Zambia

Nutrition

Country Thematic Report 2016

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B – Abbreviations and Acronyms

DCMO	District Community & Medical Office
EU	European Union
GRZ	Government of the Republic of Zambia
IDD	Iodine Deficiency Disorders
MCDMCH	Ministry of Community Development, Mother and Child Health
MIYCN	Maternal Infant and Young Child Nutrition
MoH	Ministry of Health
MDG	Millennium Development Goal
MIS	Malaria Indicator Survey
NMCC	National Malaria Control Centre
RUTF	Ready to Use Therapeutic Food
UNICEF	United Nations Children's Fund
DHS	Demographic Health Survey
WHO	World Health Organisation
UNFPA	United Nations
NFNC	National Food and Nutrition Commission
WB	World Bank
DFTAD	Department of Foreign Affairs, Trade and Development for Canada
SUN	Scaling Up Nutrition
GAM	Global Acute Malnutrition
SAM	Severe Acute Malnutrition
IMAM	Integrated Management of Acute Malnutrition
IFPRI	International Food Policy Research Institute
NFNC	National Food and Nutrition Commission
MCDP	Most Critical Days Programme
NHC	Neighborhood Health Committee
IYCF	Infant and Young Child Feeding
CBV	Community Based Volunteer
ZVA	Zambia Vulnerability Assessment

C – Executive Summary

Nutrition is vital for the health of people worldwide and an essential input to economic development. Children suffering from severe acute malnutrition are nine times more at risk of death compared to well-nourished children (UNICEF, 2012). The economic consequences of malnutrition represent losses of 11 percent of gross domestic product every year in Africa and Asia, whereas preventing malnutrition delivers 16 dollars in returns on investment for every one dollar spent (IFPRI, 2016).

Zambia has continued to be challenged with the high burden of under-nutrition. According to the results of the Zambia Demographic and Health Surveys 2014 (CSO, 2014), the prevalence of stunting decreased only slightly from 45 percent in 2007 to 40 percent in 2014 (42.1 percent in rural areas versus 36 percent in urban areas), meaning a critical situation, and a rural-urban inequity. The country is off-course for meeting the target set by the World Health Assembly and endorsed for stunting reduction, therefore requires acceleration measures. With a prevalence of global acute malnutrition among under-5 children of 5 percent to 6 percent since the 1990s, the situation could be classified as poor; furthermore it is worth noting from the DHS 2014 that 2.2 percent of under-5 children are severely wasted.

UNICEF Zambia, based on a right-based, equity-focused situation analysis for nutrition and its determinants, as well as determinant analysis of the major bottlenecks faced by the nutrition sector, designed its Country Programme 2016-2020 with an outcome focusing on stunting reduction through multi-sectoral approaches aimed at prevention (output 1) and expanded access to quality treatment of acute malnutrition.

In the first year of implementation of the Country Programme (2016), using multiple funding sources, including the European Union (EU), the DFTAD and the Italian National Committee for UNICEF, the Slovenian National Committee for UNICEF (Thematic Fund), UNICEF Zambia provided support to Government towards achievement of nutrition outputs and outcome. Different levels of support were considered, including policy design, delivery of preventative interventions, delivery of curative interventions, and advocacy:

- *Policy design*. The mainstreaming of nutrition in nutrition-relevant sectors development plans is the most relevant way of sustained stunting reduction. A framework of nutrition-sensitive minimum package of activities in nutrition-relevant sectors was developed as guidelines and advocacy tools for sector planners, and a nutrition position paper to inform the mainstreaming of nutrition in the seventh national development plan 2017-2021. In order to tighten some gaps in the legislation and further support appropriate infant and young child feeding (IYCF) (practices, the Statutory Instrument 48 (marketing of breastmilk substitutes) was reviewed, in readiness for debate and possible adoption by Parliament. The national Emergency Preparedness and Response plan was strengthened through the establishment and training of a Nutrition Emergency Task Force under the leadership of the Government.
- *Service delivery for prevention of malnutrition*. In total, 1,427 Neighbourhood Health Committees (NHCs) an important health and nutrition system structure at community level were revitalized following a mapping and gap analysis done with the help of UNICEF. As part of the revitalization of NHCs, 1,112 community-based volunteers (CBVs) were trained and equipped on IYCF counselling. This has provided a great opportunity to scale up and coordinate community-based interventions for IYCF. CBV's trained in IYCF are actively involved in community engagement for the prevention of malnutrition with focus on stunting through the following key actions: a) Counselling of mothers and fathers on adequate IYCF practices, and b) Organisation of community cooking demonstrations. UNICEF in partnership with the EU and CIDA Canada continued to provide support to Government to improve micro-nutrient status through procurement of commodities and transfer of operational funds. Two rounds of national child health weeks reached each 2.8 million children nationwide with vitamin A supplements, i.e. coverage of 107%.

- *Service delivery for treatment of acute malnutrition*. In total, 968 CBVs were trained on active case finding and referral of under-5 children affected by severe acute malnutrition (SAM) in 11 MDGi-supported districts in Lusaka and Copperbelt provinces. In addition, in focus districts, 200 health workers were trained in the management of SAM contributing to increase the proportion of health centres with capacity of treating children with SAM from 22 percent to 42 percent. As of end of September, 4,269 SAM cases were treated
- *Advocacy*. Advocacy was re-enforced for sustained reduction of stunting through technical and financial support to the Government for capacity building and orientation of parliamentarians for strengthening Parliamentary debate on policy change in support of Nutrition. The advocacy efforts in partnership with the Cooperating partners have also contributed to preparation of a bill that will be tabled to the national assembly to give the National Food and Nutrition Commission (NFNC) currently operating as part of the Ministry of Health (MoH) an overarching position to better coordinate nutrition intervention across line ministries.

