DRAFT

Republic of Zambia

THE FIRST 1000 MOST CRITICAL DAYS PROGRAMME (MCDP) II "ZAMBIA'S FIVE YEAR FLAGSHIP STUNTING REDUCTION PROGRAMME" 2018-2022

Based on Strategic Direction One*: Reduction of Stunting in Children Less than Two Years of Age in the National Food and Nutrition Strategic Plan (NFNSP) 2018–2022*

National Food and Nutrition Commission of Zambia

September 2017

FOREWORD

The Government of the Republic of Zambia through the National Food and Nutrition Commission (NFNC) is pleased to present a five-year plan for the second Phase of the First 1000 Most Critical Days Programme (MCDP II) for Zambia. The development of the MCDP II demonstrates Government's continued commitment to roll out the recommended high impact nutrition-specific and nutrition-sensitive interventions for the prevention and reduction of stunting in the country. The MCDP II has been informed by lessons learnt from MCDP I, the global priorities and guidelines for action to reduce stunting and the increasing momentum among stakeholders to improve the nutrition landscape in Zambia. The MCDP II becomes the government's blue print to guide strategic programming and action in operationalising Strategic Direction One of the National Food and Nutrition Strategic Plan (NFNSP, 2017 -2021). This makes the MCDP II fundamental to the realisation of the NFNSP's vision of eliminating all forms of malnutrition across the Zambian population by 2030. If effectively implemented, the MCDP II is expected to stir collective, collaborative and well harnessed action to accelerate achievement of the 2025 World Health Assembly's (WHA) global target of reducing stunting from the current 40 % to 25% by 2025 in Zambia and target 2.2 of the Sustainable Development Goal on Ending all forms of malnutrition.

The MCDP II is a successor to MCDP I (2013-2015) whose implementation period expired. It becomes the official government's programme document that all stakeholders that have a niche in Food and Nutrition Programmes under Strategic Direction One of the NFNSP, 2017-2021 should align to in the next five years. . Building on the gains made during the MCDP I implementation period, the goal of MCDP II is to facilitate distinctive reduction in stunting among children less than two years of age to 25% in the targeted districts by 2022 through implementation of interventions that have shown evidence of preventing stunting during the critical First 1000 days of human life. The First1000 days cover the period in human life from the start of a woman's pregnancy to the child's second birthday, during which foetal and infant development set the course for lifelong physical, health and cognitive development outcomes. To achieve this goal, MCDP II is spinning on three key components, which are:

- Scaling up Cost-Effective, High-Impact Nutrition Interventions that have proven to reduce stunting globally and in Zambia.
- Targeted, Results-Oriented Technical Assistance to the NFNC, key line ministries, SUN Networks and implementing partners (IPs) to ensure effective coordination, management and implementation of nutrition-specific and nutrition-sensitive interventions directed to community and household level.
- Evidence-Based Programme Implementation, Continuous Learning and Operations Research to inform programme management and improvement.

To facilitate well harnessed actions in all the three components, the MCDP II has priotised six high impact interventions that have demonstrated evidence to reduce stunting if implemented to scale including: i) Promotion of Gender Equality and Women's Empowerment; ii) Social and Behaviour Change and Communication Campaign to Reduce Stunting; iii) Promotion of Improved Infant and Young Child Feeding and Caring Practices; iv) Promotion of Maternal Nutrition; v) Dietary Diversification through Nutrition-Sensitive Agriculture and vi) Promotion of Safe Water, Hygiene and Sanitation. These priotised high impact interventions will be

implemented under five distinct strategic objectives, which are: (1) Improve Policy, Coordination, Financing and Partnerships; (2) Improve Coverage and Quality of Priority High-Impact Nutrition Interventions; (3) Improve Institutional Strengthening and Capacity Building; (4) Improve Advocacy; and (5) Improve Monitoring, Evaluation, Research, Learning and Adaptive Management.

The government of the Republic of Zambia is optimistic of rapid roll out of actions under each of the five strategic objectives through joint and collaborative actions with cooperating partners and Non-governmental organisations working in Food and Nutrition programmes in the country. Stakeholders that will be involved in the MCDP II implementation under each of the five Strategic Objectives are expected to adopt and utilise innovative approaches that have shown evidence and potential of facilitating convergence of the recommended interventions at household level through enhanced multi-sectoral actions. The 2017 government led mapping exercise showed that 73.3% (80 out 109 districts) of the districts were reached with nutrition-specific and nutrition-sensitive interventions through sector programmes and projects supported by various stakeholders in MCDP I, however convergence of the interventions at household level was invisible. MCDP II will focus on harnessing holistic support from various stakeholders to the targeted households.

MCDP II will build on the decentralised processes and structures that were initiated in MCDP I. The implementation of the MCDP II will, therefore, continue to be led by the district level machinery through seven key line ministries, notably Health, Agriculture, Local Government, Fisheries and Livestock, Community Development and Social Services, General Education, and Water Development, Sanitation and Environmental Protection. Just like its predecessor, MCDP II will utilise a multi-sector approach due to the multi-faceted and interlinked nature of the factors that fuel nutrition problems in the country. Such an approach will not only help to congregate efforts from the core sectors at national, provincial, district and community level, but to maximise benefits from each sector's mandate and comparative advantage too by setting in motion a series of mutually supporting and complimentary activities in the different sectors.

