, and private sectors to orient nutrition coordination committees in local governments.

I appeal to all stakeholders to support the orientation of all Local Government Nutrition Coordination Committees for smooth implementation of multi-sectoral nutrition interventions at decentralised levels.



Christine Guwatudde Kintu  
PERMANENT SECRETARY  
OFFICE OF THE PRIME MINISTER

## Acronyms

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<b>BCC</b>	behaviour change communication
<b>BMI</b>	body mass index
<b>CAO</b>	Chief Administrative Officer
<b>CBO</b>	community-based organisation
<b>CSO</b>	civil society organisation
<b>DiNCC</b>	Division Nutrition Coordination Committee
<b>DNCC</b>	District Nutrition Coordination Committee
<b>DPNCC</b>	Development Partners Nutrition Coordination Committee
<b>FANTA</b>	Food and Nutrition Technical Assistance III Project
<b>FBO</b>	faith-based organisation
<b>IP</b>	implementing partner
<b>ISC</b>	Implementation Steering Committee
<b>IYCF</b>	infant and young child feeding
<b>LLG</b>	Lower Local Government
<b>M&amp;E</b>	monitoring and evaluation
<b>MAAIF</b>	Ministry of Agriculture, Animal Industries, and Fisheries
<b>MDAs</b>	ministries, departments, and agencies
<b>MGLSD</b>	Ministry of Gender, Labour, and Social Development
<b>MNCC</b>	Municipal Nutrition Coordination Committee
<b>MOES</b>	Ministry of Education and Sports
<b>MOFPED</b>	Ministry of Finance, Planning, and Economic Development
<b>MOH</b>	Ministry of Health
<b>MOLG</b>	Ministry of Local Government
<b>MOPS</b>	Ministry of Public Service
<b>MSNAP</b>	Multi-Sectoral Nutrition Action Plan
<b>MSTNC</b>	Multi-Sectoral Nutrition Technical Committee
<b>MTIC</b>	Ministry of Trade, Industry, and Cooperatives
<b>MUAC</b>	mid-upper arm circumference
<b>MWE</b>	Ministry of Water and Environment
<b>NCC</b>	nutrition coordination committee
<b>NDP II</b>	Second National Development Plan 2015/16–2019/20

<b>NFPO</b>	Nutrition Focal Point Officer
<b>NPA</b>	National Planning Authority
<b>OBT</b>	Output Budgeting Tool
<b>OPM</b>	Office of the Prime Minister
<b>PCC</b>	Policy Coordination Committee
<b>PSCN</b>	Parliamentary Sub-Committee on Nutrition
<b>SNCC</b>	Sub-County Nutrition Coordination Committee
<b>SUN</b>	Scaling Up Nutrition
<b>TNCC</b>	Town Council Nutrition Coordination Committee
<b>TPC</b>	Technical Planning Committee
<b>UBOS</b>	Uganda Bureau of Statistics
<b>UDHS</b>	Uganda Demographic Health Survey
<b>UNAP</b>	Uganda Nutrition Action Plan (2011 – 2016)
<b>UNICEF</b>	United Nations International Children’s Fund
<b>USAID</b>	U.S. Agency for International Development

## Introduction to the Orientation

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In Uganda, malnutrition is a serious problem. According to the 2016 Uganda Demographic and Health Survey, 29 percent of children under the age of 5 are stunted, another 53 percent suffer from anaemia, and one third of pregnant women are anaemic. 10 percent of babies are born with low birth weight and 33 percent are vitamin A deficient<sup>1</sup>. This has implications for the health and development of the entire country; poorly nourished children are more susceptible to chronic diseases and more likely to have cognitive deficits as adults, leading to lower economic productivity. If malnutrition rates in children under 2 and women of reproductive age were reduced significantly, Uganda would see significant improvements in the health, well-being, and productivity of its citizens. For example, actions to prevent stunting in children under 5 could result in 118,652 lives of children under five saved and UGX 1.115 trillion (US\$ 7.709 billion) in averted economic productivity losses by 2025.<sup>2</sup>

Malnutrition has multiple underlying causes and conquering it requires contributions from all departments, including health, production, community development, education, planning, administration, water, and trade and industry. A multi-sectoral approach to addressing nutrition challenges helps to leverage resources and ensure sustainability by tackling underlying causes through multiple reinforcing strategies. The Government of Uganda has recognized malnutrition's complexity and incorporated a multi-sectoral approach to nutrition programming into its national policies. 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 specifically note that multi-sectoral action must be planned and coordinated at national, district, and lower local government levels.

Nutrition coordination committees (NCCs) at the district and lower local government (LLG) levels, whose members include representatives from the departments of administration, health, planning, education, production, community development, water, trade and industry are responsible for planning, implementing, and monitoring multi-sectoral nutrition activities. They coordinate the development and implementation of multi-sectoral nutrition action plans (MSNAP). This orientation for NCCs is designed to provide guidance to local governments regarding their responsibilities in implementing multi-sectoral nutrition policies and establishing and operationalizing NCCs at both the district and LLG levels.

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<sup>1</sup> Uganda Bureau of Statistics (UBOS): Uganda Demographic and Health Survey Report, 2011

<sup>2</sup> Namugumya, Brenda; Sethuraman, Kavita; Sommerfelt, A. Elisabeth; Oot, Lesley; Kovach, Tara; and Musiimenta, Boaz. 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.



# Introduction Unit

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## Orientation Objectives

This Multi-Sectoral Nutrition Coordination Committee Orientation Handbook is intended for use in building capacity of nutrition coordination structures at the local government level by providing information on the nutrition situation and the policy environment for addressing malnutrition in Uganda. It also covers the roles of and linkages between nutrition coordination committees (NCCs), technical planning committees (TPCs), and councils and provides guidance on monitoring and reporting to be conducted by NCCs on multi-sectoral nutrition interventions.

Specifically, by the end of the orientation participants will:

- Have an enhanced understanding of the nutrition situation in Uganda
- Be able to explain the policy environment for nutrition and the Uganda multi-sectoral nutrition coordination framework
- Have improved understanding of the composition, roles, and responsibilities of NCCs at local government level
- Understand the roles of councils and TPCs in nutrition governance
- Understand the linkages between NCCs, TPCs, and councils
- Understand the criteria for measuring functionality of NCCs
- Understand NCC monitoring and reporting on coordination of multi-sectoral nutrition interventions
- Develop an action plan to operationalise NCCs at local government level together with partners

## Materials Used in the Orientation

**Participant Handbook:** Your participant handbook includes reference materials to support you both during this orientation and when you continue back in your district/LLG. The handbook outlines the purpose and objectives of each unit, includes key definitions, session instructions, and most importantly a place for you to record your reflections, observations, and ideas to consider during orientation.

**The other materials that would be important for participants include:**

- National Nutrition Planning Guidelines 2015
- Uganda Nutrition Action Plan 2011-2016
- District Development Plan
- Multi-Sectoral Nutrition Action Plan



## UNIT 1

# Nutrition Situation in Uganda and Policy Environment for Addressing Malnutrition

### **Purpose:**

To enhance participant understanding and appreciation of the magnitude, causes, and consequences of malnutrition in Uganda and the overall policy environment for addressing malnutrition.

### **Objectives:**

By the end of the Unit 1, participants should:

- Understand the nutrition situation in Uganda, including key statistics and the causes, and consequences of malnutrition
- Understand the policy environment at global, regional, and national level to address malnutrition
- Understand the national multi-sectoral nutrition coordination framework, including the composition, roles, and responsibilities of nutrition coordination committees

## Session 1.1: Nutrition Situation in Uganda

### Key Concepts and Terms

**First 1,000 days:** There is a period known as the '1,000 days' window of opportunity during which major gains in malnutrition prevention can be made. Here you see two of the previously mentioned target groups (pregnant women and children under 5, specifically those up to 2 years) are highlighted. This is because good nutrition in children under 5 begins with the nutritional status of the mother, as good growth and development begins during pregnancy. If a mother is malnourished, the baby growing inside will experience poor growth and development, leading to low birth weight and poor development. The period of growth up to 2 years has been identified as a key period for growth and development, particularly as it relates to stunting—as catch-up growth has been shown to be much more difficult to achieve after the age of 2 (see Figure 1).

Figure 1: First 1,000 days



**Malnutrition:** People are malnourished if their diet is not balanced with their nutritional needs. There are two main categories:

**Undernutrition:** acute malnutrition (thinness), chronic malnutrition (poor growth), micronutrient deficiency

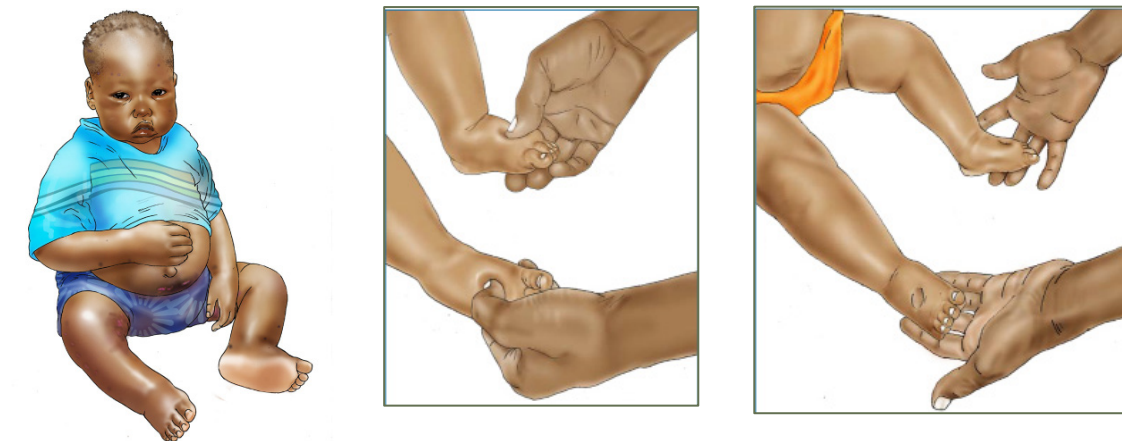
**Overnutrition:** Overweight and obesity

**Micronutrient deficiency:** Inadequate intake of micronutrients (vitamins or minerals) for the body's needs. The most common micronutrient deficiencies are: vitamin A deficiency, iron deficiency anaemia, iodine deficiency, and zinc deficiency. This is also known as 'hidden hunger'.

**Obesity:** Obesity is a range of weight that is much greater than what is generally considered healthy for a given height. For adults, obesity is having a BMI of 30 or higher.

**Oedema (bilateral pitting oedema):** An excess accumulation of fluid that starts in both feet and can progress to other parts of the body. Also known as nutritional oedema or oedematous malnutrition, bilateral pitting oedema is a sign of severe acute malnutrition. It is verified when thumb pressure applied on the tops of both feet for 3 seconds leaves an indentation after the thumb is lifted (see Figure 2).

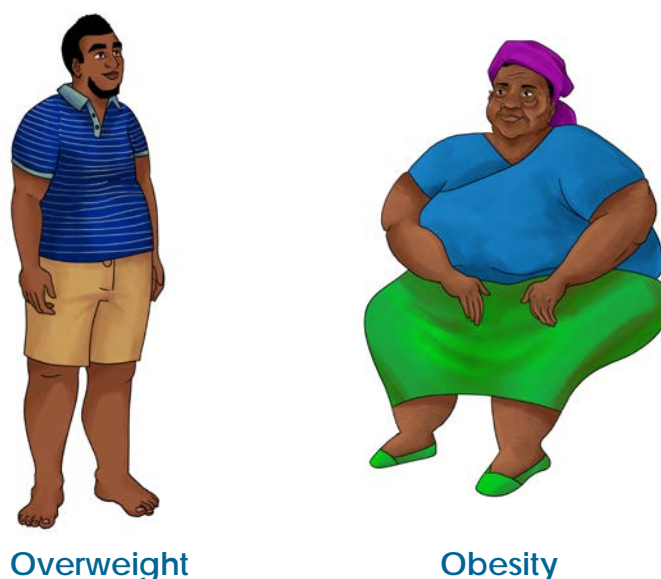
**Figure 2: Illustrations of Oedema**



**Overnutrition:** Overnutrition happens when a person's daily energy intake consistently exceeds energy requirements. If this continues over time, a person may become overweight or obese.

**Overweight:** Overweight is a range of weight that exceeds what is generally considered healthy for a given height. For adults, overweight is having a body mass index (BMI) from 25 to 29.9 (see Figure 3).

**Figure 3: Illustrations of Overweight and Obesity**



**Stunting:** Stunting, or chronic malnutrition, occurs when a child fails to grow at a healthy pace and is shorter than expected for a healthy child of the same age. Stunting develops over a long period because of long-term inadequate nutrition (including poor maternal nutrition and poor infant and young child feeding practices) and/or repeated illness or infection. Stunted children have a higher risk of death from diarrhoea, pneumonia, and measles. Stunting is associated with poor cognitive and motor development and lower school achievement. It is defined by a height-for-age of more than 2 standard deviations below the median WHO Growth Standards (see Figure 4).