The key challenges to the programme included sub-optimal multi-sectoral coordination with NFNC because it is embedded in the MoH; and, insufficient nutrition service delivery due to inadequate qualified human resources and insufficient funding. To correct the inappropriate positioning of NFNC, UNICEF and the Cooperating Partners contributed to the draft bill tabled in parliament on re-positioning of NFNC in an overarching position. This will facilitate better multi-sectoral coordination of the nutrition sector. The revitalization of the NHC as a service delivery and coordination platform at community-level will help address the human resource shortage in the health system. To leverage resources, a nutrition toolkit, as well as other proposals and concept notes, were developed and uploaded for fundraising purpose.

In spite of these results outlined above, there were interventions that were unfunded in the Nutrition Programme by the existing funding sources. In particular, the thematic funds supported activities in coordination and advocacy. These included support to the national nutrition technical working group and capacity strengthening of Parliamentarians in nutrition:

- *Support to Nutrition Technical Working Group*. As a means of strengthening the national level technical oversight in managing the nutrition programmes, UNICEF supported (technically and financially) MoH in hosting one meeting of the technical working group, one meeting of the sub-committee on IYCF and micronutrient, and two meetings of the sub-committee on management of acute malnutrition.
- *Capacity strengthening of Parliamentarian in nutrition*. The objectives were to orient Parliamentarians on the importance of nutrition, to strengthen Parliamentary debate on policy change in support of Nutrition, and to engage Parliamentarians to disseminate nutrition information to communities and families. To this end, UNICEF and NFNC engaged 12 Members of Parliament (MPs) in a caucus called the All Party Parliamentary Caucus on Nutrition (APPCON) and oriented them on the First 1000 Most Critical Days Programme (MCDP), focusing on its impact on child health and the social economic status of the country, and the role of Parliamentarians as change agents. The vision of the Caucus is to contribute to Zambia's achievement of optimal nutrition development.

In total, actual expenses for UNICEF Zambia nutrition programme amounted to US$ 2,347,887. This translates to 69 per cent of the planned US$ 3,379,552 for 2016. Thematic expenses amounted to US$ 23,954.

For 2017, the critical actions to be taken in achievement of the Nutrition programme component's Outputs and Outcomes are seen at upstream and downstream levels.

At upstream level, priorities will be on the finalization of the National Food and Nutrition Strategic Plan (NFNSP) 2016-2021, and the mainstreaming of nutrition in sectors development plan through elaboration of a planning guidance and advocacy using the framework of nutrition-sensitive interventions. The data audit and bottleneck analysis of the Integrated Management of Acute

Malnutrition (IMAM) programme for treatment of acute malnutrition will be conducted for a better understanding of key barriers to access and quality management and ways for overcoming.
Critical actions at downstream level include increased district and health facility capacity to deliver quality nutrition services through staff training and supply of nutrition commodities. Community mobilization for raising awareness and creating demand, and stimulating participation in delivering nutrition services under the 1000-day package.

The total budget for 2017 is estimated at US$ 3,325,552 with a gap to be filled amounting to US$ 2,141,314.

D – Strategic context of 2016

Country trends in the nutrition situation of children

Nutrition is vital for the health of people worldwide and an essential input to economic development. Children suffering from SAM are nine times more at risk of death compared to well-nourished children (UNICEF, 2012). The economic consequences of malnutrition represent losses of 11 percent of gross domestic product every year in Africa and Asia, whereas preventing malnutrition delivers 16 dollars in returns on investment for every one dollar spent (IFPRI, 2016). Over the past decade, momentum around nutrition has been steadily building, culminating with: 1) the adoption in 2015 of the Sustainable Development Goals by more than 190 world leaders, enshrining the objective of ending all forms of malnutrition, and challenging the world to think and act differently on malnutrition, and 2) the proclamation in 2016 of the United Nations Decade of Action on Nutrition (2016–2025) that provides a unique opportunity for stakeholders to strengthen joint efforts towards eradicating hunger and preventing all forms of malnutrition worldwide.

Zambia has continued to be challenged with the high burden of under-nutrition. According to the results of the DHS (2014), the prevalence of stunting decreased only slightly from 45 percent in 2007 to 40 percent in 2014 (42.1 percent in rural areas versus 36 percent in urban areas), indicating a critical situation, and a rural-urban inequity. The country is off-course for meeting the target set by the World Health Assembly for stunting reduction, therefore requires acceleration measures (IFPRI, 2015). With a prevalence of global acute malnutrition (GAM) among under-5 children of 5 percent to 6 percent since the 1990s, the situation could be classified as poor; furthermore it is worth noting from the DHS 2014 that 2.2 percent of under-5 children are severely wasted.

Micronutrient deficiencies are common among children in Zambia. Anaemia, a proxy of iron deficiency is a severe public health problem, with no significant reduction among children 6-59 months over the past two decades (estimated prevalence of 60 percent in 1998, 53 percent in 2003, 49 percent in 2009, and 55 percent in 2012, and 60 percent in 2015) (Ministry of Health, 2015). The latest national survey indicated a prevalence of 54 percent of vitamin A deficiency (NFNC, 2003). The proportion of households consuming adequately iodized salt remains low at 53 percent (NFNC, 2011).