Utilising the multisector coordination platforms established in MCDP I, MCDP II will promote holistic and simultaneous delivery of services to the targeted beneficiaries to achieve more collective impact. Government will continue to galvanise political leadership, policy platforms, and institutional and technical capacity development at policy and operational-levels to facilitate visible institutionalisation of nutrition sensitive policies, nutrition goals and resource allocation in the national and sector development policies, plans and budgets.

Government is aware that if the country is to accelerate its course to achieve the 2030 Vision in socio economic development, investment in nutrition is non-negotiable in order to improve human resource development and to avert social-economic losses associated with stunting. Investment in Nutrition is also crucial in achieving the United Nations Sustainable Development Goals and other regional and global commitments that Zambia subscribed to. Therefore, the government of the Republic of Zambia is calling upon all stakeholders who will be involved in implementing this life-saving and development programme, to seriously commit themselves with personal passion and obligation as duty bearers, to operationalise the MCDP II aspirations in order to collectively reduce stunting in the country. We the undersigned acknowledge our key

role in operationalisation of the MCDP II for next five years. We believe that together as government and with support from our cooperating and implementing partners, the private sector, the media, communities and caregivers, we will do more and change the situation of malnutrition in Zambia.

Hon……
Minister of Health

Signature…….....

Hon……
Minister of Community Development and Social Services

Signature…….....

Hon ……
Minister of Local Government and Housing

Signature…….....

Hon ……
Minister of Water Development, Sanitation and Environmental Protection

Signature…….....

Hon ……..
Minister of Agriculture

Signature…….....

Hon ……..
Minister of General Education

Signature…….....

Hon ……..
Minister of Fisheries and Livestock

Signature…….....

ACKNOWLEDGEMENTS

The development of the national First 1000 Most Critical Days Programme II (MCDP II) followed a participatory approach and broad consultation with key stakeholders to ensure inclusiveness, transparency and consensus building. The process was jointly led by a highly dedicated team from the NFNC comprising the Executive Director, Robinah Mulenga; the First 1000 Most Critical Days Programme Manager, Freddie Mubanga and Head of Monitoring and Evaluation, Mike Mwanza and the two Zambian Scaling Up Nutrition (SUN) donor conveners, the United Kingdom Department for International Development (DFID), comprising Rob Hughes, Dolika Nkhoma and Ethel Yandila; and the United Nations Children's Fund (UNICEF), led by Hermann Ouedraogo. A team of consultants including Team Leader, Noreen Mucha; Nutritionist, Tanya Trevors; and Health Economist, Aaron Blaakman facilitated the design processes. Senior government officers in key line Ministries and Departments, cooperating partners, representatives of non-governmental organisations (NGOs), civil society, faith-based organisations, academia and the private sector all took part in the MCDP II development process.

The NFNC is therefore indebted to the following individuals, institutions and organisations for their dedication and valuable contributions to this multi-sectoral programme: Karen Mukuka of the Ministry of Agriculture; Danny Munsanje and Venantious Mulenga of the Ministry of Fisheries and Livestock; Paul Mboshya of the Ministry of Water Development, Sanitation and Environmental Protection; Mr. Lulu of the Ministry of General Education; Agnes Aongola of the Ministry of Health; Kabondo Lwiindi and Mercy Muyenga Daka of the Ministry of Community Development and Social Services; members of the Nutrition Association of Zambia and members of the various SUN Networks from the Academia and Research, Business, Civil Society and the Donor (Cooperative partners) Networks.

The NFNC acknowledging assistance from the cooperating partners and government will always appreciate their valuable contribution to addressing undernutrition in Zambia. Special gratitudes are extended to the following representatives from cooperating partners for their untiring support: Marion Michaud of the European Union (EU); Mwiya Mundia of Irish Aid; Walter A. Sanchez of the German Society for International Cooperation (GIZ); Audrey Mwendapole of the Swedish International Development Cooperation Agency (Sida); Helen K. Chirwa, Jessica Healy and Harry Ngoma of the United States Agency for International Development (USAID); Chipo Misondzi Mwela of the World Health Organization (WHO); and Emily Heneghan Kasoma of the World Food Programme (WFP).

The technical contribution towards the MCDP II by Peggy Koniz-Booher, Tara Kovach, Angela Stene, Francis Ngure, Michael Klein, Wendy Hammond, Alexis D'Agostino, Maureen Chitundu, Jonathan Annis, Jody Harris, Maryanne Stone-Jimenez, and Lara Martin is also greatly appreciated.

The many NGOs that contributed through consultations, working groups and workshops include Akros, CARE International, Concern Worldwide, Catholic Relief Services, Programme Against Malnutrition (PAM), PATH, Performance Enhancement Project II in Ministry of Agriculture and Ministry of Fisheries and Livestock and World

Vision. Special thanks go to Wendy Hammond who contributed her technical and writing skills to edit this document.