**Figure 4: Illustration of Stunting**



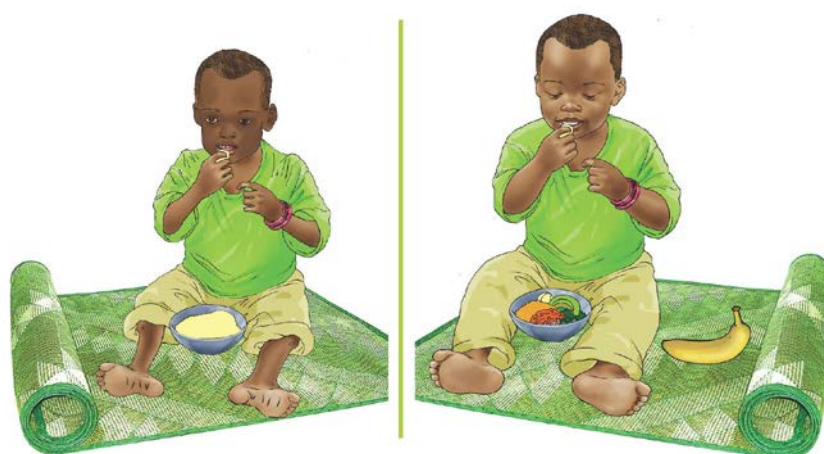
Both girls are the same age.  
The girl on the left is stunted (short stature for age).

**Underweight:** A composite form of undernutrition that includes elements of stunting and wasting and is defined by a weight-for-age of more than 2 standard deviations below the median WHO Growth Standard. This indicator is commonly used in growth monitoring and promotion (GMP) and child health and nutrition programmes aimed at prevention and treatment of undernutrition.

**Undernutrition:** Undernutrition is a consequence of a deficiency in nutrient intake and/or absorption in the body. The different forms of undernutrition, which can appear alone or in combination, are acute malnutrition (bilateral pitting oedema and/or wasting), chronic malnutrition (stunting), underweight (combined form of wasting and stunting), and micronutrient deficiencies.

**Wasting:** This occurs when an individual is very thin for his or her height. It happens when a person loses weight rapidly or a growing child does not gain adequate weight relative to their growth in height. Wasting may be caused by inadequate food intake, such as a drop in food consumption or sub-optimal infant and young child feeding practices; by disease or infection, including HIV or tuberculosis; or a combination. It is defined as weight-for-height of more than 2 standard deviations below the median WHO standards or mid-upper arm circumference (MUAC) under 125 mm. Wasting is one form of acute malnutrition (see Figure 5).

**Figure 5: Illustration of Wasting**



**The child on the left is undernourished (wasting).**

All regions of Uganda suffer from all types of malnutrition, though the severity of the problem differs. Some of the key drivers of malnutrition in Uganda are geographical location, mothers' levels of education, and income disparity. Other factors, such as food availability, access, utilization, income, education, WASH contribute to nutrition outcomes, thus a need for multi-sectoral programming.

#### **GROUP WORK: Nutrition Situation Within the District/LLG**

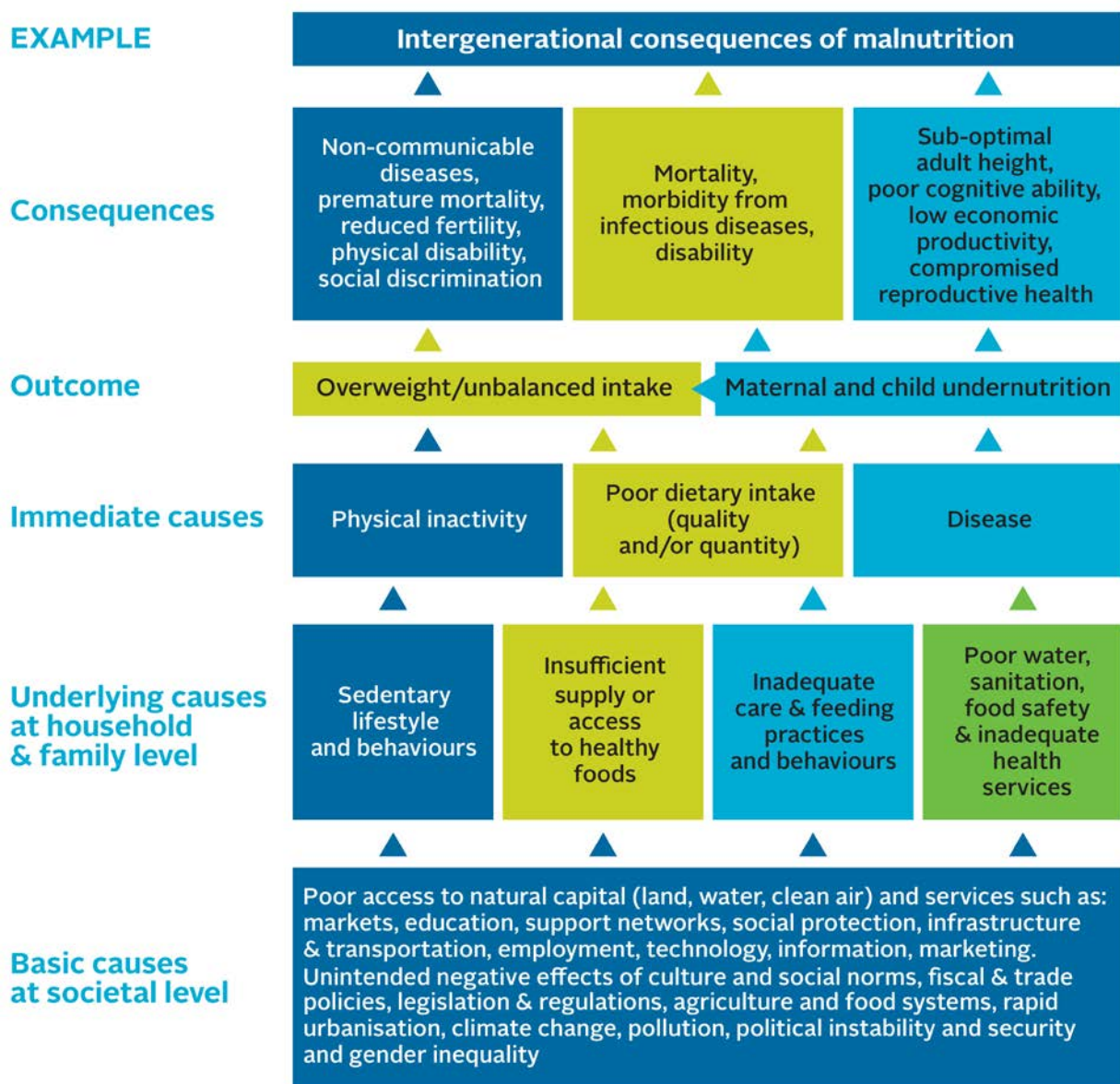
- In small groups, brainstorm and discuss the nutrition situation within the district/LLG:
  - What LLGs and/or communities are most affected by malnutrition?
  - Which sub-counties/divisions/parishes/wards would you prioritise for support and why?
- Prepare a short presentation to share with the group

## GROUP WORK: Causes of Malnutrition

- Brainstorm and discuss the causes of malnutrition within the district/LLG
  - Be sure to discuss the challenges in each department (*e.g., education, health, agriculture, planning, water, social development, trade and industry, and administration*) that could contribute to malnutrition.
- Write each challenge on a card and display it at the front of the room
- In groups, ask participants to discuss the possible causes of malnutrition in their district/LLGs. Make sure participants discuss the challenges in each department (*e.g., education, health, agriculture, planning, water, social development, trade and industry, and administration*) that could contribute to malnutrition.
- Have groups write identified causes on VIPP cards and paste at the front of the room.
- Have a brief group discussion about the findings and then begin the presentation on causes of malnutrition



Figure 6: UNICEF Conceptual Framework of Malnutrition



Scaling Up Nutrition. (2016) Checklist on the Criteria and Characteristics of “Good” National Nutrition Plans.

### GROUP WORK: Consequences of Malnutrition

- Brainstorm the effects of malnutrition on individuals, households, and the community, with reference to health, education, productivity, and economic development
- Write your consequences on cards and display them at the front of the room
- After group work is completed, results will be discussed in plenary

## Session 1.2: Policy Environment for Nutrition

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### *Uganda Nutrition Policy and Planning Frameworks*

While multi-sectoral nutrition planning and programming is informed by the national development agenda, efforts have been made to align strategies and interventions to the global and regional nutrition development agenda. Reference is made to the key global, regional, and national frameworks described below.

At the global level, the following frameworks were considered:

- 2030 Agenda for Sustainable Development and the Sustainable Development Goals (see Figure 7)
- Scaling Up Nutrition (SUN) Movement Strategy and Roadmap (2016–2020)
- United Nations Decade of Action on Nutrition 2016–2025 (see Figure 8)
- Global Nutrition Targets 2025 (World Health Organisation)

At the regional level, reference was made to the following:

- African Union's Agenda 2063
- African Union 2003 Maputo Declaration on Agriculture and Food Security
- African Union 2014 Malabo Declaration on Accelerated Agricultural Growth and Transformation for Shared Prosperity and Improved Livelihoods
- East African Community Agriculture and Rural Development Strategy (EAC-ARDS) 2005–2030

At the national level, this guide is in line with the following:

- 1995 Constitution of the Republic of Uganda
- Uganda Vision 2040
- Second National Development Plan 2015/16–2019/20
- Uganda Nutrition Action Plan 2011–2016
- Local Government Development Planning Guidelines (2014), which highlight nutrition as a cross-cutting issue to be considered in planning



- National Nutrition Planning Guidelines (2015), which provide comprehensive guidance on multi-sectoral planning for nutrition at the national and local

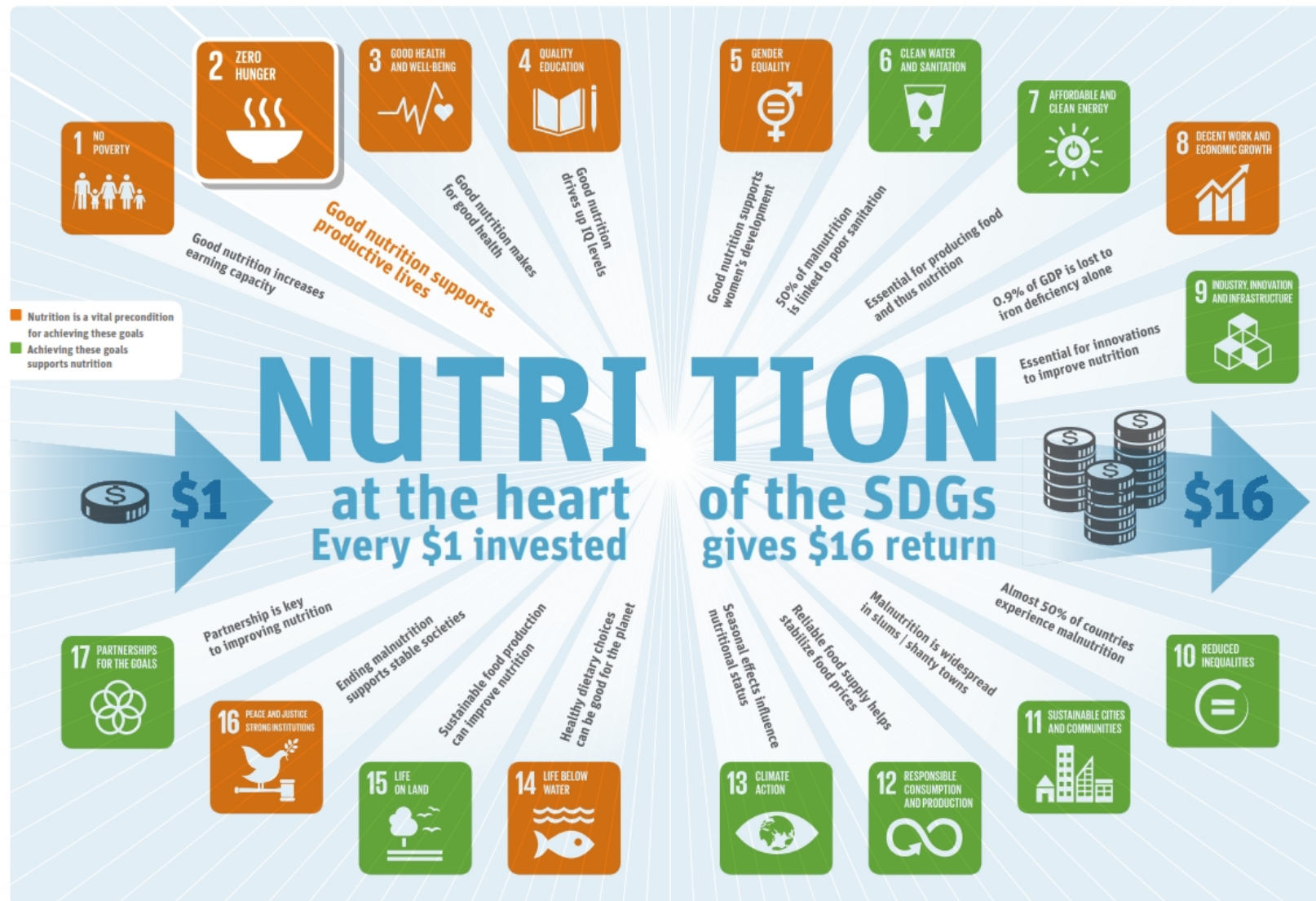
### **The 1995 Constitution of the Republic of Uganda**