As a consequence of undernutrition, under-five children's mortality rate is one of the highest in the world. Zambia ranks 33rd among 194 countries in the world in terms of under-five children's mortality rate (UNICEF, 2016); the DHS 2014 reported 75 deaths per 1000 live birth. In Zambia, in 2015, there were about 39,000 deaths among under-five children, about 45 percent being directly or indirectly attributable to malnutrition (UNICEF, 2016).

Infectious morbidity and inadequate IYCF practices are the main causes of the observed poor nutrition situation. According to the DHS 2014, among under-5 children, 21 percent had a fever in the two weeks preceding the survey, 16 percent had diarrhoea. Some of the contributors to these health related issues include low standards of water, sanitation and hygiene (WASH). Improved sources of drinking water are used by 46.6 percent and 89.5 percent of the rural and urban populations, respectively, whereas 73.1 percent and only 26.2 percent of the urban and rural populations have access to improved sanitation facilities.

The DHS 2014 further states that even though breastfeeding is almost universal (98 percent); only 73 percent of infants below six months of age are exclusively breastfed (EBF). Furthermore, inadequate complementary feeding practices are observed, with respect to both timing of introduction and dietary quality. Complementary foods are often introduced early, with 17 percent of children under age 6 months and 39 percent of children age 4-5 months consuming solid or semisolid foods in addition to breast milk, hence reducing the EBF rates. Although all children aged 6-9 months should receive complementary foods, only 83 percent of children in this age group are breastfeeding and receiving

complementary foods. As far as quality of complementary is concerned, only 11 percent of children aged 6-23 months in Zambia are fed with minimum acceptable diet.

What changes have been observed within the past year (2015 vs 2016)

An in-depth vulnerability and needs assessment was conducted by the Zambia Vulnerability Assessment Committee (ZVAC) in February and March 2015, triggered by prolonged dry spells experienced mainly in the Southern half of the country as a result of the El Niño phenomenon. The assessment was conducted in 48 selected districts of Central, Copperbelt, Eastern, Luapula, Muchinga, North Western, Southern and Western Provinces. The report highlighted the reduction in maize production by as much as 38% as compared to 2014, and 87% of households at risk of cereals stock out by November 2015, indicating potential risk of acute malnutrition from hunger. In April 2016, the ZVAC identified 42 affected districts for the vulnerability assessment that took place from April to May. The assessment showed that production of maize in most of the districts reduced by as much as 34 percent compared to 2015. A total of 975,738 people from the assessed districts were identified as in need of food assistance.

A year after the launch of the SDGs, what are the key challenges and changes that are happening in the country narrative, partnerships, resources

The UN Result Group on Food and Nutrition Security was organized to contribute to the delivery of on the food and nutrition outcome of the Zambia-UN Sustainable Development Partnership Framework (SDPF). It is an operational-level mechanism for the Partnership Framework implementation. The Group developed a workplan that include support to the Government for policy design, service delivery for increased production and consumption of diversified nutritious foods, improved nutrition and demand creation. However:

- Engagement with Government has been challenging due to various political and economic issues, and competing priorities at all levels
- Inter-agency collaboration is necessary, but not always quick and/or easy to do as the various parties have different objectives and different ways of working
- Resource mobilization for UN agencies is challenging, and constrains delivery and expansion of various programmes.

How is UNICEF positioned to engage or address these?

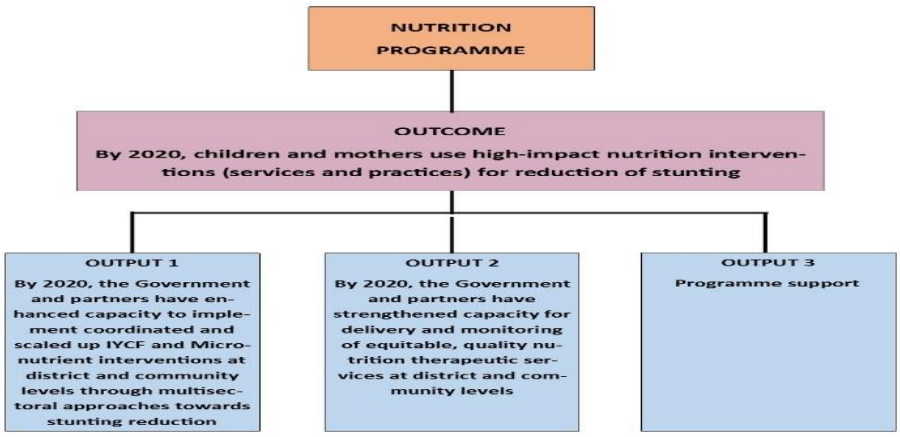
In 2016, the scale and scope of UNICEF work included support to the implementation of recommended age-specific child feeding practices, effective case-management of acutely malnourished children and micronutrient deficiency control, including vitamin A supplementation and monitoring of universal salt iodization. The activities supported were all aligned to the country's national policy documents, specifically, the NFNSP 2011-2015 and the National First 1000 MCDP 2013-2015, both prolonged for 2016. Whilst implementing the 2016 plan, UNICEF co-chaired the UN Network for SUN, and provided contribution to the Cooperating Partners Group, both part of the SUN Movement coordination mechanisms. The two networks are involved in the National Multi-stakeholder Platform chaired by the NFNC, the national coordination board. UNICEF worked closely with the SUN Pooled Fund Programme Management unit for the review of the programme as well as the funding mechanisms to the Government.

What are our specific challenges?

Resource mobilization remains critical, and the other above-mentioned challenges of the UN Result Group also applies to UNICEF.