The DFID technical and financial support, which was secured through Rob Hughes and his team including Dolika Nkhoma and Ethel Yandila, is greatly appreciated.

Sincerely,

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Executive Director
National Food and Nutrition Commission of Zambia

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ABBREVIATIONS AND ACRONYMS

BBSs	Annual Beneficiary-Based Surveys
BMI	Body Mass Index
CAG	Community Agro Dealers
CGP	Child Grant Programme
CHA	Community Health Assistant
CLTS	Community-Led Total Sanitation
COP	Community of Practice
CP	Community Promoter
CSO	Central Statistical Office
CSO	Civil Society Organisation
DALY	Disability Adjusted Life Year
DDCC	District Development Coordinating Committee
DFID	U.K. Department for International Development
DNSC	District Nutrition Support Coordinator
DNCC	District Nutrition Coordinating Committee
ECD	Early Child Development
EED	Environmental Enteric Dysfunction
EPI	Expanded Programme for Immunization
EU	European Union
FANTA	Food and Nutrition Technical Assistance III Project
FAO	Food and Agriculture Organization of the United Nations
FISP	Farmer Input Support Programme
FY	Fiscal Year
GBV	Gender-Based Violence
GDP/GNI -PC	Gross Domestic Product/Gross National Income per capita
GMP	Growth Monitoring and Promotion
GRZ	Government of the Republic of Zambia
HH	Households
HIV	Human Immunodeficiency Virus
IFPRI	International Food Policy Research Institute
IP	Implementing Partner
IPG	Implementing Partners Group
IR	Intermediate Result
IYCF	Infant and Young Child Feeding
JMP	WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) standards.
LBW	Low Birth Weight
M&E	Monitoring and Evaluation
MCD	Most Critical Days

MCDP	Most Critical Days Programme
MCDSS	Ministry of Community Development and Social Services
MFNP	Ministry of Finance and National Planning
MICS	Multiple Indicator Cluster Survey
MIYCN	Maternal and Infant Young Child Nutrition
MLGH	Ministry of Local Government and Housing (previous Ministry)
MOA	Ministry of Agriculture
MOCTA	Ministry of Chiefs and Traditional Affairs
MOWDSEP	Ministry of Water Development, Sanitation and Environmental Protection
MFL	Ministry of Fisheries and Livestock
MOGE	Ministry of General Education
MOG	Ministry of Gender
MOH	Ministry of Health
NAZ	Nutrition Association of Zambia
NFNC	National Food and Nutrition Commission
NFNSP	National Food and Nutrition Strategic Plan
NGO	Non-governmental Organization (s)
ODF	Open Defecation Free
OR	Operations Research
ORS	Oral Rehydration Salts
PLW	Pregnant and Lactating Women
PMEP	Performance Monitoring and Evaluation Plan
PNSC	Provincial Nutrition Support Coordinator
PNCC	Provincial Nutrition Coordinating Committees
RP	Resident Promoter
SADD	Sex and Age Disaggregated Data
SAG	Sanitation Action Group
SARN	SUN Academia Research Network
SBCC	Social and Behaviour Change Communication
SBN	SUN Business Network
SDA	Small doable action
SO	Strategic Objective
SUN	Scaling up Nutrition (movement)
TOT	Training of Trainers
TWG	Technical Working Group
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNZA	University of Zambia
USAID	United States Agency for International Development

US$	U.S. Dollar
VfM	Value for Money
WASH	Water, Sanitation and Hygiene
WASHE	Water, Sanitation and Hygiene Education
WDD-W	Minimum Dietary Diversity-Women
WEAI	Women's Empowerment in Agriculture Index
WFP	World Food Programme
WHO	World Health Organization
WNCC	Ward Nutrition Coordinating Committee
WRA	Women of Reproductive Age
ZamNIS	Zambia Nutrition Information System
ZDHS	Zambia Demographic and Health Survey

EXECUTIVE SUMMARY

Zambia remains a host to a high population of children with stunting. Accelerating development efforts towards vision 2030 requires high quality human capacity, but this may be threatened by the persistently high prevalence of stunting in Zambia that has trended between 50 and 40% for the past years. Stunting has long-term effects on individual, family, society and the nation including diminished cognitive and physical development, poor performance in school, reduced adult economic productivity and increased risk to generative diseases such as diabetes and hypertension. These negative consequences follow that child for entire life, and have grave effects on the economies where s/he lives, learns and works (Lancet).

The Government of Zambia is committed to change this gloomy situation through rapid roll out of the recommended high impact interventions focusing on the First 1000 Days of human life (from pregnancy to the second birth day of the child) window of opportunity when action is likely to bring more impact. The efforts are galvanised through the First 1000 Most Critical Days Programme (MCDP) which was initiated in 2013 after Zambia joined the global network on Scaling Up Nutrition (SUN). The MCDP I was implemented in 2013-2015, with amplified efforts in 14 districts under the SUN Fund.