#### **Section XXII: Food security and nutrition**

The State shall:

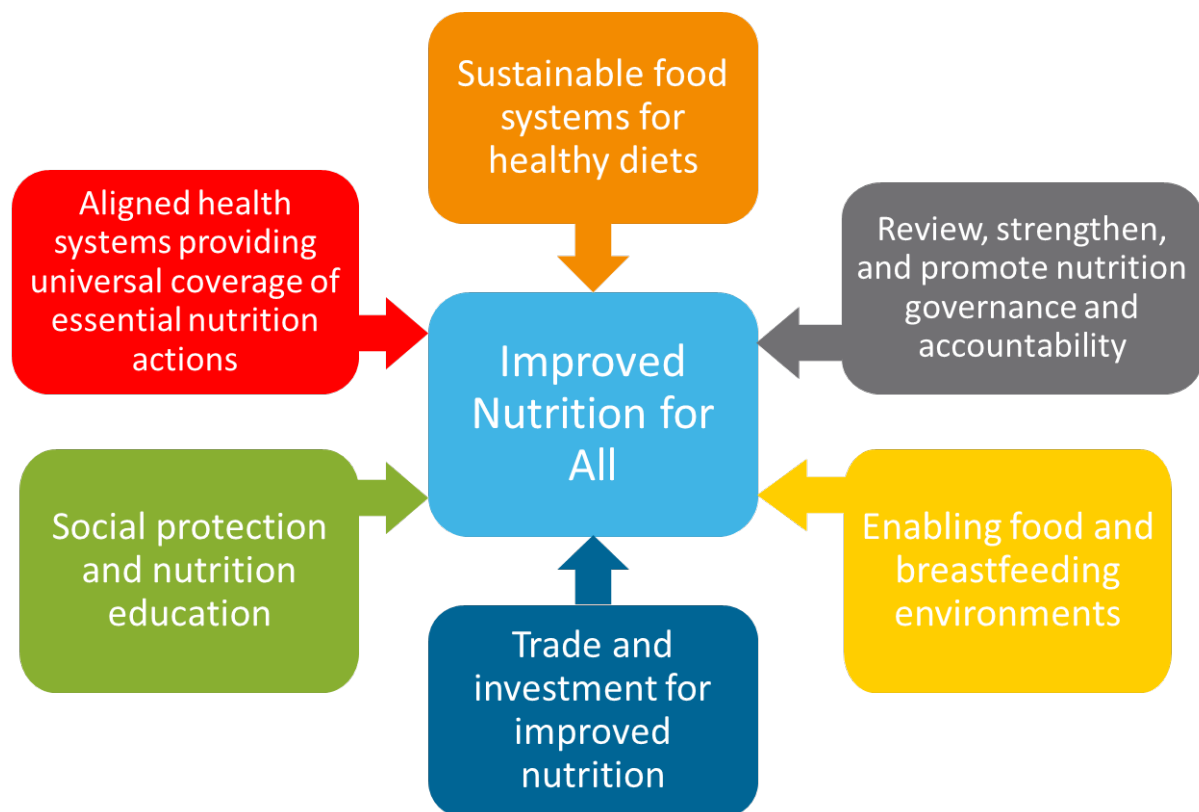
- a) Take appropriate steps to encourage people to grow and store adequate food.
- b) Establish national food reserves; and
- c) Encourage and promote proper nutrition through mass education and other appropriate means in order to build a healthy state.

Figure 7: Nutrition and the SDGs



This infographic is the property of [www.nutritionandlifeline.org](http://www.nutritionandlifeline.org) | Design by [www.s3.com](http://www.s3.com)

Figure 8: Six Pillars for Nutrition Action



The United Nations Decade of Action calls all Member States to act across these six pillars for nutrition action. They are based on the commitments of the Rome Declaration on Nutrition and the recommendations included in the Second International Conference on Nutrition (ICN2) Framework for Action. WHO. 2017. "Decade of Action on Nutrition." Available at: [http://www.who.int/nutrition/decade-of-action/information\\_flyer/en/](http://www.who.int/nutrition/decade-of-action/information_flyer/en/); WHO and FAO.

#### GROUP WORK: Nutrition in District/LLG Plans

- What are the nutrition interventions included in the 5-year district/LLG development plan?
- What are the nutrition interventions included in the department annual work plans?
- What nutrition interventions are included in the Multi-Sectoral Nutrition Action Plan (MSNAP)?

## Session 1.3: Overview of the Uganda Nutrition Action Plan

### Key Points

The Uganda Nutrition Action Plan 2011–2016 (UNAP) is the Government of Uganda's strategic multi-sectoral framework for scaling up nutrition under the coordination of the Office of the Prime Minister. The UNAP has been extended to 31 December 2017 to allow finalisation of the Multi-Sectoral Nutrition Policy and development of the Second Multi-Sectoral Nutrition Action Plan.

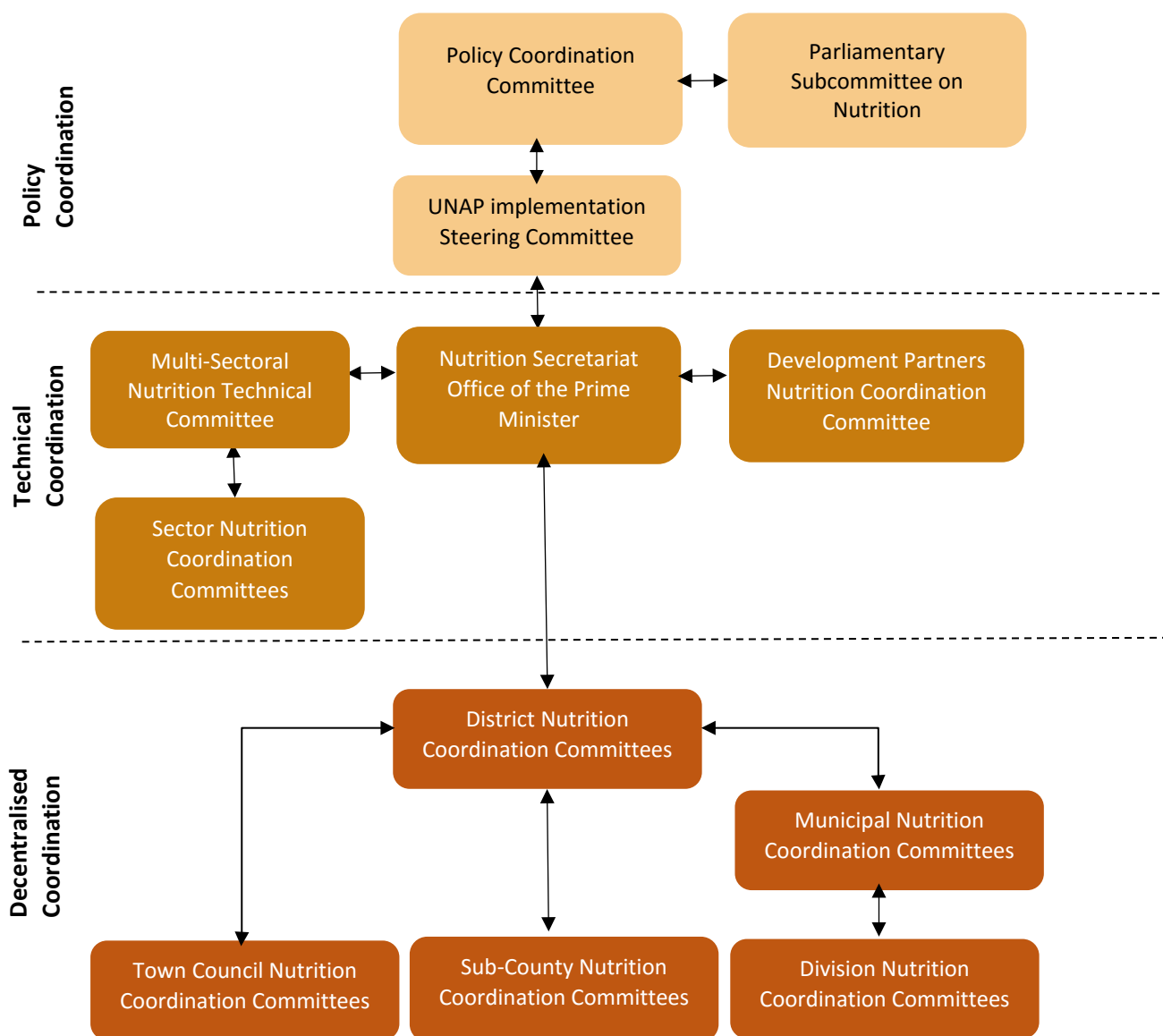
The **goal** of the UNAP is to reduce malnutrition levels among women of reproductive age, infants, and young children from 2011 to 2016 and beyond.

**Table 1: UNAP Objectives and Strategies**

Objectives	Strategies
Objective 1: Improve access to and utilisation of services related to maternal, infant, and young child nutrition	a) Promote access to and utilisation of nutrition and health services to all women of reproductive age, infants, and young children. b) Address gender and socio-cultural issues that affect maternal, infant, and young child nutrition.
Objective 2: Enhance consumption of diverse diets	a) Increase access and use of diverse nutritious foods at household level. b) Enhance post-harvest handling, storage, and utilisation of nutritious foods at the household and farm level. c) Promote the consumption of nutrient-enhanced foods.
Objective 3: Protect households from the impact of shocks and other vulnerabilities that affect their nutritional status	a) Develop preparedness plans for shocks. b) Promote social protection interventions for improved nutrition.
Objective 4: Strengthen the policy, legal, and institutional frameworks to effectively plan, implement, monitor, and evaluate nutrition programmes	a) Strengthen the policy and legal framework to coordinate, plan, and monitor nutrition activities. b) Strengthen and harmonise institutional framework for nutrition from local to central government levels. c) Strengthen human resource capacity to plan, implement, monitor, and evaluate food and nutrition programmes in the country. d) Enhance operational research for nutrition.
Objective 5: Create awareness of and maintain interest in and commitment to improve and support nutrition programmes in the country	a) Increase levels of awareness of and commitment to address nutrition issues in the country. b) Advocate for increased commitment to improve nutrition outcomes.

## Session 1.4: The Uganda Multi-Sectoral Nutrition Coordination Framework

Figure 9. Uganda Multi-Sectoral Nutrition Coordination Framework



## **Policy Coordination**

Policy coordination is done through three committees: the Policy Coordination Committee, the Implementation Steering Committee, and the Parliamentary Sub-Committee on Nutrition.

### **Policy Coordination Committee (PCC)**

Policy Coordination Committee (PCC) is composed of cabinet ministers from the following line ministries: Ministry of Health (MOH); Ministry of Education and Sports (MOES); Ministry of Agriculture, Animal Industries, and Fisheries (MAAIF); Ministry of Gender, Labour, and Social Development (MGLSD); Ministry of Local Government (MOLG); Ministry of Water and Environment (MWE); Ministry of Trade, Industry, and Cooperatives (MTIC); Ministry of Finance, Planning, and Economic Development (MOFPED); Ministry of Public Service (MOPS); and the chairperson of the National Planning Authority (NPA). The PCC is chaired by the Right Honourable Prime Minister and meets annually to review progress on key nutrition indicators and to provide policy direction.

### **Parliamentary Sub-Committee on Nutrition (PSCN)**

The Parliamentary Sub-Committee on Nutrition (PSCN) has not yet been formed. When formed, the PSCN will facilitate the generation of parliamentary debates and resolutions, advocate for increased resource appropriation and allocation, and support an enabling policy environment for the implementation of multi-sectoral nutrition interventions. The PSCN will review and approve recommendations from the PCC.

### **UNAP Implementation Steering Committee (ISC)**

The UNAP Implementation Steering Committee (ISC) is composed of permanent secretaries of line ministries (MOH, MAAIF, MGLSD, MOES, MOLG, MWE, MTIC, MOFPED, MOPS, and the Executive Director of the National Planning Authority). The ISC is chaired by the Permanent Secretary of OPM and meets annually to review progress on performance of key nutrition indicators, analyse budget performance, identify constraints to multi-sectoral nutrition implementation, and provide strategic direction to the Nutrition Secretariat, OPM.

## **Technical Coordination**

The Nutrition Secretariat, OPM is responsible for multi-sectoral nutrition technical coordination. Coordination is achieved through the following committees: the Multi-Sectoral Nutrition Technical Committee (MSTNC) and the Development Partners Nutrition Coordination Committee (DPNCC), and Sector Committees.

## Nutrition Secretariat, OPM

The Nutrition Secretariat is housed within the Office of the Prime Minister in the Department of Policy Implementation Coordination, under the Directorate of Monitoring and Evaluation. The secretariat is charged with the day-to-day functions of coordination, management, administration, and reporting on multi-sectoral nutrition programmes to ensure smooth implementation of the nutrition policy, strategies, and action plans. Tasks include:

- National-level coordination of multi-sectoral nutrition stakeholders
- Coordination of UNAP implementation at decentralised levels
- Multi-sectoral nutrition knowledge management and information sharing through experience sharing and learning events at global, regional, and national levels
- Coordination of the annual Scaling Up Nutrition (SUN) assessment
- Quarterly monitoring and support supervision to the DNCCs
- Implementation of the UNAP monitoring and evaluation framework

## Development Partners Nutrition Coordination Committee (DPNCC)

The DPNCC is composed of representatives of nutrition development partners and feeds into the policy and technical coordination committees. The DPNCC members include USAID, U.N. agencies, Department for International Development (DFID), and civil society, private sector, and academia network representatives. The committee is responsible for promoting and identifying funding and resources to support the nutrition agenda in Uganda; promoting joint resource mobilisation, allocation, and support; responding to the proposed development partners' consolidated nutrition fund; and providing policy guidance on the alignment of nutrition programmes to the global and regional nutrition agenda.