E – Results in the Programme Area

The outcome statement of the nutrition component of the Country Programme is that, by 2020, children and mothers use high-impact nutrition interventions (services and practices) for reduction of stunting. The theory of change (see annex 1) was built on an in-depth analysis of determinants of stunting, as well as analysis of the major bottlenecks faced by previous nutrition programmes. This analysis helped determine the programming principles and strategies that UNICEF nutrition outcome team will pursue to contribute to the intended changes. On the implementation side, two main paths are seen to contribute to stunting reduction in high burden areas, especially in the first 1,000 days. In addition, the programme implementation requires technical support to ensure effectiveness. Therefore, the expected three outputs are as indicated in the figure below:



Through different funding sources, including the EU, the DFTAD, the thematic funds and the Italian National Committee for UNICEF, support was provided to Government towards achievement of the outputs and outcome, as follows:

1. Global analytical statement of progress

1.1. Outcome analytical statement of progress

UNICEF's work on nutrition is guided by one outcome, i.e. by 2020, children and mothers use high-impact Nutrition interventions (services and practices) for reduction of stunting. Detailed indicator analysis of the outcome is presented in Annex 2.

In 2016, UNICEF supported the Government at different levels, including policy design, delivery of preventative interventions, delivery of curative interventions, and advocacy:

1.1.1. At policy level

UNICEF was engaged in enabling environment, consisting of support to the Government for elaboration or review of policies and strategies:

- A nutrition position paper was developed by the Government with UNICEF and partners technical assistance to inform the mainstreaming of nutrition in the seventh National Development Plan (7th NDP) 2017-2021;

- UNICEF provided technical and financial support for the development of a framework of nutrition-sensitive minimum package of activities in nutrition-relevant sectors as guidelines and advocacy tools for mainstreaming nutrition;
- Zambia Country Office (ZCO) worked with Regional Office in the process of development of the Nutrition and WASH joint programming toolkit and organized the in-country review workshop bringing together Nutrition and WASH stakeholders from Government, UN agencies, cooperating partners and Non-governmental Organisations (NGOs).
- In order to address some lacunas in the legislation and further support appropriate IYCF practices, the Statutory Instrument 48 (marketing of breastmilk substitutes) was reviewed with technical and financial support from UNICEF, including expertise from Head Quarters. The draft legislation is ready for debate and possible adoption by Parliament.
- A Nutrition Emergency Task Force was established under the leadership of the Government. This task force was trained with UNICEF support, including expertise from the Regional office, in order to prepare them for their roles in the Emergency Task Force. The Task Force was involved in the review of the national Emergency Preparedness and Response plan.

1.1.2. Service delivery for prevention of malnutrition

In total, 1,427 NHCs were revitalized following a mapping and gap analysis done with the help of UNICEF. NHCs are an important health and nutrition system structure at community level. As part of the revitalization of NHCs, 1,112 CBVs were trained and equipped on IYCF counselling. This has provided a great opportunity to scale up and coordinate community-based interventions for IYCF. CBVs trained in IYCF are actively involved in community engagement for the prevention of malnutrition with focus on stunting through the following key actions: a) Counselling of mothers and fathers on adequate IYCF practices, and b) Organisation of community cooking demonstrations.
UNICEF in partnership with the EU and CIDA continued to provide support to Government to improve micro-nutrient status through procurement of commodities and transfer of operational funds. Two rounds of national child health weeks were conducted, reaching each 2.8 million children nationwide with vitamin A supplements, reaching a coverage of 107 per cent.

1.1.3. Service delivery for treatment of acute malnutrition

In total, 968 CBVs were trained on active case finding and referral of under-5 children affected by SAM in 11 MDGi-supported districts in Lusaka and Copperbelt provinces that represent 30 per cent of Zambian population. In addition, in focus districts, 200 health workers were trained in the management of SAM contributing to increase the proportion of health centres with capacity of treating children with SAM from 22 percent to 42 percent. As of end of September, 4,269 SAM cases were treated.

1.1.4. Advocacy

Advocacy was reinforced for sustained reduction of stunting through technical and financial support to the Government for capacity building and orientation of Parliamentarians for strengthening Parliamentary debate on policy change in support of Nutrition. The advocacy efforts in partnership with the Cooperating partners have also contributed to preparation of a bill that will be tabled to the national assembly to give the NFNC currently operating as part of the MoH an overarching position to better coordinate nutrition intervention across line ministries.

1.1.5. Challenges and mitigation

The key challenges to the programme included difficulties in multi-sectoral coordination with NFNC because it is embedded in the MoH; and sub-optimal nutrition service delivery due to insufficient qualified human resources and inadequate funding. UNICEF and the Cooperating Partners contributed to an draft bill tabled to parliament to consider positioning NFNC in an overarching position for a better multi-sectoral coordination of the Nutrition sector. The revitalization of the NHC as a service delivery and coordination platform at community-level will help address the human resource shortage in the

health system. To leverage resources, a nutrition toolkit was developed and uploaded for fundraising purpose, as well as other proposals and concept notes.

1.2. Output 1 analytical statement of progress

The objective of Output 1 is that by 2020, the Government and partners have enhanced capacity to implement coordinated and scaled up Infant and Young Child Feeding (IYCF) and Micronutrient interventions at district and community levels through multi-sectoral approaches towards stunting reduction. Detailed indicator analysis of Output 1 is presented in Annex 3.

In 2016, several activities were conducted with the aim at enhancing capacity of the Government for multi-sectoral coordination, nutrition programming and service delivery.