The First 1000 Most Critical Days Programme (MCDP) II (2018-2022) is a successor programme to the MCDP I (2013-2015 and no cost extension up to 2017). It is principally a programme document that outlines the Government's desired programme priority actions and targets to guide multi-sectoral action under the strategic direction one of the NFNSP, 2017-2021. Informed by the lessons learnt from the MCDP I, recommendations from studies conducted in the country under MCDP I and guided by the global action agenda and guidance on nutrition high impact interventions, MCDP II builds on gains generated by the predecessor programme and on the growing global and national efforts through various networks. With a goal to operationalise the 2025 World Health Assembly (WHA) goal of reducing stunting of children under the age of two years from the current 40% to 25% and to contribute to the achievement of the Sustainable Development Goals (SDGs), both of which the Government of the Republic of Zambia prescribed to; MCDP II will operate under the following three key components:

Scaling up Cost-Effective, High-Impact Nutrition Interventions that have proven to reduce stunting globally and in Zambia.

Targeted, Results-Oriented Technical Assistance to the NFNC, key line ministries, SUN Networks and implementing partners (IPs) to ensure effective coordination, management and implementation of nutrition-specific and nutrition-sensitive interventions directed to communities and households in the targeted districts.

Evidence-Based Programme Implementation, Continuous Learning and Operations Research to inform programme management and implementation.

Recognising the multifaceted and intertwined nature of causes of malnutrition, MCDP II will continue to advance a multisector approach to simultaneously implement the recommended high impact interventions for reducing stunting through the 7 key ministries mandated to implement MCDP II under the following five Strategic Objectives (SOs):
SO 1: Improve Policy, Coordination, Financing and partnerships

SO 2: Improve the Coverage and Quality of Priority Nutrition Interventions for Stunting Reduction
SO 3: Strengthen Capacity of Institutions, Systems and Management
SO 4: Improve Advocacy for Stunting Reduction
SO 5: Improve Monitoring, Evaluation, Research, Learning and Adaptive Management

Like MCDP I, Phase II focuses on preventing stunting during the first 1000 days of human life, during which poor nutrition leads to irreversible growth failure and lifelong poor health and cognitive development outcomes but it is also a window of opportunity to set a good start for lifelong gains. MCDP II, therefore, will reach out to women of reproductive age (WRA) (15-49 years of age) including adolescent girls (10–19 years of age), pregnant and lactating women (PLW) and caregivers of children under 5 years (0–59 months) of age, with an emphasis on children under 2 years (0–23 months) of age while reinforcing male participation in the various interventions.

Apart from expanding implementation of the high impact interventions in the original 14 MCDP I districts supported under the Scaling Up Nutrition (SUN) Fund, MCDP II will scale up to an additional 86 districts to reach a total of 100 districts over the 5-year period (2018–2022) with funding from multiple sources including GRZ, the SUN Fund II in 30 districts and Non SUN Fund donors in the rest of the targeted districts. The districts that have been targeted in the MCDP II were prioritized based on a high burden of stunting, high population density, and proximity to MCDP I districts for spill-over effects among other factors. It is expected that 90% of households with children less than 2 years of age will be reached in the 100 districts by 2022 using different innovative approaches.

The MCDP II will be implemented under a defined theory of change that will be supported by robust evidence based social behaviour change communication and advocacy strategies to harness interventions for: i) Reliable increase in production and consumption of diverse diets; ii) Enhanced emergency preparedness for food support and livelihoods; iii) Affordable food prices and reliable markets; iv) Improved income, resilience and women empowerment; v) Strengthened health care systems and capacity; vi) Improved care seeking and care practices and vii) Increased access to safe water, hygiene and sanitation and clean environments. The MCDP II will therefore focus on the 6 priority interventions outlined below:

Priority High-Impact Nutrition Interventions to Reduce Stunting			
No.	Nutrition Intervention	Nutrition Specific	Nutrition-Sensitive
1	Promotion of Gender Equality and Women's Empowerment (2A) (Cross-cutting)		□
2	Social and Behaviour Change and Communication Campaign to Reduce Stunting (2B) (Cross-cutting)	□	□
3	Promotion of Improved Infant and Young Child Feeding and Caring Practices (2.1)	□	
4	Promotion of Maternal Nutrition (2.2)	□	
5	Dietary Diversification through Nutrition-Sensitive Agriculture (2.3)		□
6	Promotion of Safe Water, Hygiene and Sanitation (2.4)		□

Led and coordinated by the NFNC, the interventions will be delivered through 7 line ministries including Health, Agriculture, Local Government, Fisheries and Livestock, Community Development and Social Services, General Education, and Water Development, Sanitation and Environmental Protection; with support from the implementing partners, SUN networks and cooperating partners. MCDP II will utilise the decentralised systems to converge the interventions and services at community and household level through provincial, district and community based governance, coordination and implementation structures and systems. A Common Result Framework developed in MCDP I will be used to track performance and impact of MCDP II implementation.