## Multi-Sectoral Nutrition Technical Committee (MSNTC)

The MSNTC is composed of nutrition focal point persons from MDAs and representatives from development partners, implementing partners, the private sector, academia, and civil society. The MSNTC fosters multi-stakeholder collaboration and partnership and joint planning and monitoring of the implementation of multi-sectoral nutrition programmes. The committee meets on a quarterly basis and is responsible for sharing, reviewing, and implementing decisions made by the committees at the policy coordination level (PCC, PSCN, ISC).

## Sector Nutrition Coordination Committees

Each MDA has a committee that coordinates nutrition programmes. MDAs with sector committees include: MOH, MOES, MAAIF, MGLSD, MOLG, MWE, MTIC, MOFPED, NPA, and Uganda Bureau of Statistics (UBOS). At each MDA, the accounting officer selects committee members and designates a nutrition



focal person to support nutrition coordination and to represent the sector at the MSNTC. These committees are responsible for policy development, coordination, capacity strengthening, planning, resource mobilisation, advocacy, and monitoring of nutrition interventions within their respective MDAs. The sector nutrition coordination committees submit quarterly reports to OPM through the MSNTC.

## **Decentralised Coordination**

Decentralised coordination is done at the district, municipality, town council, division, and sub-county levels through nutrition coordination committees at the district and LLG levels through district nutrition coordination committees (DNCCs), municipality nutrition coordination committees (MNCCs), town council nutrition coordination committees (TNCCs), division nutrition coordination committees (DiNCCs) and sub-county nutrition coordination committees (SNCCs). DNCCs should send nutrition coordination reports to the OPM on a quarterly basis. MNCCs, TNCCs, DiNCCs, and SNCCs should submit quarterly nutrition coordination reports to the district.

### **District Nutrition Coordination Committees (DNCC)**

At the district level, the DNCC is constituted by the Chief Administrative Officer (CAO), who is the chairperson of the committee. The CAO designates a nutrition focal point person who should be a member of the District Technical Planning Committee. The DNCC is composed of 10–15 members from the following departments and groups: Planning, Health, Production, Works and Technical Services (Water); Education, Community Development, Trade and Industry, and Local Economic Development; civil society organisations (CSOs); the private sector; implementing partners, (IPs); and faith-based organisations (FBOs).

### **Municipal Nutrition Coordination Committees (MNCC)**

At the municipality level, the MNCC is constituted by the Town Clerk (TC), who is the chairperson of the committee. The TC designates a nutrition focal point person who should be a member of the Municipal Technical Planning Committee. The MNCC should be composed of 8–10 members from the following departments and groups: Planning, Health, Production, Works and Technical Services (Water), Education, Community-Based Services, Trade and Industry, and Local Economic Development), CSOs, community-based organisations (CBOs), the private sector, implementing partners, and FBOs.

### **Division Nutrition Coordination Committees (DiNCC)**

At the division level, the DiNCC is constituted by the Senior Assistant Town Clerk (SATC), who is the chairperson of the committee. The SATC designates a nutrition focal point person who should be a member of the Division Technical Planning Committee. The DiNCC should be composed of 5–10 members from the following departments and groups: Finance and Planning, Health, Works



and Technical Services (Water), Education, Community-Based Services, CSOs, CBOs, the private sector, implementing partners, and FBOs.

### **Town Council Nutrition Coordination Committees (TNCC)**

At the town council level, the TNCC is constituted by the Town Clerk (TC), who is the chairperson of the committee. The TC designates a nutrition focal point person who should be a member of the Town Council Technical Planning Committee. The TNCC should be composed of 5–10 members from the following departments and groups: Finance and Planning, Health, Production, Works and Technical Services (Water), Education, Trade and Industry, and Local Economic Development, Community-Based Services, CSOs, CBOs, the private sector, implementing partners, and FBOs.

### **Sub-County Nutrition Coordination Committees (SNCC)**

At the sub-county level, the SNCC is constituted by the Sub-County Chief/Senior Assistant Secretary (SAS), who is the chairperson of the committee. The SAS designates a nutrition focal point person who should be a member of the Sub-County Technical Planning Committee. The SNCC should be composed of 5–10 members from the following departments and groups: Finance, Health, Production, Education, and Community-Based Services, CSOs, CBOs, the private sector, implementing partners, and FBOs.

### **Nutrition Coordination Committee (NCC) Composition and Influencing Actors**

NCC core membership should include government representatives from the administration, health, planning, education, production, community development, trade and industry, and water departments.

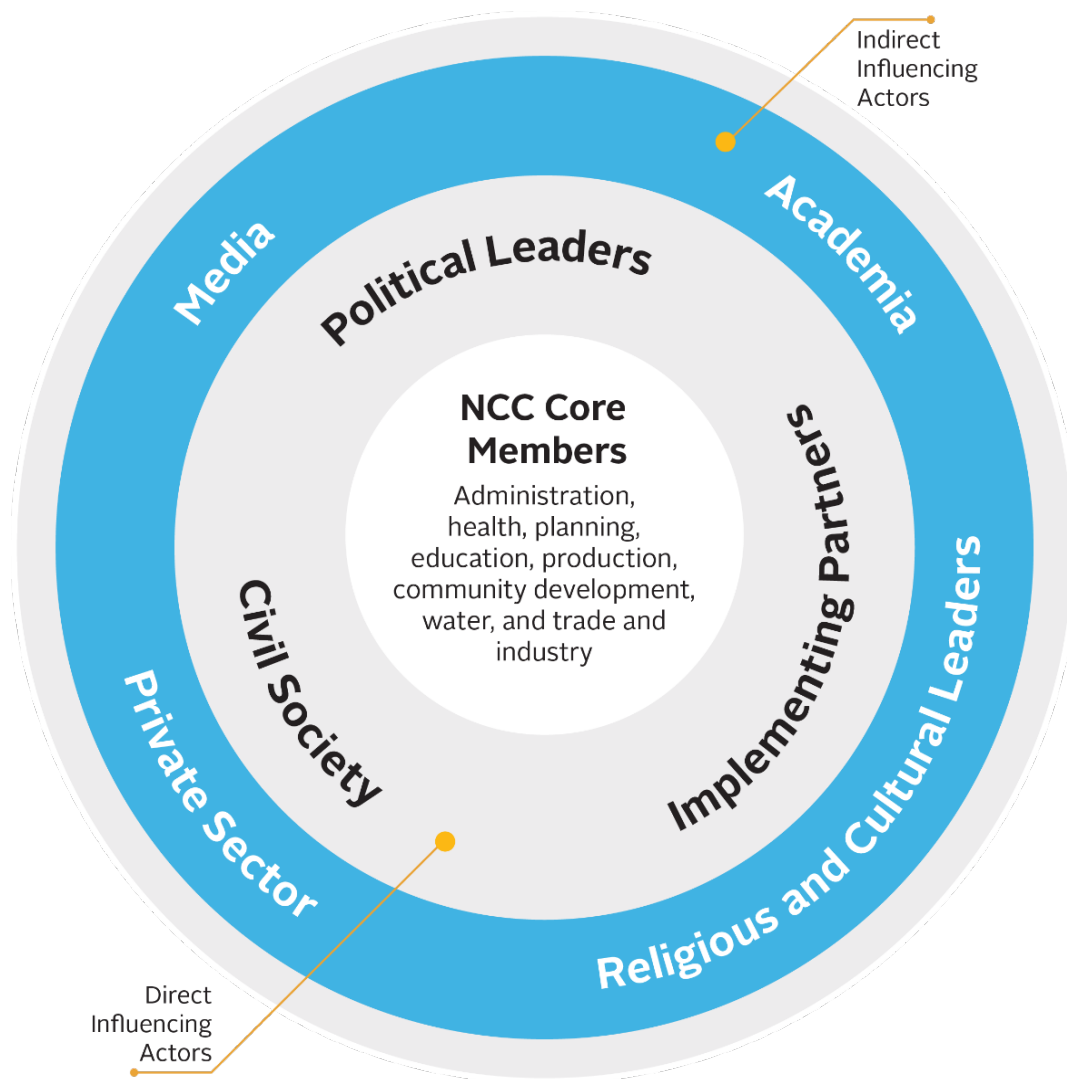
Direct influencing actors include political leaders, civil society, and implementing partners. Because these actors have both financial and technical resources and political influence, they can be effective supporters of NCC operations even though they are not part of the core NCC membership. NCCs should engage with them to advance shared goals that are appropriate for the local context, as these actors are well placed to mobilise nutrition resources and can contribute technical assistance in areas such as data collection.

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

During planning and implementation, NCCs 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 NCCs on a

regular basis, they can influence decisions that impact NCC operations through their work with influencing actors, such as implementing partners, at the district/LLG level (see Figure 10).

**Figure 10: NCC Composition and Influencing Actors**



## Session 1.5 Roles and Responsibilities of Nutrition Coordination Committees

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NCCs provide technical advice to technical planning committees and subsequently to the Council. The committees will also monitor and evaluate nutrition activities, carrying out reviews and providing technical advice to districts and lower local government levels. Nutrition focal persons will coordinate nutrition activities within their area of responsibility.

### *Roles and Responsibilities of the NCC*

NCC roles and responsibilities include the following:

- i. **Technical guidance:** NCCs provide nutrition technical guidance at all local government levels, including to departments, partners, technical planning committees, and councils to ensure proper nutrition planning and quality of service delivery. This also includes identification of capacity strengthening needs.
- ii. **Coordination and partnership with nutrition stakeholders:** The NCC provides a platform through which nutrition stakeholders from all departments can share information and build consensus on how best to address nutrition problems, use available resources, and harmonise the implementation of nutrition activities in the district/LLG. NCCs also have the responsibility to identify and build partnerships with nutrition stakeholders who can contribute to district/LLG nutrition goals and objectives.
- iii. **Monitoring and reporting:** NCCs conduct joint monitoring and support supervision visits to their lower local government NCCs, departments, and partners to provide oversight to activity implementation. NCCs are also responsible for submitting quarterly reports. Reporting requirements capture progress on nutrition governance activities and on the implementation of activities in the multi-sectoral nutrition action plan.
- iv. **Planning, budgeting, and resource mobilisation:** NCCs ensure integration and alignment of nutrition interventions in all local government development planning frameworks, including Development Plans, the MSNAP, annual work plans, and budgets. NCCs should also mobilise internal and external resources to address resource gaps (e.g., local revenues, partners, and through proposal development).
- v. **Advocacy:** NCCs should conduct advocacy to raise nutrition awareness among their district/LLG leaders. NCCs should also identify and work with nutrition champions to support advocacy efforts.
- vi. **Nutrition behaviour change communication (BCC) and social mobilisation:** NCCs should utilise available platforms such as the media, community dialogue meetings (barazas), and community outreach to carry out behaviour change communication for nutrition. NCCs should also take the

lead in ensuring that nutrition BCC messaging and social mobilisation efforts are harmonised across partners and lower local governments.

### **Roles of the Nutrition Focal Point Officer (NFPO)**

The NFPO will provide the following services:

- i. Act as Secretary to the nutrition coordination committee
- ii. Ensure that the MSNAP is prepared and aligned to the development plan
- iii. Compile and share district/LLG nutrition coordination reports on a quarterly basis
- iv. Function as a link between nutrition stakeholders in the district/LLG

### **Key considerations**

- The NFPO should have strong mobilisation skills
- The NFPO should be a member of the Technical Planning Committee (TPC)

## *Reflection questions for Unit 1*

When you go back to your district/LLG and share what you've learned in this Unit, consider the following questions and follow-on steps:

What did you learn about nutrition and the causes of malnutrition that was interesting or important? Do you recognize any of these situations or concepts from your experience in your district/LLG?

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How can your district/LLG use multi-sectoral nutrition programming to improve the nutrition situation?

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Is the nutrition coordination framework, or any piece(s) of it, being implemented by your district/LLG? If yes, what is going well and what aspects would need to be strengthened?

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How prepared are you to take on the different NCC roles and responsibilities? Where are you strong and where do you need support?

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## UNIT 2

# Roles of and Linkages between Nutrition Coordination Committees, Technical Planning Committees, and Councils

### Purpose:

To explain the roles and responsibilities of the district/LLG level committees and explain their linkages.

### Objectives:

By the end of the Unit 2, participants should:

- Understand the different committees, their roles and responsibilities
- Understand the linkages between the LLG NCCs and the district

## Session 2.1: Roles of Councils and Technical Planning Committees in Nutrition Governance

At district and LLG levels, TPCs, sectoral committees of council, executive committees, and councils play different roles in relation to nutrition governance as summarised in table 2.