Consultative meetings were held to elaborate the Nutrition position paper and to plan for the nutrition chapter of the 7th NDP that was submitted to Ministry of Planning. Other preparatory activities to the development of the NFNSP include the elaboration of a framework of nutrition-sensitive minimum package of activities in nutrition-relevant sectors, and the mapping of partners and coverage of the MCDP priority interventions to inform the national scale up plan. In addition, UNICEF supported the revision process of the IYCF training packages, with the expectation that the revision will lead to initial and refresher training of new health workers (HWs and CBVs). Similarly, UNICEF hosted the Nutrition Technical Working Group meetings as a forum for coordination of partners implementing in the health sector, review of evidence to provide programme guidance on interventions and harmonise messages and protocols to guide service providers.

Mapping of existing IYCF volunteers and gap analysis in 11 MDGi-supported districts was finalised in 11 districts supported by the EU funded Millennium Development Goals Initiative (MDGi). This was followed by training of staff to provide IYCF counselling services and complementary feeding demonstration through outreach services which is in turn expected to improve caretakers' knowledge on IYCF. The revised plan of training 1,450 Community Volunteers (CVs) is being implemented. In total, 1,112 CVs were trained and equipped for IYCF counselling, including 730 in the 11 districts and 382 in eight other UNICEF-supported districts. As a results there is an increase on early initiation of breast feeding within the first hour of birth increased in Lusaka province from 88% in Q2 2015 TO 92% IN q2 2016. Anecdotal evidence from mothers and community based volunteers indicate that many women have started feeding their babies with mixed diets. This needs to be confirmed through a community based surveys

The key challenges to the programme during the year were, difficulties in multi-sectoral coordination with NFNC being embedded into the MoH, lack of qualified human resources and insufficient funding. In 2017, the focus will be on the finalization of trainings, mentoring the trained staff and monitoring community activities. The advocacy for repositioning NFNC at an overarching institution will continue, as well as fundraising taking the newly redesigned SUN Funds Project as opportunity.

1.3. Output 2 analytical statement of progress

The objective of Output 2 is that by 2020, the Government and partners have strengthened capacity for delivery and monitoring of equitable, quality Nutrition therapeutic services at district and community levels. Detailed indicator analysis of Output 2 is presented in Annex 4.

Several activities were conducted that enhanced capacity of the Government for situation analysis and service delivery as regard to acute malnutrition among children under five years of age.

Technical and financial assistance was provided for the Zambia Vulnerability Assessment (ZVA), through review of survey design and tools, data collection, data analysis and reporting and dissemination through the SADC forum held in South Africa. Furthermore, support was provided to

MoH for the elaboration of the Nutrition emergency preparedness and response planning, and to NFNC for elaboration of the integrated multi-sectorial response plan. With support of ESARO, the Nutrition Emergency Task Force members underwent a full training on Nutrition in Emergencies. UNICEF led the development of the UN (UNICEF-WHO-WFP) joint proposal submitted for resources mobilization in view of contributing to the implementation of the UN integrated response plan. Funding is expected to support treatment of 7,900 cases of SAM expected in El Nino-affected districts.

The draft guideline for IMAM has been reviewed and reached the stage for external review. With the assistance of UNICEF and partners, MoH developed the Training packages and conducted training of trainers for 11 MDGi District Nutritionists, then of 200 HWs (50% of planned) and 968 CVs (68% of planned) in Outpatient Treatment Program (OTP) for acute malnutrition. Partners included System for Better Health, a USAID-funded project conducted by Save the Children. Those trainings increased geographic coverage rate from 22% to 42%, therefore the access to OTP services; eight thousand cartons of Ready-to-Use Therapeutic Foods were procured and delivered to MoH.

Challenging is the number of admissions for SAM, lower than expected despite significant increase of the number of OTP services in the focus districts, involvement of CVs for active case finding and referrals, and continuous supply with treatment commodities. Bottleneck analysis of the treatment programme is planned for 2017.

2. Contribution of the Thematic Funds

In spite of these successes, there were gaps remaining in the Nutrition Programme that were not taken into consideration by the different funding sources. The thematic funds allowed some flexibility in making contribution towards coordination and advocacy activities, i.e. support to the national nutrition technical working group and orientation of Parliamentarians on nutrition

2.1. Support to Nutrition Technical Working Group

Support to Nutrition Technical Working Group. As a means of strengthening the national level technical oversight in managing the nutrition programmes, UNICEF supported (technically and financially) MoH in hosting one meeting of the technical working group, one meeting of the sub-committee on IYCF and micronutrient, and two meetings of the sub-committee on management of acute malnutrition.

2.2. Capacity strengthening of Parliamentarian on in nutrition

The objectives were to orient Parliamentarians on the importance of nutrition, to strengthen Parliamentary debate on policy change in support of Nutrition, and to engage Parliamentarians to disseminate nutrition information to communities and families. To this end, UNICEF and NFNC engaged 12 MPs in a caucus called the APPCON and oriented them on the First 1000 MCDP, focusing on its impact on child health and the social economic status of the country, and the role of Parliamentarians as change agents. The vision of the Caucus is to contribute to Zambia's achievement of optimal nutrition development.

F – Financial Analysis

This financial analysis was conducted by using Strategic Plan Analysis Cube in Insight, as per the instructions in the guidelines for reporting (annex B of the guidelines).
In total, actual expenses amounted to US$ 2,347,887, i.e. 69% of the planned US$ 3,379,552. Thematic expenses amounted to US$ 23,954.