1. INTRODUCTION

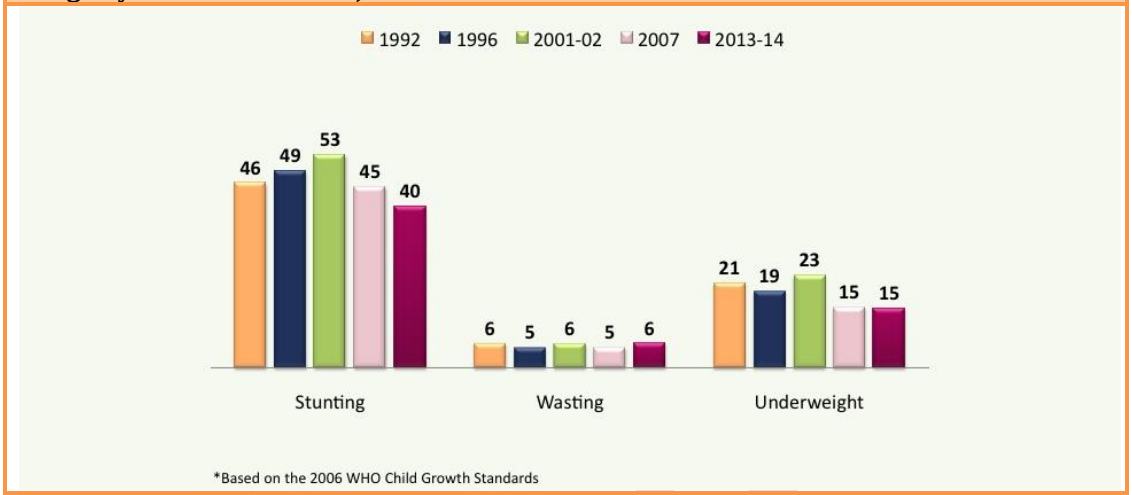
1.1.Background

Stunting remains government's single major enemy that is frustrating the country's social economic development due to its life-long adverse effects on the human capital development. Childhood stunting is essentially an irreversible outcome of growth failure that usually happens during the first 1000 days of the life of a human being, from pregnancy to the second birthday of a child. It is a reflection of prolonged exposure to inadequate food intake and to diseases and infections. Its cause is multifactorial including food insecurity which leads to low food availability and diversity, poor feeding during pregnancy and childhood, sub-optimal caring practices for women and children, low access to optimal health care and poor unhygienic environments. All these factors are exacerbated by low household income, adverse cultural factors that are unfavourable to women and micro and macro level policy environment among other factors.

The Zambia Demographic Health Surveys (Zambia DHS) conducted over the years since 1992, have shown that Zambia has been host to persistently high levels of stunting, trending between 45-50% in the rural areas and 35-40% in the urban areas for several decades, meaning an average of over 40 per every 100 people ever suffered stunted growth over the years. Nationally, the rate of stunting has declined from 52.5% in 2001-02 to 40.1% in 2013-14, registering a 12.5% point decrease (Zambia DHS), however, there is increase in real numbers due to population growth to the extent that as many as 1,102,607 children under the age of five years are stunted in this country.

Stunting has immense long-term effects on the individual both as a child and as an adult, the family, society and the nation due to diminished cognitive development causing mental retardation, retarded physical growth, delayed enrolment in school, poor performance in school, failure to reach potential academic and professional excellence, reduced adult economic productive years and capacity, and poor health and increased risk of nutrition related non-communicable diseases such as hypertension and diabetes. These adverse consequences come with a high cost to government, families and individuals in terms of high health care and education costs, lost productivity caused by low performing human capital, lost investment and preventable nutrition associated deaths. Apart from stunting, other forms of malnutrition prevalent in Zambia include underweight, wasting and micronutrient deficiencies as shown in figure1below.

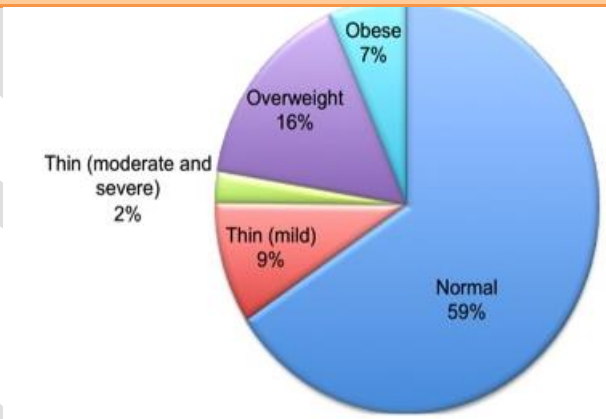
Figure 1:Trends in Nutritional Status 1992-2013/14 (Percent of children under 5 years of age by nutritional status)



Source: 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. Available at: http://dhsprogramme.com/pubs/pdf/FR304/FR304.pdf

The situation for women is equally disheartening. Women's nutritional status has improved only slightly over the years. Eleven percent of ever-married women aged 15-49 are underweight, falling below the body mass index (BMI) cut-off of 18.5 and 23% are overweight or obese (BMI ≥25.0) (figure 2). Overweight and obesity among women are on the increase and are more common among women in urban areas than rural areas.