**Table 2. Roles of TPCs, Sectoral Committees, Executive Committees, and Councils**

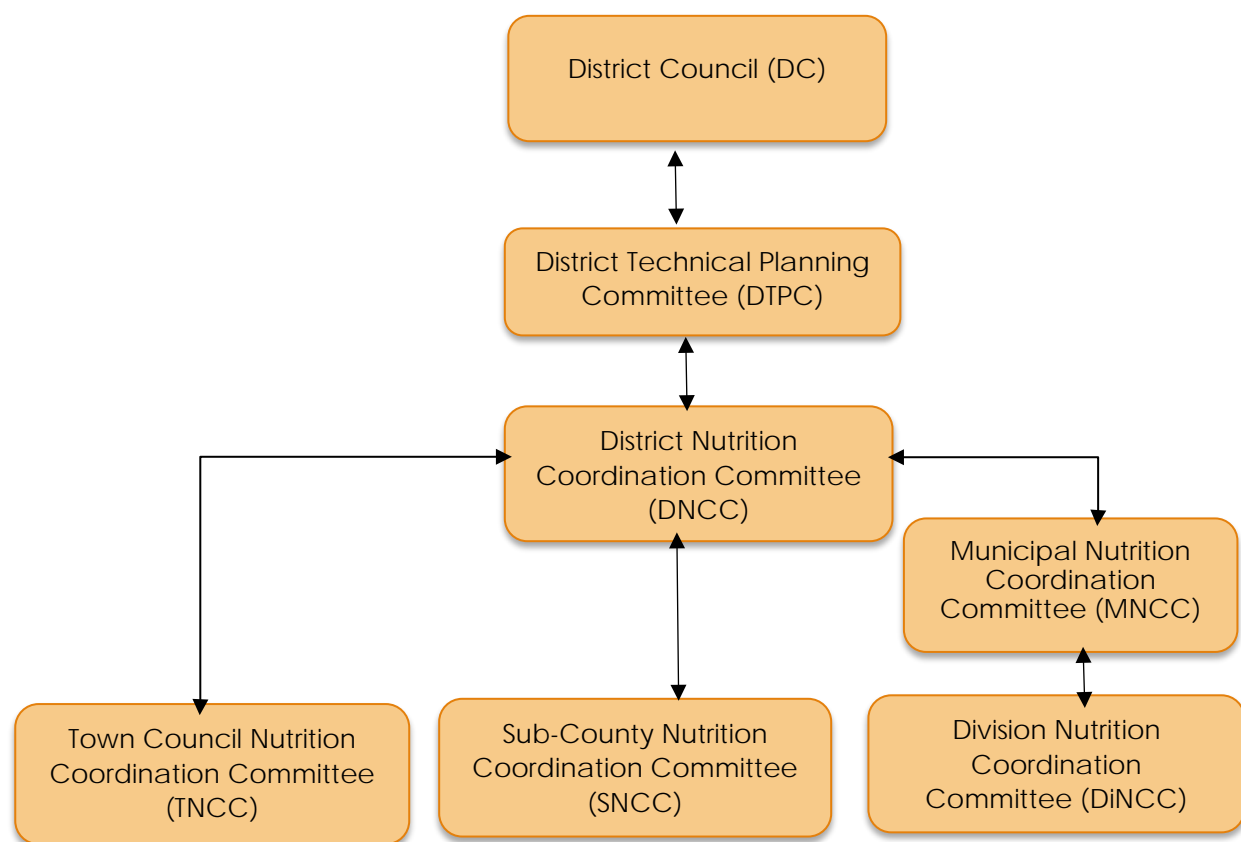
Entity	Roles and Responsibilities
Council	<ul style="list-style-type: none"> <li>• Approval of Multi-Sectoral Nutrition Action Plans (MSNAPs) and budgets</li> <li>• Monitor the implementation of nutrition interventions</li> </ul>
Executive Committee	<ul style="list-style-type: none"> <li>• Review district/LLG budgets and work plans and report on progress of implementation of multi-sectoral nutrition interventions</li> <li>• Provide policy direction for implementation of nutrition activities across departments</li> <li>• Monitor the implementation of nutrition interventions across departments</li> </ul>
Sectoral Committees of Council	<ul style="list-style-type: none"> <li>• Scrutinize departmental work plans and budgets to ensure nutrition interventions are planned and budgeted for</li> <li>• Receive reports from departments on nutrition-related issues and ensure alignment/integration with development plans, MSNAPs, annual work plans, and budgets</li> <li>• Monitor the implementation of nutrition interventions across departments</li> </ul>
Technical Planning Committee	<ul style="list-style-type: none"> <li>• Provide technical assistance to NCCs on nutrition interventions and relevant indicators within the development plans, MSNAPs, annual work plans, and budgets</li> <li>• Develop annual work plans, budgets, and actions plans that support alignment of nutrition interventions across departments</li> <li>• Receive reports from NCCs and departments that implement nutrition interventions</li> <li>• Provide supervisory oversight to all departments</li> </ul>



## Session 2.2: Linkages between LLG Nutrition Coordination Committees and the District

While each LLG NCC (MNCCs, TNCCs, DiNCCs, and SNCCs) has the responsibility of planning, implementing, monitoring, and reporting on nutrition activities within their respective LLGs, LLG NCCs all contribute to overall district nutrition plans, objectives, and goals. The DNCC oversees the work of all LLG NCCs within the district. The linkages between the LLG NCCs and the district level structures are illustrated in the Figure 11 below.

**Figure 11. Linkages between LLG NCCs and the District**



## *Reflection questions for Unit 2*

When you go back to your district/LLG and share what you've learned in this Unit, consider the following questions and follow-on steps:

What is the linkage between the NCC and the technical planning committees? Are these linkages functional at your district/LLG?

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## UNIT 3

# Nutrition Coordination Committee Monitoring and Reporting

### Purpose:

To explain the discuss NCC monitoring and supervision criteria and explain NCC reporting requirements.

### Objectives:

By the end of the Unit 3, participants should:

- Understand NCC monitoring and reporting requirements.

## Session 3.1: Monitoring Nutrition Coordination Committees

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NCCs are monitored based on the level to which their core roles and responsibilities are being carried out. Quarterly monitoring and support supervision visits are undertaken by the MSNTC under the leadership of OPM to assess DNCCs. MNCCs, TNCCs, and SNCCs, are monitored quarterly by the DNCCs. MNCCs are responsible for undertaking quarterly supervision visits to the DiNCCs. The checklist used by the MSNTC and OPM for DNCC monitoring and supervision is provided in Annex 1. The checklist to be used by DNCCs/MNCCs for monitoring and supervision visits to LLG NCCs is provided in Annex 2.

## Session 3.2: Nutrition Coordination Committee Reporting

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Reporting by NCCs should follow normal government reporting procedures. SNCCs and TNCCs should forward their reports to the DNCC on a quarterly basis. DNCCs consolidate these reports into a quarterly district nutrition coordination report. This report is submitted by the CAO to the Ministry of Finance, Planning and Economic Development (MoFPED), MoLG, and OPM. Similarly, DiNCCs submit reports quarterly to the MNCC for consolidation of the municipal quarterly nutrition coordination report. The Town Clerk submits the municipal quarterly report to MoFPED, MoLG, and OPM.

OPM will review DNCC and MNCC quarterly reports and provide feedback and action points to the districts and municipalities during quarterly monitoring and support supervision visits. The DNCCs and MNCCs provide feedback and action points to the LLG NCCs during support supervision visits and through the established structures. The NCC quarterly reporting template is provided in Annex 3.

Note that copies of the detailed reports for the NCCs should be retained by the DNCCs and MNCCs. Summaries of these reports should also be included in the narrative section of the Output Budgeting Tool (OBT).

### ***Reflection questions for Unit 3***

When you go back to your district/LLG and share what you've learned in this Unit, consider the following questions and follow-on steps:

Think about the different reporting tools that are currently being used to capture nutrition information at your district/LLG. What can be done to improve reporting on and monitoring of nutrition at different levels?

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## UNIT 4

# Action Plan to Operationalise Nutrition Coordination Committees

### Purpose:

To develop an action plan to operationalize the NCCs.

### Objectives:

By the end of the Unit 4, participants should:

- Have developed an action plan to operationalize their NCCs

## Session 4.1: Nutrition Coordination Committee Action Planning

To kick-start NCC operations following this orientation, NCC members should develop short-term action plans guided by their roles and responsibilities as outlined in session 1.5. The action plan should indicate the planned next steps/activities, who is responsible, timelines for achievement, and methodology/approach (see Table 3). This short-term action plan will detail start-up activities in preparation for the development of the MSNAPs and the uptake of other NCC roles and responsibilities. A template for the Start-Up Action Plan is provided in Annex 4.

**Table 3. Sample of a Start-Up Action Plan for Nutrition Coordination Committees**

Next Steps/Activities	Responsible	Timeline	Approach/Methodology
1. Send circular to LLGs about formation of SNCCs	CAO	Within 1 week	Mail letters
2. Orient SNCCs	DNCC NFPO	Within 1 month	Use local government orientation materials
3.			
4.			



### *Reflection questions for Unit 4*

When you go back to your district/lower local government and share what you've learned in this Unit, consider the following questions and follow-on steps:

Who needs to know about the nutrition coordination mechanism? And how will they be informed? How will they be engaged?

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What is the current capacity of stakeholders to implement nutrition interventions in the district/LLG?

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What are the available resources within district/LLG and how can these resources be mobilized for nutrition?

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# Annex 1. District Nutrition Coordination Committee (DNCC) Monitoring and Support Supervision Checklist

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## Purpose of the tool

The Office of the Prime Minister (OPM) Nutrition Secretariat has the mandate to coordinate multi-sectoral nutrition efforts in Uganda, including monitoring and support supervision of District Nutrition Coordination Committees (DNCCs). The Monitoring and Support Supervision Checklist was developed to support this task. The tool can be used by national level stakeholders (OPM, sectors, and implementing partners) to monitor implementation of nutrition activities in the districts, check on the functionality of the DNCCs, identify gaps, and make recommendations to the district.

## Using the tool

The questions in the tool seek to gather information about key aspects of nutrition governance. This includes DNCC composition and the thematic areas that make up DNCC core roles and responsibilities. Section 1 covers DNCC composition, sections 2–7 cover the six DNCC roles and responsibilities, as stated in OPM circular ADM/133/01 dated 17 June 2015.

Responses to the questions will be gathered during group discussions held with DNCC members. DNCC members should come from the following core departments: administration and planning, community development, education, health, production, and water. Participation of the Chief Administrative Officer (CAO) (or a representative) and the district nutrition focal person should be ensured as they are key DNCC informants. It typically takes the group two to three hours to complete the checklist. During the discussion, the group also agrees upon and completes the summary report.

## Dissemination and feedback

OPM and the Multi-Sectoral Nutrition Technical Committee (MSNTC) are responsible for tracking progress and performance and providing feedback to DNCCs. DNCCs will be provided with a completed version of the checklist and the summary supervision report by OPM.

# DISTRICT NUTRITION COORDINATION COMMITTEE (DNCC)

## Monitoring and Support Supervision Checklist

District	
Core departments represented	
Date	
Administered by (Name/Position/Institution)	

SECTION 1: DNCC COMPOSITION		
No.	Questions	Responses
Q 1.1	<p>Does the DNCC include all core departments?</p> <p><u>Tick all that apply</u></p> <p><input type="checkbox"/> Administration</p> <p><input type="checkbox"/> Community development</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Health</p> <p><input type="checkbox"/> Production</p> <p><input type="checkbox"/> Planning</p> <p><input type="checkbox"/> Trade and industry</p> <p><input type="checkbox"/> Water</p>	<p><input type="checkbox"/> Yes (If yes, skip to 1.2)</p> <p><input type="checkbox"/> No</p> <p>If no, list core department missing and state why they are not included</p> <p>What is being done to engage missing sectors with the DNCC?</p> <p><u>Means of verification</u></p> <p>- Circular on formation of DNCC</p>
Q 1.2	<p>Have all members received letters of assignment from the CAO?</p>	<p><input type="checkbox"/> Yes. Probe if the letters include clear terms of reference/roles and responsibilities.</p> <p><input type="checkbox"/> No. Probe for who has not received, why, and what is being done.</p> <p><u>Means of verification</u></p> <p>- Copies of assignment letters</p>

## SECTION 1: DNCC COMPOSITION

No.	Questions	Responses
Q 1.3	Has the CAO formally designated a nutrition focal point officer (NFPO) for the DNCC?	<p><input type="checkbox"/> Yes. <i>Probe who is the appointed NFPO and list the position:</i></p> <p><input type="checkbox"/> No. <i>Probe why the NFPO has not been appointed and what is being done to recruit one.</i></p> <p><u>Means of verification</u></p> <ul style="list-style-type: none"> <li>- Copy of NFPO assignment letter</li> </ul>
Additional comments on DNCC composition:		

## SECTION 2: TECHNICAL GUIDANCE

No.	Questions	Responses
Q 2.1	How many LLGs does the district have?	<p>Number of LLGs:</p> <p>How many have established Nutrition Coordination Committees (NCCs)?</p> <p>What is being done to facilitate the establishment of the remaining NCCs?</p> <p><u>Means of verification</u></p> <ul style="list-style-type: none"> <li>- Circular on formation of NCCs</li> </ul>
Q 2.2	Has the DNCC oriented the NCCs?	<p><input type="checkbox"/> Yes. <i>Probe how many have been oriented and the institution that supported the orientation.</i></p> <p><input type="checkbox"/> No. <i>Probe what is being done to orient the NCCs.</i></p> <p><u>Means of verification</u></p> <ul style="list-style-type: none"> <li>- Orientation report</li> </ul>