Table 1. Planned budget by outcome area in 2016 (in US Dollar)

Outputs	Funding Type	Planned Budget
Multisectoral Response To Stunting	RR	20,000
	ORR	1,021,613
Management Of Acute Malnutrition	RR	40,000
	ORR	1,847,387
Nutrition Program Support	RR	387,000
	ORR	63,552
Total Budget		**3,379,552**

Table 2. Country-level thematic contributions to outcome area received in 2016 (in US Dollar)

Donors	Grant Number*	Contribution Amount	Programmable Amount
Slovenian Committee for UNICEF	SC149904	41,921.99	41,921.99
Total		41,921.99	41,921.99

Table 3. Expenditures in the Outcome Area

Organizational Targets	Expenditure Amount			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
04-01 Infant and Young child feeding	0	264,636	13,341	277,977
04-02 Micronutrients	0	399,781	4,166	403,947
04-04 Community-based management of acute malnutrition	0	915,839	36,558	952,397
04-05 Nutrition and emergencies	0	76		76
04-06 Nutrition # General	0	180,548	532,942	713,490
Grand total	0	1,760,880	587,007	2,347,887

Table 4. Thematic expenses by programme area

Organizational Targets	Expenditure amount
04-02 Micronutrients	18,043
04-06 Nutrition # General	5,911
Grand Total	**23,954**

Table 5. Expenses by Specific Intervention Codes

Organizational Targets	Expenditure amount
04-01-01 Infant and young child feeding implementation (including BFHI)	270,947
04-01-03 Complementary feeding and food supplements	940
04-02-01 Vitamin A supplementation	365,307
04-02-02 Elimination of iodine deficiency	17,337
04-02-03 Staple food and condiment fortification	1
04-02-04 Home fortification	18,043
04-04-01 Treatment of Severe Acute Malnutrition	930,762
04-06-01 Nutrition # General	543,251

Organizational Targets	Expenditure amount
04-06-04 Nutrition surveys, assessments and surveillance	3,409
08-01-01 Country programme process	191
08-01-06 Planning # General	88,583
08-02-01 Situation Analysis or Update on women and children	296
08-02-08 Monitoring # General	10,988
08-03-01 Cross-sectoral Communication for Development	1,567
08-03-03 C4D # training and curriculum development	1,576
08-06-02 Building global/regional/national stakeholder evaluation capacity	48
08-09-01 Innovation activities	19
08-09-03 Environmental sustainability # climate change adaptation	1,053
08-09-06 Other # non-classifiable cross-sectoral activities	61,842
08-09-07 Public Advocacy	14,330
08-09-08 Engagement through media and campaigns	121
08-09-09 Digital outreach	1,658
08-09-10 Brand building and visibility	409
09-02-06 CO Advocacy and communication	-83
1133 Micronutrients in humanitarian response and post-crisis recovery	76
6902 Operating costs to support multiple focus areas of the MTSP	2
7911 Representative and governance	**0**
7921 Operations # financial and administration	14,691
7931 Human resources and learning	174
Unknown	347
Grand Total	**2,347,887**

Table 6. Planned budget for 2017

Output	Funding Type	Planned Budget	Funded Budget	Shortfall
Multisectoral Response To Stunting	RR	20,000	17,051	2,949
	ORR	696,000	553,900	142,100
Management Of Acute Malnutrition	RR	40,000	25,100	14,900
	ORR	2,119,000	163,676	1,955,324
Nutrition Program Support	RR	387,000	387,000	0
	ORR	63,552	37,512	26,040
Grand total		**3,325,552**	**1,184,239**	2,141,313

G – Future Work plan

The country programme is aimed at complementing Government efforts in addressing stunting through implementation of high impact interventions. Key interventions in 2017 include:

- Scale up integrated, multi-sectoral IYCF and micronutrient interventions at health facility and community levels. This includes:
    - Promotion of adequate IYCF, mainly exclusive breastfeeding for children with ages below 6 months and continued breastfeeding alongside minimum acceptable complementary feeding for children aged 6 to 23 months. All dimensions of IYCF will be considered to deliver a comprehensive package of intervention that includes social behaviour change communication based on health and nutrition-related messages, production and utilization of diversified foods and promotion of hygiene practices.
    - Innovative and sustainable solutions to micronutrient intakes: 1) Child health weeks enabling health workers and community volunteers to reach out to communities will continue to deliver twice-yearly vitamin A supplements to children aged 6-59 months and deworming tablets to children aged 12-59 months. This strategy will be complemented by routine vitamin A supplementation via health facilities, to ensure full coverage of the targeted children, and 2) Improved production and utilization of diversified micronutrient-rich foods.
- Scale up integrated management of acute malnutrition through:
    - Increased capacity (HR—Tools—Commodities) for identification and management of complicated SAM cases in hospitals, and uncomplicated cases in health centres
    - Community outreach to raise awareness and encourage active case finding and referral to health centres, as well as adherence to treatment.
- Re-enforce capacity for coordination and convening partners across line ministries for integration of key nutrition sensitive interventions. This entails:
    - Integrated and participatory planning that involves key line ministries to develop sectors strategic plans.
    - Updates of the nutrition situation based on a nutrition surveillance system, rigorous programme monitoring and reviews, and evaluation through generated quality evidence data on programme performance.