Figure 2: Nutritional Status of Women (Percent of women 15-49 years of age by nutritional status)



Source: 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. Available at: http://dhsprogramme.com/pubs/pdf/FR304/FR304.pdf

This situation compelled the Government of the Republic of Zambia to commit its efforts and to stir more collective action among stakeholders to implement evidence based high impact interventions to reduce stunting with particular focus on the first 1000 days of human life. The First 1000 Most Critical Days Programme (MCDP) evolved from this desire and commitment from government. The first MCDP was adopted in 2013 after Zambia became an early riser country to subscribe to a multi-sectoral agenda to address stunting. It was implemented in 14 districts which received more intensified support from the Scaling Up Nutrition (SUN) Fund. Further the mapping and gap analysis exercise of 2017 indicated that 80 of the 109 districts are involved in the implementation of either nutrition specific or nutrition sensitive interventions singly or in combination with varying

coverages. A number of appreciable achievements and lessons regarding multisector coordination and implementation of the high impact interventions have been learnt from the first phase of the MCDP and they provide a platform for further action through the second First 1000 Most Critical Days Programme (MCDP II).

1.2. MCDP II Key Components

MCDP II is a successor programme to the MCDP I following expiry of the later in 2015 with no cost extension up to 2017. It is essentially a programme document that outlines the Government's desired programme priority actions and targets to guide multi-sectoral action under the strategic direction one of the NFNSP, 2017-2021. It is informed by the lessons learnt from the MCDP I and recommendations made from studies conducted in the country under MCDP I. It is further informed by the global action agenda and guidance on nutrition- specific and nutrition-sensitive high impact interventions to reduce stunting and by the regional and international commitments that Zambia subscribed to. MCDP II builds on gains generated by the predecessor programme and on the growing global and national momentum and interest in nutrition by both government and cooperating partners.

The MCDP II has put particular focus on three key components:

- Scaling up Cost-Effective, High-Impact Nutrition Interventions that have proven to reduce stunting globally and in Zambia
- Targeted, Results-Oriented Technical Assistance to the NFNC, key Line Ministries, SUN Networks and implementing partners (IPs) to ensure effective coordination, management and implementation of nutrition-specific and nutrition-sensitive interventions directed to communities and households in the targeted districts.
- Evidence-Based Programme Implementation, Continuous Learning and Operations Research to inform programme management and implementation

1.3. Strategic Objectives

It is envisaged that action in the three key components will facilitate operationalisation of the first Operational Strategic Direction of the Government of the Republic of Zambia's (GRZ) National Food and Nutrition Strategic Plan (NFNSP) (2017–2021): *'Prevention of Stunting in Children under 2 Years of Age: First 1000 Most Critical Days'* to achieve the following five Strategic Objectives (SOs):

SO 1: Improve Policy, Coordination, Financing and Partnerships
SO 2: Improve the Coverage and Quality of Priority Nutrition Interventions for Stunting Reduction
SO 3: Strengthen Capacity of Institutions, Systems and Management
SO 4: Improve Advocacy for Stunting Reduction
SO 5: Improve Monitoring, Evaluation, Research, Learning and Adaptive Management

1.4. Key Achievements, Challenges and Gaps from the MCDP II

Implementation of the MCDP I as a vehicle to operationalise the NFNSP (2011-2015/16) strategic direction one, made some commendable achievements but was also marred by a number of challenges. Both the achievements and challenges are articulated in NFNSP 2017-2021.

Notable achievements include: i) Establishment and capacity development of coordination structures at national, sector, provincial, district and community level; ii) Systems strengthening and capacity development of core staff in the line ministries and iii) More intensified implementation of the high impact intervention package in 14 districts. MCDP II will build on these achievements.

Prominent challenges and gaps in MCDP I include: i) Low expansion and coverage of the high impact intervention, ii) Low profile given to nutrition in the sectors, iii) Inconsistent policy and strategic direction on nutrition sensitive programming, iv) Lack of systems to reinforce sector accountability to implement the MCDP I, v) Inadequate technical capacity and institutional systems to support the MCDP I implementation and vi) Inadequate convergence of interventions and services to the household due to lack of clear community mobilisation and empowerment approach and innovation. MCDP II will adopt various innovative approaches to work on these challenges and improve the delivery of the interventions to achieve the MCDP II results.

2. THE MCDP II ACTION FRAMEWORK

2.1. The Overall Implementation Approach

2.1.1. Building on existing momentum, guidance, enabling policy environment, and past lessons and successes from Zambia and elsewhere

Implementation of MCDP II interventions will take advantage of the existing momentum in support of nutrition and harness the enabling policy environment at international, regional, national and sector level. The MCDP II is focusing on continuing, renewing, improving and scaling up efforts to reduce stunting in more districts based on MCDP I experience. Strategic advocacy and communication to increase awareness, commitment and support to the implementation of MCDP II among government, NGOS, the private sector, media, communities and every family in Zambia is a major intervention area in the MCDP II. It will also build on quick wins and lessons learnt from MCDP I and best practices from Zambia and other countries. It is further guided by the global guidance from United Nations (UN) organisations who are leading various components of the SUN at global level, global recommendations from the International Conference on Nutrition (ICN 2) that highlight key actions at country level to reduce stunting; and the Framework for Priority Sectoral Nutrition-Sensitive Interventions for Zambia developed by NFNC in 2016.