## SECTION 2: TECHNICAL GUIDANCE

No.	Questions	Responses																												
Q 2.3	What nutrition issues were presented to District Technical Planning Committee (DTPC) in the last quarter?	<p>List the nutrition issues presented:</p> <p>What actions have been taken as a result of presenting nutrition issues to the DTPC in the last quarter?</p> <p><i>Probe for challenges if no nutrition issues were presented.</i></p> <p><u>Means of verification</u></p> <ul style="list-style-type: none"> <li>- Action memo from the DTPC on nutrition issues</li> </ul>																												
Q 2.4	What nutrition issues were presented to the District Council in the last quarter?	<p>List the nutrition issues presented:</p> <p>What actions have been taken as a result of presenting nutrition issues to the District Council in the last quarter?</p> <p><i>Probe for challenges if no nutrition issues were presented.</i></p> <p><u>Means of verification</u></p> <ul style="list-style-type: none"> <li>- District Council minutes with nutrition issues</li> </ul>																												
Q 2.5	What technical guidance was provided to departments and partners in the last quarter? List the activities:	<table border="1"> <thead> <tr> <th>Activity</th><th>Platform Used</th><th>Target Audience</th><th>Results/Output</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p><i>If no technical guidance was provided, explain why.</i></p>	Activity	Platform Used	Target Audience	Results/Output																								
Activity	Platform Used	Target Audience	Results/Output																											

## SECTION 2: TECHNICAL GUIDANCE

No.	Questions	Responses
Additional comments on technical guidance:		

## SECTION 3: COORDINATION AND PARTNERSHIPS WITH NUTRITION STAKEHOLDERS

No.	Questions	Responses
Q 3.1	Does the DNCC have an approved annual coordination work plan for the district?	<input type="checkbox"/> Yes.  <input type="checkbox"/> No. <i>Probe what is being done to develop an annual coordination work plan.</i>  <u>Means of verification:</u> <ul style="list-style-type: none"> <li>- Copy of the approved annual coordination work plan</li> </ul>
Q 3.2	Were any nutrition coordination meetings held in the last quarter?	<input type="checkbox"/> Yes.  <input type="checkbox"/> No. <i>Probe what is being done to overcome the challenge.</i>  <u>Means of verification</u> <ul style="list-style-type: none"> <li>- Minutes and action memos from coordination meetings</li> </ul>
Q 3.3	Were any joint activities undertaken with stakeholders in the last quarter?	<input type="checkbox"/> Yes. <i>Provide details of activities.</i>  <input type="checkbox"/> No. <i>Explain.</i>  <u>Means of verification</u> <ul style="list-style-type: none"> <li>- Activity reports</li> </ul>
Q 3.4	Is there an up-to-date nutrition partner database?	<input type="checkbox"/> Yes.  <input type="checkbox"/> No. <i>Probe what is being done to develop or update the database.</i>  <u>Means of verification</u> <ul style="list-style-type: none"> <li>- Database of nutrition partners</li> </ul>



### SECTION 3: COORDINATION AND PARTNERSHIPS WITH NUTRITION STAKEHOLDERS

No.	Questions	Responses
Q 3.5	<p>What platforms did the district use in the last quarter to share nutrition information (e.g., reports, presentations, results) with relevant stakeholders?</p> <p><u>Tick all that apply</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> District Council meetings</li> <li><input type="checkbox"/> Sectoral committee meetings</li> <li><input type="checkbox"/> Senior management meetings</li> <li><input type="checkbox"/> District Technical Planning Committee meetings</li> <li><input type="checkbox"/> District Nutrition Coordination Committee meetings</li> <li><input type="checkbox"/> Extended District Technical Planning Committee meetings</li> <li><input type="checkbox"/> Departmental meetings</li> <li><input type="checkbox"/> School management meetings</li> <li><input type="checkbox"/> Budget conferences</li> <li><input type="checkbox"/> Barazas <ul style="list-style-type: none"> <li><input type="checkbox"/> Experience sharing events</li> </ul> </li> <li><input type="checkbox"/> Other (list)</li> </ul> <p><i>Probe for examples of the types of information shared, the stakeholders involved, and for what is being done to continue or improve nutrition information sharing within the district.</i></p> <p><u>Means of verification</u></p> <ul style="list-style-type: none"> <li>- Minutes, reports, action memos</li> </ul>	
Additional comments on coordination and partnerships with nutrition stakeholders:		

### SECTION 4: PLANNING, BUDGETING, AND RESOURCE MOBILISATION

No.	Questions	Responses
<b>Questions for new DNCCs and/or first monitoring and supervision visit:</b>		
Q 4.1	Does the LLG have a 5-year District Development Plan?	<p><input type="checkbox"/> Yes. <i>If yes, list all cross-cutting issues (verify information provided from the District Development Plan):</i></p> <p><input type="checkbox"/> No. <i>Probe for the stage the district is at in the development of the development plan. What is being done to ensure its nutrition issues are included?</i></p> <p><u>Means of verification:</u></p> <ul style="list-style-type: none"> <li>- Copy of the District Development Plan</li> </ul>

#### SECTION 4: PLANNING, BUDGETING, AND RESOURCE MOBILISATION

No.	Questions	Responses
Q 4.2	Does the district have an approved District Multi-Sectoral Nutrition Action Plan (DMSNAP)?	<input type="checkbox"/> Yes.  <input type="checkbox"/> No. <i>Probe for the stage the district is at in the development of the DMSNAP. What is being done to ensure its development/approval?</i>  <u>Means of verification:</u> - Copy of the DMSNAP
Q 4.3	Does the district have an approved annual multi-sectoral nutrition implementation work plan and budget?	<input type="checkbox"/> Yes.  <input type="checkbox"/> No. <i>Probe for the stage the district is at in the development of the annual multi-sectoral nutrition implementation work plan and budget. What is being done to ensure its development/approval?</i>  <u>Means of verification:</u> - Copy of the annual multi-sectoral nutrition implementation work plan and budget
Q 4.4	What resources are available for nutrition in the LLG?	<u>Tick all that apply</u> <input type="checkbox"/> Local revenue <input type="checkbox"/> Central government grants <input type="checkbox"/> Implementing partners <input type="checkbox"/> In-kind <input type="checkbox"/> Direct support <input type="checkbox"/> Private sector <input type="checkbox"/> Other (list)  Which of the above resources are currently being used for nutrition?  Is there a resource gap (provide % if known)? What is being done to mobilize additional resource for nutrition?
Q 4.5	Were activities undertaken to mobilise additional resources in the last quarter?	Yes. <i>Provide details of activities.</i>  <input type="checkbox"/> No. <i>Probe what is being done to overcome the challenge.</i>
Additional comments on planning, budgeting, and resource mobilisation:		

## SECTION 5: MONITORING AND REPORTING

No.	Questions	Responses
Q 5.1	Did the DNCC conduct joint monitoring and support supervision visits for the NCCs in the last quarter?	<p><input type="checkbox"/> Yes. <i>Probe for the report and check for composition of the monitoring team.</i></p> <p>Which platforms were used to share the reports?</p> <p><input type="checkbox"/> DNCC meetings</p> <p><input type="checkbox"/> NCC meetings</p> <p><input type="checkbox"/> Extended District Technical Planning committee meetings</p> <p><input type="checkbox"/> Others (list)</p> <p>What nutrition actions were taken as a result of the NCC monitoring?</p> <p><input type="checkbox"/> No. <i>Probe for the challenges and what is being done to facilitate this action.</i></p> <p><u>Means of verification</u></p> <ul style="list-style-type: none"> <li>- Monitoring and support supervision reports</li> </ul>
Q 5.2	Did the DNCC receive a joint monitoring and support supervision visit in the last quarter?	<p><input type="checkbox"/> Yes. <i>Probe for the report and check for composition of the monitoring team.</i></p> <p>If yes, did you receive feedback on your DNCC monitoring and support supervision visit? What nutrition actions were taken as a result of the DNCC monitoring and support supervision visit?</p> <p><input type="checkbox"/> No. <i>Probe what is being done to overcome the challenge.</i></p> <p><u>Means of verification</u></p> <ul style="list-style-type: none"> <li>- Monitoring and support supervision reports</li> </ul>

## SECTION 5: MONITORING AND REPORTING

No.	Questions	Responses
Q 5.3	Did the DNCC prepare a consolidated quarterly coordination report last quarter?	<input type="checkbox"/> Yes <input type="checkbox"/> No. <i>Probe for the challenges and what is being done.</i>  If yes, which departments submitted written reports to the DNCC to be included in the consolidated report  <b>Tick all that apply:</b> <input type="checkbox"/> Administration <input type="checkbox"/> Community development <input type="checkbox"/> Education <input type="checkbox"/> Health <input type="checkbox"/> Production <input type="checkbox"/> Planning <input type="checkbox"/> Trade and industry <input type="checkbox"/> Water  <b>Others</b> <input type="checkbox"/> Implementing partners (list)  Did the DNCC share the consolidated quarterly report? <i>Probe who they shared the report with.</i>  What actions were taken as a result of the DNCC quarterly report?  <u>Means of verification</u> - Consolidated DNCC quarterly report
Additional comments on monitoring and reporting:		

## SECTION 6: ADVOCACY

No.	Questions	Responses																								
Q 6.1	Does the DNCC have an approved advocacy and communication plan?	<input type="checkbox"/> Yes.  <input type="checkbox"/> No. <i>Probe for the stage the district is at in the development of the advocacy and communication plan. What is being done to ensure its development/approval?</i>  <u>Means of verification:</u> <ul style="list-style-type: none"> <li>- Copy of the approved advocacy and communication plan</li> </ul>																								
Q 6.2	Has the DNCC identified nutrition champions at district level?	<input type="checkbox"/> Yes.  <input type="checkbox"/> No. <i>Probe for the challenges and what is being done.</i>  <u>Means of verification:</u> <ul style="list-style-type: none"> <li>- Database of nutrition champions</li> </ul>																								
Q 6.3	What nutrition advocacy activities were conducted in the last quarter? List the activities:	<table border="1"> <thead> <tr> <th>Advocacy Activity</th><th>Platform Used</th><th>Target Audience</th><th>Results/Output</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p><i>If advocacy activities were not conducted, probe for what is being done to strengthen nutrition advocacy.</i></p>	Advocacy Activity	Platform Used	Target Audience	Results/Output																				
Advocacy Activity	Platform Used	Target Audience	Results/Output																							
Additional comments on advocacy:																										

## SECTION 7: NUTRITION BEHAVIOUR CHANGE COMMUNICATION AND SOCIAL MOBILISATION

No.	Questions	Responses																								
Q 7.1	<p>What nutrition behaviour change communication and social mobilisation activities were conducted in the last quarter?</p> <p>List the activities:</p> <table border="1"> <thead> <tr> <th>Activity</th><th>Platform Used</th><th>Target Audience</th><th>Results/Output</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p><i>If activities were not conducted, probe for what is being done to strengthen nutrition behaviour change communication and social mobilisation.</i></p>	Activity	Platform Used	Target Audience	Results/Output																					
Activity	Platform Used	Target Audience	Results/Output																							
<p>Additional comments on nutrition behaviour change communication and social mobilisation:</p>																										

# DNCC Monitoring and Support Supervision Summary Reporting Template

District	
Core departments represented	
Date	
Administered by (Name/Position/Institution)	

Focus Area	Strengths	Challenges	Proposed Actions/ Recommendation	Time Frame for Response/ Improvement	Person Responsible for Follow-up Action
DNCC Composition					
Technical Guidance					
Coordination and Partnerships with Nutrition Stakeholders					
Planning, Budgeting, and Resource Mobilisation					
Monitoring and Reporting					
Advocacy					
Nutrition Behaviour Change Communication and Social Mobilisation					

## **Annex 2. Nutrition Coordination Committee (NCC) Monitoring and Support Supervision Checklist for Lower Local Governments**

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### **Purpose of the tool**

District Nutrition Coordination Committees (DNCCs) have the mandate to coordinate multi-sectoral nutrition efforts at district and lower local government (LLG) level in Uganda, including monitoring and support supervision of Nutrition Coordination Committees (NCCs). The Monitoring and Support Supervision Checklist was developed to support this task. The tool can be used by district/LLG level stakeholders (DNCC members and municipality coordination committee [MNCC] members, departments, and implementing partners) to monitor implementation of nutrition activities at the LLG level, check on the functionality of the NCCs, identify gaps, and make recommendations to the LLG.

### **Using the tool**

The questions in the tool seek to gather information about key aspects of nutrition governance. This includes NCC composition and the thematic areas that make up NCC core roles and responsibilities. Section 1 covers NCC composition, sections 2–7 cover the six NCC roles and responsibilities, as stated in OPM circular ADM/133/01 dated 17 June 2015.

Responses to the questions will be gathered during group discussions held with NCC members. NCC members should come from the following core departments: administration and planning, community development, education, health, production, trade and industry, and water. Participation of the Accounting Officer (AO) (or a representative) and the nutrition focal point officer (NFPO) should be ensured as they are key NCC informants. It typically takes the group two to three hours to complete the checklist. During the discussion, the group also agrees upon and completes the summary report.

### **Dissemination and feedback**

DNCC/MNCC members are responsible for tracking progress and performance and providing feedback to LLG NCCs. LLG NCCs will be provided with a completed version of the checklist and the summary supervision report by the DNCC/MNCC.