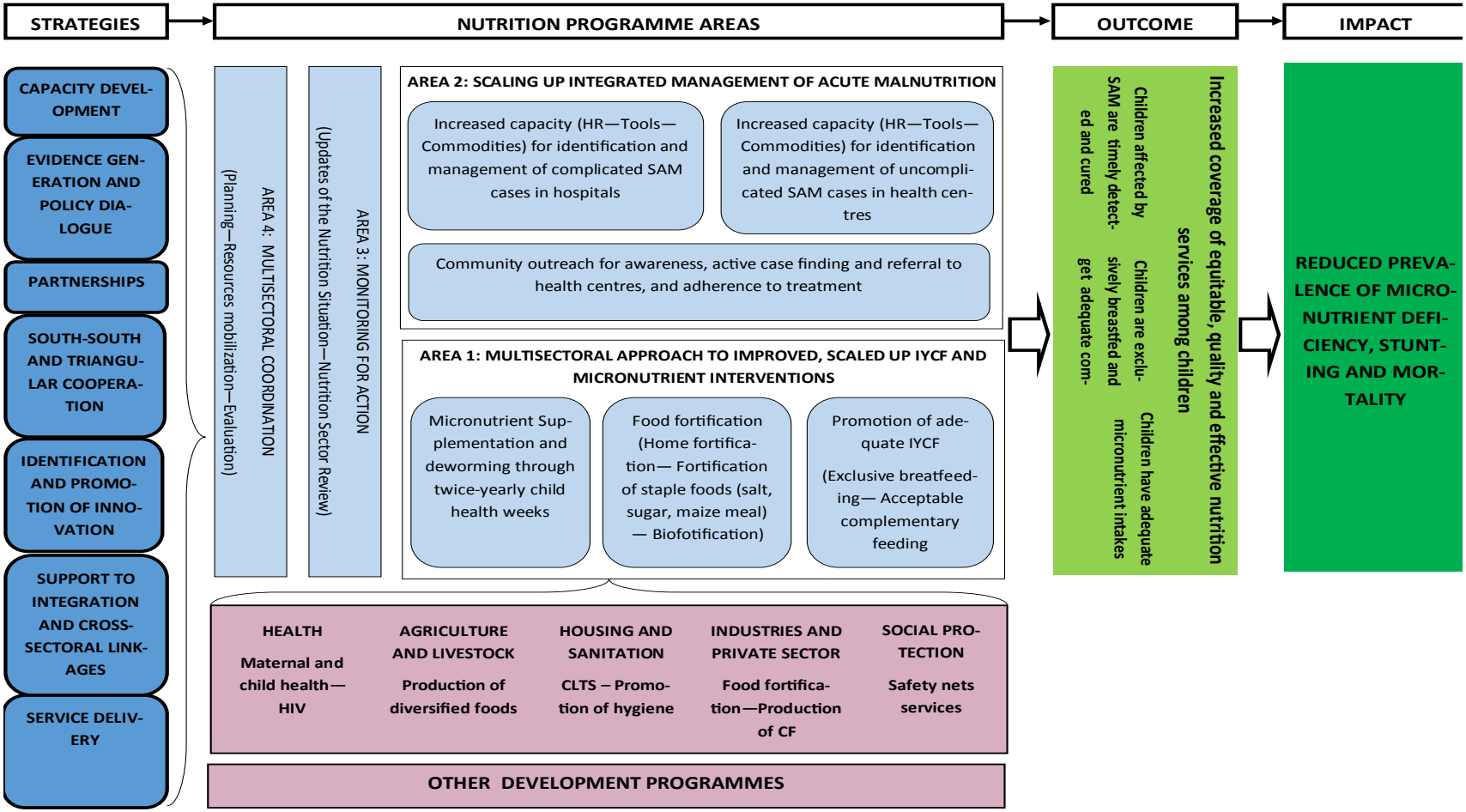
The critical actions to be taken in achievement of the Nutrition programme component's Outputs and Outcomes are seen at upstream and downstream levels.
At upstream level, priorities will be on the finalization of the NFNSP 2016-2021, and the mainstreaming of nutrition in sectors development plan through elaboration of a planning guidance and advocacy using the framework of nutrition-sensitive interventions. The data audit and bottleneck analysis of the IMAM programme for treatment of acute malnutrition will be conducted for a better understanding of key barriers to access and quality management and ways for overcoming.
Critical actions at downstream level include increased district and health facility capacity to deliver quality nutrition services through staff training and supply of nutrition commodities. Community mobilization for raising awareness and creating demand, and stimulating participation in delivering nutrition services under the 1000-day package.

The total budget for 2017 is estimated at US$ 3,325,552 with a gap to be filled amounting to US$2,141,313.

H – Expression of Thanks

UNICEF Zambia appreciates financial support from the thematic funds that supported activities in 2016, especially allowing to fill gaps in coordination and advocacy. The contribution, by strengthening programme management and advocacy will go a long way in the reduction of malnutrition in Zambian children.

I – Annex 1. Theory of change for stunting reduction in Zambia



UNICEF ZAMBIA — NUTRITION PROGRAMME STRATEGIC AREAS

J – Annex 2. Indicator analysis of outcome

	Indicators	Baselines		Targets		Status	Rating (On-track', 'Data unavailable' or 'No progress).	As of date (Date of data release)	Comments (Optional)	Primary data source
		Year	Value	Year	Value					
1	Children 0-59 months stunted	2014	40%	2020	30%	40%	Data Unavailable	16th December	Outcome to be measured in 2020	National Demographic and Health Survey (DHS), 2013-2014
2	Children 0-23 months old who were put to the breast within one hour of birth	2014	66%	2020	80%	66%	Data Unavailable	16th December	Outcome to be measured in 2020	National Demographic and Health Survey (DHS), 2013-2014
3	Children 0-5 months old who are exclusively breastfed	2014	73%	2020	80%	73%	Data Unavailable	16th December	Outcome to be measured in 2020	National Demographic and Health Survey (DHS), 2013-2014
4	Children 6-23 months provided with minimum dietary diversity	2014	11%	2020	70%	11%	Data Unavailable	16th December	Outcome to be measured in 2020	National Demographic and Health Survey (DHS), 2013-2014
5	Households consuming iodized salt	2014	53%	2020	70%	53%	Data Unavailable	16th December	Outcome to be measured in 2020	National Iodine Deficiency Impact Survey 2013
6	Prevalence of anaemia in children under-five years of age.	2015	60%	2020	45%	60%	Data Unavailable	16th December	Outcome to be measured in 2020	National Malaria Indicators Survey (MIS), 2015