2.1.2. Strengthen synergy and convergence at household level

The MCDP II has put particular emphasis on implementing the high impact interventions to scale using mechanisms that take the service to the household which is the unit of care

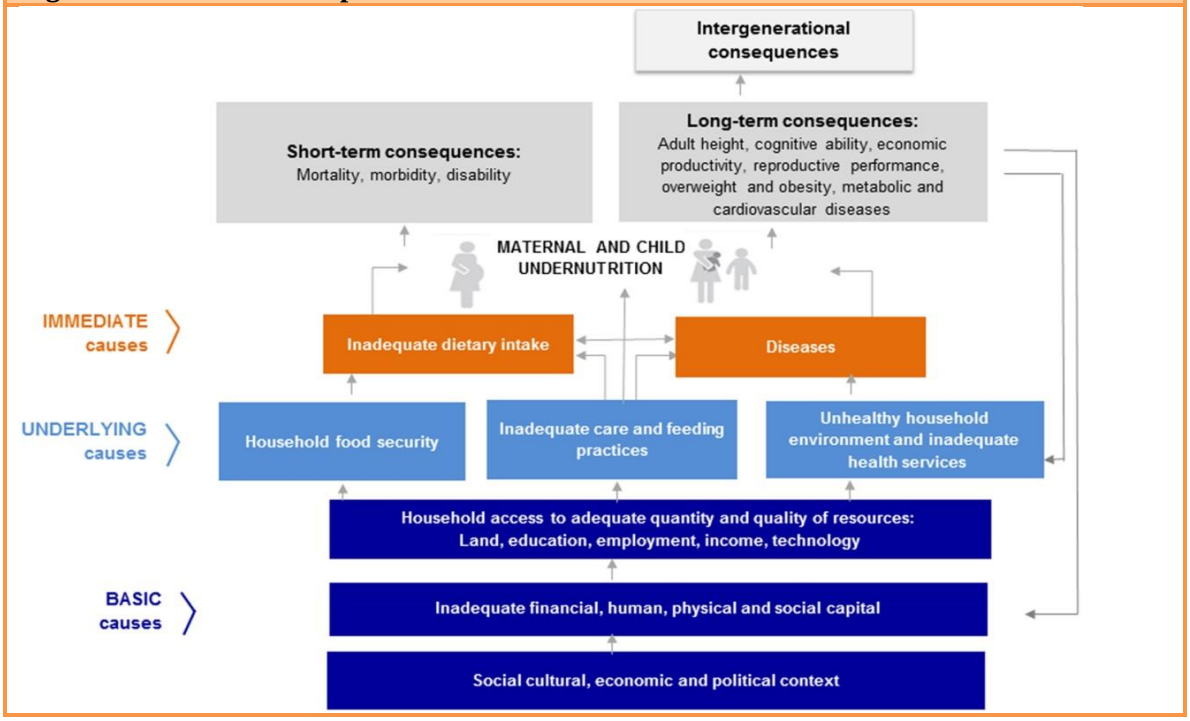
for the targeted group. It intends to encourage more holistic delivery of interventions and support from the various players involved in the MCDP II roll out at household level. Convergence of interventions at household level is expected to stir adequate intake of a diversity of foods in terms of quantity and quality and promote adequate health to allow biological utilisation of the nutrients the body gets from the different foods. As such, the MCDP II is aligned to the Conceptual Framework of Malnutrition which describes the different layers of the causes of malnutrition signifying the overwhelming complexity of malnutrition and the need for holistic and multisector actions.

2.1.3. Alignment of interventions to the Conceptual Framework for Malnutrition and to the Major Causes of Malnutrition in Zambia

2.1.3.1. The UNICEF Conceptual Framework of Causes of Malnutrition

Malnutrition is a complex problem related to various immediate, underlying and basic factors, as shown in the UNICEF Conceptual Framework for Malnutrition (figure 3), developed in the 1990s. This important framework clearly illustrates the various factors associated with malnutrition which must be tackled simultaneously. The MCDP II is encouraging coordinated interventions that will tackle all the different layers of the causes of malnutrition according to identified needs and context. The design of interventions to be implemented under the MCDP II will therefore aim to simultaneously tackle the issues related to dietary intake and disease that directly affect nutritional status; factors that affect dietary intake and health status, including household food security, care for women/children, access to a healthy environment and basic health services and household income poverty. The MCDP II will also strive to improve the structure and policy issues related to coordination, financing and partnerships (O1), capacity of institutions, systems and management (O3).