## NUTRITION COORDINATION COMMITTEE (NCC)

# Monitoring and Support Supervision Checklist for Lower Local Governments

LLG	
Core departments represented	
Date	
Administered by (Name/Position/Institution)	

SECTION 1: NCC COMPOSITION		
No.	Questions	Responses
Q 1.1	<p>Does the NCC include all core departments?</p> <p><i>Tick all that apply</i></p> <p><input type="checkbox"/> Administration</p> <p><input type="checkbox"/> Community development</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Health</p> <p><input type="checkbox"/> Production</p> <p><input type="checkbox"/> Planning</p> <p><input type="checkbox"/> Trade and industry</p> <p><input type="checkbox"/> Water</p>	<p><input type="checkbox"/> Yes (If yes, skip to 1.2)</p> <p><input type="checkbox"/> No</p> <p>If no, list core departments that are missing and state why they are not included</p> <p>What is being done to engage missing departments with the NCC?</p> <p><u>Means of verification</u></p> <p>- Circular on formation of NCC</p>
Q 1.2	<p>Have all members received letters of assignment from the Accounting Officer (AO)?</p>	<p><input type="checkbox"/> Yes. <i>Probe if the letters include clear terms of reference/roles and responsibilities.</i></p> <p><input type="checkbox"/> No. <i>Probe for who has not received, why, and what is being done.</i></p> <p><u>Means of verification</u></p> <p>- Copies of assignment letters</p>

## SECTION 1: NCC COMPOSITION

No.	Questions	Responses
Q 1.3	Has the AO formally designated a nutrition focal point officer (NFPO) for the NCC?	<input type="checkbox"/> Yes. <i>Probe who is the appointed NFPO and list the position:</i>  <input type="checkbox"/> No. <i>Probe why the NFPO has not been appointed and what is being done to recruit one.</i>  <u>Means of verification</u> - Copy of NFPO assignment letter
Additional comments on NCC composition:		

## SECTION 2: TECHNICAL GUIDANCE

No.	Questions	Responses
Q 2.1	<i>For municipalities only:</i>  How many divisions does the municipality have?	Number of divisions:  How many have established Division Nutrition Coordination Committees (DiNCCs)?  What is being done to facilitate the establishment of the remaining DiNCCs?  <u>Means of verification</u> - Circular on formation of DiNCCs
Q 2.2	Has the DNCC oriented the NCC?	<input type="checkbox"/> Yes. <i>Probe to find out if any institution supported the orientation.</i>  <input type="checkbox"/> No. <i>Probe what is being done to orient the NCC.</i>  <u>Means of verification</u> - Orientation report

## SECTION 2: TECHNICAL GUIDANCE

No.	Questions	Responses																								
Q 2.3	What nutrition issues were presented to the Technical Planning Committee (TPC) in the last quarter?	<p>List the nutrition issues presented:</p> <p>What actions have been taken as a result of presenting nutrition issues to the TPC in the last quarter?</p> <p><i>Probe for challenges if no nutrition issues were presented.</i></p> <p><u>Means of verification</u></p> <p>- Action memo from the TPC on nutrition issues</p>																								
Q 2.4	What nutrition issues were presented by the TPC to the Council in the last quarter?	<p>List the nutrition issues presented:</p> <p>What actions have been taken as a result of presenting nutrition issues to the Council in the last quarter?</p> <p><i>Probe for challenges if no nutrition issues were presented.</i></p> <p><u>Means of verification</u></p> <p>- Council minutes with nutrition issues</p>																								
Q 2.5	What technical guidance was provided to departments and partners in the last quarter? List the activities:	<table><tr><th>Activity</th><th>Platform Used</th><th>Target Audience</th><th>Results/Output</th></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> <p><i>If no technical guidance was provided, explain why.</i></p>	Activity	Platform Used	Target Audience	Results/Output																				
Activity	Platform Used	Target Audience	Results/Output																							

## SECTION 2: TECHNICAL GUIDANCE

No.	Questions	Responses
Additional comments on technical guidance:		

## SECTION 3: COORDINATION AND PARTNERSHIPS WITH NUTRITION STAKEHOLDERS

No.	Questions	Responses
Q 3.1	Does the NCC have an approved annual coordination work plan for the LLG?	<input type="checkbox"/> Yes.  <input type="checkbox"/> No. <i>Probe what is being done to develop an annual coordination work plan.</i>  <u>Means of verification:</u> <ul style="list-style-type: none"> <li>- Copy of the approved annual coordination work plan</li> </ul>
Q 3.2	Were any nutrition coordination meetings held in the last quarter?	<input type="checkbox"/> Yes.  <input type="checkbox"/> No. <i>Probe what is being done to overcome the challenge.</i>  <u>Means of verification</u> <ul style="list-style-type: none"> <li>- Minutes and action memos from coordination meetings</li> </ul>
Q 3.3	Were any joint activities undertaken with stakeholders in the last quarter?	<input type="checkbox"/> Yes. <i>Provide details of activities.</i>  <input type="checkbox"/> No. <i>Explain.</i>  <u>Means of verification</u> <ul style="list-style-type: none"> <li>- Activity reports</li> </ul>
Q 3.4	Is there an up-to-date nutrition partner database?	<input type="checkbox"/> Yes.  <input type="checkbox"/> No. <i>Probe what is being done to develop or update the database.</i>  <u>Means of verification</u> <ul style="list-style-type: none"> <li>- Database of nutrition partners</li> </ul>

### SECTION 3: COORDINATION AND PARTNERSHIPS WITH NUTRITION STAKEHOLDERS

No.	Questions	Responses
Q 3.5	<p>What platforms did the LLG use in the last quarter to share nutrition information (e.g., reports, presentations, results) with relevant stakeholders?</p> <p><u>Tick all that apply</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Council meetings</li> <li><input type="checkbox"/> Sectoral committee meetings</li> <li><input type="checkbox"/> Senior management meetings</li> <li><input type="checkbox"/> Technical Planning Committee meetings</li> <li><input type="checkbox"/> Nutrition Coordination Committee meetings</li> <li><input type="checkbox"/> Extended Technical Planning Committee meetings</li> <li><input type="checkbox"/> Departmental meetings</li> <li><input type="checkbox"/> School management meetings</li> <li><input type="checkbox"/> Budget conferences</li> <li><input type="checkbox"/> Barazas               <ul style="list-style-type: none"> <li><input type="checkbox"/> Experience sharing events</li> </ul> </li> <li><input type="checkbox"/> Other (list)</li> </ul> <p><i>Probe for examples of the types of information shared, the stakeholders and NCC members involved, and for what is being done to continue or improve nutrition information sharing within the LLG.</i></p> <p><u>Means of verification</u></p> <ul style="list-style-type: none"> <li>- Minutes, reports, action memos</li> </ul>	
<p>Additional comments on coordination and partnership with nutrition stakeholders:</p>		

## SECTION 4: PLANNING, BUDGETING, AND RESOURCE MOBILISATION

No.	Questions	Responses
<b>Questions for new DNCCs and/or first monitoring and supervision visit:</b>		
Q 4.1	Does the LLG have a 5-year development plan?	<p><input type="checkbox"/> Yes.</p> <p><i>If yes, list all cross-cutting issues (verify information provided from the development plan):</i></p> <p><input type="checkbox"/> No. Probe for the stage the LLG is at in the development of the development plan. What is being done to ensure its nutrition issues are included?</p> <p><u>Means of verification:</u></p> <ul style="list-style-type: none"> <li>- Copy of the development plan</li> </ul>
Q 4.2	Does the LLG have an approved Multi-Sectoral Nutrition Action Plan (MSNAP)?	<p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> No. Probe for the stage the LLG is at in the development of the MSNAP. What is being done to ensure its development/approval?</p> <p><u>Means of verification:</u></p> <ul style="list-style-type: none"> <li>- Copy of the MSNAP</li> </ul>
Q 4.3	Does the LLG have an approved annual multi-sectoral nutrition implementation work plan and budget?	<p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> No. Probe for the stage the LLG is at in the development of the annual multi-sectoral nutrition implementation work plan and budget. What is being done to ensure its development/approval?</p> <p><u>Means of verification:</u></p> <ul style="list-style-type: none"> <li>- Copy of the annual multi-sectoral nutrition implementation work plan and budget</li> </ul>

## SECTION 4: PLANNING, BUDGETING, AND RESOURCE MOBILISATION

No.	Questions	Responses
Q 4.4	What resources are available for nutrition in the LLG?	<p><u>Tick all that apply</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Local revenue</li> <li><input type="checkbox"/> Central government grants</li> <li><input type="checkbox"/> Implementing partners</li> <li><input type="checkbox"/> In-kind</li> <li><input type="checkbox"/> Direct support</li> <li><input type="checkbox"/> Private sector</li> <li><input type="checkbox"/> Other (list)</li> </ul> <p>Which of the above resources are currently being used for nutrition?</p> <p>Is there a resource gap (provide % if known)? What is being done to mobilize additional resource for nutrition?</p>
Q 4.5	Were activities undertaken to mobilise additional resources in the last quarter?	<p>Yes. <i>Provide details of activities.</i></p> <p><input type="checkbox"/> No. <i>Probe what is being done to overcome the challenge.</i></p>
Additional comments on planning, budgeting, and resource mobilisation:		

## SECTION 5: MONITORING AND REPORTING

No.	Questions	Responses
Q 5.1	<p><i>For municipalities only:</i></p> <p>Did the MNCC conduct joint monitoring and support supervision visits for the DiNCCs in the last quarter?</p>	<p><input type="checkbox"/> Yes. <i>Probe for the report and check for composition of the monitoring team.</i></p> <p>Which platforms were used to share the reports?</p> <p><input type="checkbox"/> DNCC meetings</p> <p><input type="checkbox"/> NCC meetings</p> <p><input type="checkbox"/> Extended Technical Planning Committee meetings</p> <p><input type="checkbox"/> Others (list)</p> <p>What nutrition actions were taken as a result of the DiNCC monitoring and support supervision visit?</p> <p><input type="checkbox"/> No. <i>Probe for the challenges and what is being done to facilitate this action.</i></p> <p><u>Means of verification</u></p> <ul style="list-style-type: none"> <li>- Monitoring and support supervision reports</li> </ul>
Q 5.2	<p>Did the NCC receive a joint monitoring and support supervision visit in the last quarter?</p>	<p><input type="checkbox"/> Yes. <i>Probe for the report and check for composition of the monitoring team.</i></p> <p>If yes, did you receive feedback on your NCC monitoring and support supervision visit? What nutrition actions were taken as a result of the NCC monitoring and support supervision visit?</p> <p><input type="checkbox"/> No. <i>Probe what is being done to overcome the challenge.</i></p> <p><u>Means of verification</u></p> <ul style="list-style-type: none"> <li>- Monitoring and support supervision reports</li> </ul>



## SECTION 5: MONITORING AND REPORTING

No.	Questions	Responses
Q 5.3	Did the NCC prepare a consolidated quarterly coordination report last quarter?	<input type="checkbox"/> Yes <input type="checkbox"/> No. <i>Probe for the challenges and what is being done.</i>  If yes, which departments submitted written reports to the NCC to be included in the consolidated report  <b>Tick all that apply:</b> <input type="checkbox"/> Administration <input type="checkbox"/> Community development <input type="checkbox"/> Education <input type="checkbox"/> Health <input type="checkbox"/> Production <input type="checkbox"/> Planning <input type="checkbox"/> Trade and industry <input type="checkbox"/> Water  <b>Others</b> <input type="checkbox"/> Implementing partners (list)  Did the NCC share the consolidated quarterly report? <i>Probe who they shared the report with.</i>  What actions were taken as a result of the NCC quarterly report?   <u>Means of verification</u> - Consolidated NCC quarterly report
Additional comments on monitoring and reporting:		

## SECTION 6: ADVOCACY

No.	Questions	Responses																								
Q 6.1	Does the NCC have an approved advocacy implementation plan?	<input type="checkbox"/> Yes.  <input type="checkbox"/> No. <i>Probe for the stage the LLG is at in the development of the advocacy implementation plan. What is being done to ensure its development/approval?</i>  <u>Means of verification:</u> <ul style="list-style-type: none"> <li>- Copy of the approved advocacy implementation plan</li> </ul>																								
Q 6.2	Has the NCC identified nutrition champions at LLG level?	<input type="checkbox"/> Yes.  <input type="checkbox"/> No. <i>Probe for the challenges and what is being done.</i>  <u>Means of verification:</u> <ul style="list-style-type: none"> <li>- Database of nutrition champions</li> </ul>																								
Q 6.3	What nutrition advocacy activities were conducted in the last quarter? List the activities:	<table border="1"> <thead> <tr> <th>Advocacy Activity</th><th>Platform Used</th><th>Target Audience</th><th>Results/Output</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p><i>If advocacy activities were not conducted, probe for what is being done to strengthen nutrition advocacy.</i></p>	Advocacy Activity	Platform Used	Target Audience	Results/Output																				
Advocacy Activity	Platform Used	Target Audience	Results/Output																							
Additional comments on advocacy:																										

## SECTION 7: NUTRITION BEHAVIOUR CHANGE COMMUNICATION AND SOCIAL MOBILISATION

No.	Questions	Responses			
Q 7.1	What nutrition behaviour change communication and social mobilisation activities were conducted in the last quarter? List the activities:				
		Activity	Platform Used	Target Audience	Results/Output
	<i>If activities were not conducted, probe for what is being done to strengthen nutrition behaviour change communication and social mobilisation.</i>				
Additional comments on nutrition behaviour change communication and social mobilisation:					

# LLG Monitoring and Support Supervision Summary Reporting Template

LLG	
Core departments represented	
Date	
Administered by (Name/Position/Institution)	

Focus Area	Strengths	Challenges	Proposed Actions/ Recommend ation	Time Frame for Response/ Improvement	Person Responsible for Follow-up Action
NCC Composition					
Technical Guidance					
Coordination and Partnership with Nutrition Stakeholders					
Planning, Budgeting, and Resource Mobilisation					
Monitoring and Reporting					
Advocacy					
Nutrition Behaviour Change Communicati on and Social Mobilisation					

## Annex 3. Nutrition Coordination Committee Quarterly Reporting Template

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### General Reporting Guidance

Reporting by Nutrition Coordination Committees (NCCs) should follow normal government reporting procedures. Sub-county Nutrition Coordination Committees (SNCCs) and Town Council Nutrition Coordination Committees (TNCCs) should forward their reports to the District Nutrition Coordination Committee (DNCC) on a quarterly basis. DNCCs consolidate these reports into a quarterly district nutrition coordination report. This report is submitted by the Chief Administrative Officer (CAO) to the Ministry of Finance, Planning and Economic Development (MoFPED), Ministry of Local Government (MoLG), and Office of the Prime Minister (OPM). Similarly, Division Nutrition Coordination Committees (DiNCCs) submit reports quarterly to the Municipal Nutrition Coordination Committee (MNCC) for consolidation of the municipal quarterly nutrition coordination report. The Town Clerk submits the municipal quarterly report to MoFPED, MoLG, and OPM.