K – Annex 3. Indicator analysis of output 1

	Indicators	Baselines		Targets		Status	Rating (On-track', 'Data unavailable' or 'No progress).	As of date (Date of data release)	Comments (Optional)	Primary data source
		Year	Value	Year	Value					
1	National Food and Nutrition Strategic and operational plan 2017-2021 is available	2015	No	2016	Yes	No	On track	12th May	Several consultative meetings were held to: - Developed the Nutrition position paper to feed into the 7th National Development Plan - Established the core team on the NFNSP - Developed the roadmap - Started developing the framework of nutrition-sensitive interventions - Initiated the process of recruiting national and international consultants	Nutrition position paper Draft framework of nutrition-sensitive interventions ToR and Advert for international consultant
2	Percentage of districts with coverage of vitamin A supplementation > 80% at both rounds of Child Health Weeks.	2015	93%	2016	95%	97%	On track	30th August	The first round was conducted 20-25th June, the second round was conducted 5th-10th December.	MoH CHW Report
3	Number of community health workers trained to provide infant and young child feeding counselling services in focus districts.	2015	572	2016	1,150	1,302	On track	16th December	There were 730 trained in 2016 increasing the cumulative number	MoH Q2 report from MDGi districts

4	Percentage of health centres in focus districts with at least 50% of health zones having trained community volunteer for MIYCF	2015	66%	2016	70%		Data Unavailable	16th December	of CV in the focus districts to 1302. Delayed funding following review and elaboration of the acceleration plan. However, reports of the trainings conducted in 2016 do not provide details on the health zone, to inform the status of the indicator.	

L – Annex 4. Indicator analysis of output 2

	Indicators	Baselines		Targets		Status	Rating (on-track', 'data unavailable' or 'no progresses).	As of date (Date of data release)	Comments (Optional)	Primary data source
		Year	Value	Year	Value					
1	Children aged 6-59 months with SAM targeted by UNICEF-support (financial or supplies) in the reporting year (in non-humanitarian situations)	2015	18,200	2016	18,200	18,200	On track	29th July	The target is calculated for the year	IMAM database, MoH
2	Children aged 6-59 months with SAM targeted by UNICEF-supported (financial or supplies) who are admitted for treatment in the reporting year (in non-humanitarian situations)	2015	9,700	2016	10,800	6371	No progress	23rd November	This is complete data at the end of 2016. Despite significant increase in geographical coverage from 22% to 42% involvement of community volunteers for active case finding and referrals, and continuous supply with treatment commodities, the actual number of admissions for SAM is not likely to reach the set target. This could be due to unanticipated barriers to access or to a burden lower than predicted. The trend observed by using the HMIS data support the latter, with the number of	IMAM database, MoH

									admissions in OPD in 2016 being by far lower compared to previous years. Bottleneck analysis of the IMAM programme is planned for 2017.	
3	National protocols for the management of SAM based on WHO standards available	2015	No	2016	Yes	No	No progress	23rd November		No finalized document
4	Proportion of children 6-59 months with severe acute malnutrition discharged from outpatient services as cured	2015	57%	2016	> 75%	77%	On track	23rd November		IMAM database, MoH

M – Annex 5: References

Central Statistical Office (CSO) [Zambia], Ministry of Health (MOH) [Zambia], and ICF International. 2014. Zambia Demographic and Health Survey 2013-14. Rockville, Maryland, USA: Central Statistical Office, Ministry of Health, and ICF International.

International Food Policy Research Institute (IFPRI). 2016. Global Nutrition Report 2016: Actions and accountability to advance nutrition and sustainable development. Washington, DC Ministry of Health. Malaria Indicator Surveys 2015.

SUN. Nutrition for Growth Commitments: Executive Summary. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/248754/Endorserscompact_update7_10_2013.pdf

UNICEF. 2016. The State of the World's Children 2016: Reimagine the Future: Innovation for Every Child. Available at http://sowc2015.unicef.org

United Nations Children's Fund: Core commitments for children in humanitarian action. New York: UNICEF; 2012.

UNSCN. Nutrition and the post-2015 development agenda: seizing the opportunity. New York, 2015.

N – Annex 6: Donor Report Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report and return to the Public Sector Alliances and Resource Mobilization Office (PARMO) who will share your input with relevant colleagues in the field and in headquarters. Thank you!

Please return the completed form back to UNICEF by email to:

Name: Shadrack Omol-Deputy Representative

Email: somol@unicef.org

SCORING:	**5 indicates "highest level of satisfaction" while** **0 indicates "complete dissatisfaction"**

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0
		X			

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

_I was expecting to report on the thematic fund but not on the entire programme.

_____
_____
_____

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0
			X		

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

In following the guidance the tables still provide indications on intermediate results in the previous country programme 2011-2015 in place of outputs as in the country programme 2016-2020.

_____
_____
_____

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0
	x				

If you have not been fully satisfied, could you please tell us what could we do better next time?

_____
_____
_____

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0
			X		

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

The report on results goes beyond those contributed to by the Thematic Fund. It will be better to just refer to the RAM for such comprehensive report_____

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

_____
_____
_____

6. Are there any other comments that you would like to share with us?

_____
_____