OPM will review DNCC and MNCC quarterly reports and provide feedback and action points to the districts and municipalities during quarterly monitoring and support supervision visits. The DNCCs and MNCCs provide feedback and action points to the LLG NCCs during support supervision visits and through the established structures.

Copies of the detailed reports for the NCCs should be retained by the DNCCs and MNCCs. Summaries of these reports should also be included in the narrative section of the Output Budget Tool (OBT).

The NCC reporting template has two parts. Part 1 is the quarterly update on the NCC annual coordination work plan. Part 2 details quarterly progress made towards achieving the objectives of the NCC's annual Multi-Sectoral Nutrition Implementation Work Plan.

### Part 1: Quarterly Update on NCC Nutrition Coordination Work Plan

This section of the report is a narrative that describes activities undertaken as part of the nutrition coordination work plan. NCCs should provide updates on activities planned for and completed during the quarter and activities anticipated for the upcoming quarter. Examples of the types of activities to be reported on under each section of the report are detailed below. The reporting template is provided in Table 1.

**Technical Guidance:** Nutrition guidance provided by the NCC to departments and partners, including capacity strengthening activities; issues presented to the Technical Planning Committee (TPC) during the quarter and the resulting actions.

**Coordination and Partnerships with Nutrition Stakeholders:** Number of coordination meetings and joint activities conducted with stakeholders, detailing those involved and platforms used; results of stakeholder coordination efforts; and planned next steps.

**Planning, Budgeting, and Resource Mobilisation:** Efforts made to align department and partner plans with MSNAP activities; challenges implementing plans; budgetary challenges; and resource mobilisation activities.

**Monitoring and Reporting:** Frequency and types of data provided to the NCC by departments and partners; description of supervision activities undertaken; actions taken as a result of monitoring, supervision, and reporting.

**Advocacy:** Advocacy efforts undertaken by the NCC during the quarter and actions taken by stakeholders as a result of advocacy efforts. NCCs should also refer to their advocacy implementation plan when completing this section.

**Nutrition Behaviour Change Communication (BCC) and Social Mobilisation:** Messages shared and platforms used; efforts undertaken or needed to harmonize BCC messaging and social mobilisation activities within the district/LLG.

**Additional comments:** Describe general NCC achievements; nutrition innovations from community members, partners, or stakeholders; and any upcoming opportunities the NCC hopes to pursue. Detail any support required from the national level to achieve these efforts.

**Table 2: Part 1—Coordination Work Plan Quarterly Report**

District/LLG: Reporting period (Quarter, Year): Report compiled by:			
Responsibility area	Planned activities for quarter	Activities conducted this quarter	Planned activities for the next quarter
Technical Guidance			
Coordination and Partnerships with Nutrition Stakeholder			
Planning, Budgeting, and Resource Mobilization			
Monitoring and Reporting			
Advocacy			
Nutrition Behaviour Change Communication and Social Mobilization			

**Additional comments:**

## Part 2: Quarterly Progress on the Annual Multi-Sectoral Nutrition Implementation Work Plan and Budget

The NCC should refer to the annual Multi-Sectoral Nutrition Implementation Work Plan and Budget and the Multi-Sectoral Nutrition M&E Framework from the MSNAP to report on quarterly progress towards each activity's annual target. NCCs should call upon partners and sectors to provide updates and data to complete this section of the report. The reporting template is provided in Table 2.

**Table 3: Part 2—Multi-Sectoral Nutrition Implementation Work Plan and Budget Template**

	Activities	Indicator	Quarterly Targets				Annual Target	Department/ partner responsible for collection	Quarterly Budget				Cumulative budget
			Q1	Q2	Q3	Q4			Q1	Q2	Q3	Q4	
1.0	Objective 1												
1.2													
1.3													
2.0	Objective 2												
2.1													
2.2													
3.0	Objective 3												
2.3													
3.1													



## Annex 4. Sample Start-Up Action Planning Template

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Next Steps/ Activities	Responsible	Timeline	Approach/Methodology
1.			
2.			
3.			
4.			
5.			

## Annex 5. Glossary of Terms

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<b>Acute malnutrition</b>	This is a common term for identifying acute undernutrition, and it reflects a recent and severe process that has led to substantial weight loss and nutrient deficiency, usually associated with severe deprivation and/or disease. It includes wasting but also bilateral pitting oedema. Often used to assess the severity of emergencies because it is strongly related to mortality.
<b>Anaemia</b>	Low concentration of hemoglobin in the blood, as evidenced by a reduced quality or quantity of red blood cells. Anaemia could be caused by genetic traits, parasitism, infectious diseases, and/or nutritional deficiencies. For the latter, iron deficiency is the most important reason, especially in women of reproductive age, although other deficiencies of micronutrients such as vitamin A, vitamin B12, folate, and even vitamin B2 could also be important in developing countries.
<b>Body mass index (BMI)</b>	Body weight in kilograms divided by height in meters squared (kg/m <sup>2</sup> ). For adults 20 and over, BMI is used as a screening tool to assess health risk. Individuals with both high BMI (overweight and obese, BMI between 25–29.9 and >30, respectively) and low BMI (underweight, BMI less than 18.5 in adults) face higher health risks.
<b>Exclusive breastfeeding</b>	When infants receive only breast milk, without any additional food or drink—not even water—for the first 6 months of life.
<b>Indicator</b>	A quantitative or qualitative variable that provides a valid and reliable basis for assessing or measuring achievement, performance, or change resulting from an intervention. Data or statistics that describe a person, place, or an event and/or the changes in it.
<b>Infant and young child feeding (IYCF)</b>	Term used to describe the feeding of infants (less than 12 months of age) and young children (12–23 months of age). IYCF programmes focus on the protection, promotion, and support of exclusive breastfeeding for the first 6 months; timely introduction of and appropriate complementary feeding, and continued breastfeeding for 2 years or beyond.
<b>Low birth weight</b>	Weight of less than 2.5 kg at birth.
<b>Malnutrition</b>	People are malnourished if their diet is not balanced with their nutritional needs. There are two main types: undernutrition and overnutrition.
<b>Micronutrient deficiency</b>	Inadequate intake of micronutrients (vitamins or minerals) for the body's needs. The most common micronutrient deficiencies are: vitamin A deficiency, iron deficiency anaemia, iodine deficiency, and zinc deficiency. This is also known as 'hidden hunger'.

<b>Moderate acute malnutrition</b>	Weight-for-height between -2 and -3 standard deviations below the median of WHO Child Growth Standards (moderate wasting) and/or mid-upper arm circumference (MUAC) of <125mm and $\geq$ 115mm.
<b>Monitoring and evaluation</b>	Monitoring is the routine tracking of a programme's activities by measuring on a regular, ongoing basis whether planned activities are being carried out. It is used to track changes in programme performance over time. Evaluation measures the extent to which change occurs consistent with programme objectives.
<b>Multi-sectoral approach</b>	An approach to nutrition planning and programming in which different sectors/departments coordinate and collaborate to address both direct and underlying causes of malnutrition.
<b>Non-communicable diseases</b>	Also known as chronic diseases, they are of long duration and generally slow progression. The four main types of non-communicable diseases are cardiovascular diseases (e.g., heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma), and metabolic disorders such as diabetes.
<b>Nutrition governance</b>	Nutrition governance represents actions taken to provide an institutional framework and systems to facilitate the institutionalization of nutrition in existing government structures, policies, and frameworks. Nutrition governance is strengthened through these six areas: technical guidance; coordination and partnership with nutrition stakeholders; monitoring and reporting; planning, budgeting, and resource mobilisation; advocacy; and nutrition behaviour change communication and social mobilization.
<b>Nutrition-sensitive interventions</b>	Nutrition-sensitive interventions address some of the underlying and basic causes of malnutrition—such as food insecurity; inadequate caregiving resources at the maternal, household, and community levels; and lack of access to health services and a safe and hygienic environment—and incorporate nutrition goals and actions from a wide range of sectors. They can also serve as delivery platforms for nutrition-specific interventions, potentially increasing their scale, coverage, and effectiveness.
<b>Nutrition-specific interventions</b>	Nutrition-specific interventions address the immediate causes of undernutrition (e.g., inadequate dietary intake) and some of the underlying causes (e.g., sub-optimum feeding practices and lack of access to food).
<b>Obesity</b>	Obesity is a range of weight that is much greater than what is generally considered healthy for a given height. For adults, obesity is having a body mass index (BMI) of 30 or higher.

<b>Oedema (bilateral pitting)</b>	An excess accumulation of fluid that starts in both feet and can progress to other parts of the body. Also known as nutritional oedema or oedematous malnutrition, bilateral pitting oedema is a sign of severe acute malnutrition. It is verified when thumb pressure applied on the tops of both feet for 3 seconds leaves an indentation after the thumb is lifted.
<b>Overnutrition</b>	Overnutrition happens when a person's daily energy intake consistently exceeds energy requirements. If this continues over time, a person may become overweight or obese.
<b>Overweight</b>	Overweight is a range of weight that exceeds what is generally considered healthy for a given height. For adults, overweight is having a BMI from 25 to 29.9.
<b>Severe acute malnutrition</b>	Weight-for-height below -3 standard deviations from the median of the WHO Child Growth Standards, or mid-upper-arm circumference (MUAC) of less than 115 mm, bilateral pitting oedema bipedal oedema, and/or oedematous wasting.
<b>Stunting</b>	Stunting, or chronic malnutrition, occurs when a child fails to grow at a healthy pace and is shorter than expected for a healthy child of the same age. Stunting develops over a long period because of long-term inadequate nutrition (including poor maternal nutrition and poor infant and young child feeding practices) and/or repeated illness or infection. Stunted children have a higher risk of death from diarrhoea, pneumonia, and measles. Stunting is associated with poor cognitive and motor development and lower school achievement. It is defined by a height-for-age of more than 2 standard deviations below the median WHO Growth Standards.
<b>Target</b>	Also called 'milestones', targets tell us what we plan to achieve at specific points during projects or programmes.
<b>Undernutrition</b>	Undernutrition is a consequence of a deficiency in nutrient intake and/or absorption in the body. The different forms of undernutrition, which can appear alone or in combination, are acute malnutrition (bilateral pitting oedema and/or wasting), chronic malnutrition (stunting), underweight (combined form of wasting and stunting), and micronutrient deficiencies.
<b>Underweight</b>	A composite form of undernutrition that includes elements of stunting and wasting and is defined by a weight-for-age of more than 2 standard deviations below the median WHO Growth Standards. This indicator is commonly used in growth monitoring and promotion (GMP) and child health and nutrition programmes aimed at prevention and treatment of undernutrition.

<b>Vulnerable groups</b>	Target resources and programmes to the most vulnerable populations including women of reproductive age, pregnant and lactating women and their children in the first 2 years of life (the 1,000-day window of opportunity), children under 5, children in adversity, adolescent girls, people with disabilities, people with infectious diseases, people with nutrition-related non-communicable diseases, people impacted by humanitarian crises, and people living in extreme poverty.
<b>Wasting (or thinness)</b>	This occurs when an individual is very thin for his or her height. It happens when a person loses weight rapidly or a growing child does not gain adequate weight relative to their growth in height. Wasting may be caused by inadequate food intake, such as a drop in food consumption or sub-optimal infant and young child feeding practices; by disease or infection, including HIV or tuberculosis; or a combination. It is defined as weight-for-height of more than 2 standard deviations below the median WHO Growth Standards or MUAC under 125 mm. Wasting is one form of acute malnutrition.

## Annex 6. List of Contributors

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