Figure 3: UNICEF Conceptual Framework for Malnutrition



Source: UNICEF. 2013. 'Improving Child Nutrition: The Achievable Imperative for Global Progress.' New York: UNICEF, p. 4, https://www.unicef.org/publications/index_68661.html

2.1.3.2. Major Causes of Malnutrition in Zambia

The Complex factors that influence nutrition and their linkages are well presented in figure 3 above but generally, low intake of various nutrients required by the body and high disease burden exacerbated by limited access to health services, frequent infections, poverty, food insecurity and poor sanitation are the major determinants of malnutrition in Zambian children. Feeding practices also play a critical role in child development and the sub-optimal infant and young child practices in Zambia, adversely impact the health and nutritional status of children, which in turn has dire consequences for their mental and physical development. Considering that even if Nutrition specific interventions including iron and folic supplementation, exclusive breastfeeding and vitamin A supplementation were scaled up to 90% coverage, they would reduce stunting by only 20% (Bhutta, et al., 2013), the MCDP II has been designed to bring improvements in factors that contribute to malnutrition through a multisector and holistic approach. The multifaceted approach will galvanise implementation of not only nutrition-specific interventions but also nutrition-sensitive ones to address the underlying causes of malnutrition and to strengthen the scale and collective impact of the nutrition-specific interventions (Ruel, Alderman, and Maternal and Child Nutrition Study Group, 2013). Described below are some of the challenges that the MCDP II will tackle through various sector policies and strategic plans that reinforce both nutrition-specific and nutrition-sensitive interventions within each sector's mandate and designated role:

2.1.3.2.1. Household Food Insecurity, Low Dietary Intake and Diversity

Zambia's food security challenges are exacerbated by high dependence on rain-fed agriculture, and mono-cropping (maize). The emphasis put on maize over the years has resulted in low availability, diversity and consumption of high nutritional value foods. Most people subsist on diets that lack the essential nutrients required for normal growth and development and for the prevention of premature death and nutrition related disabilities such as mental retardation. The emphasis on rain fed Agriculture results in seasonal variations in food availability, diversity, market price and access which are compounded by high post-harvest losses and poor coping mechanisms during lean season (from November to March yearly).

Lack of access to agricultural inputs and technologies such as improved seed varieties and bio-fortified seeds, improved technologies for food storage, processing and preservation pose further challenge to farmers to increase their food production, diversity and handling to reduce post-harvest losses. The inconsistence in the policy direction on nutrition sensitive programming and the low regard and profile of Food and Nutrition services in the sectors further affects distinctive implementation of nutrition sensitive interventions across the different ministries.

The recent Zambia Demographic and Health Survey (2013/14) confirm low dietary diversity in Zambian households as a result of low consumption of foods from some of the food groups. Plant foods such as cereals and vegetables constitute most part of the diets for most households. Fish consumption is only common in districts which are near water bodies. Consumption of fruits and vegetables is as low as 17%. Legumes (18%) and

eggs (17%) are hardly consumed by children under the age of five. The low consumption of different types of foods is reflected in the low percentage (19%) of breastfed children 6-23 months who were fed with foods from 4 or more different food groups in addition to breast milk during the recent ZDHS.

2.1.3.2.2. Poor caring practices for women and children

Infant and young child feeding practices

Promotion of exclusive breastfeeding during the first 6 months of child's life and education on appropriate, timely complementary feeding, with continued breastfeeding after 6 months, are the two most cost-effective investments to improve child survival and reduce stunting (Lassi, Das & Zahid et al 2013; Bhutta 2013 and Kramer & Kakuma 2002). In Zambia, breastfeeding is nearly universal such that 98% of children born in the last two years preceding the 2013-14 ZDHS were ever breastfed. The median duration of breastfeeding was 20.1 months among children born in the three years before the survey. Exclusive breastfeeding rate has also increased to as high as 73% of children less than 6 months of age, however, the rate decreases to 45% at 4-5 months giving a median duration of exclusive breastfeeding of 4.1 months. This means contrary to WHO recommendations of exclusive breastfeeding up to 6 months (180 days), some children are introduced to solid or semisolid foods early in life before the recommended six months. Less than half (42%) of children are breastfed at 2 years.

Sub-optimal complementary feeding practices are very common in Zambia. Caregivers lack knowledge and skills to support adequate nutrition for themselves, their children and families. Overall, only 11 percent of children aged 6-23 months are fed appropriately based on recommended infant and young child feeding (IYCF) practices. Complementary foods are mainly grain based (67%). Consumption of protein rich sources of foods is generally poor among children and women as the diets rarely contain animal foods. Although improving the quality of children's diets, particularly through consumption of animal-source foods, is associated with improved linear growth (Arimond & Ruel 2004), only a few children (37%) are given animal foods in form of meat, fish or poultry. Few children are given legumes and nuts (18 percent); eggs (17 percent); iron rich foods (49%), fruits and vegetables rich in vitamin A (59 percent) and other fruits and vegetables (17 percent). Poor complementary feeding is a major contributor to poor child growth and development which is reflected in the age at which malnutrition sets in among the children who suffer from undernutrition in Zambia. Most children become malnourished after 6 months when complementary foods are introduced.

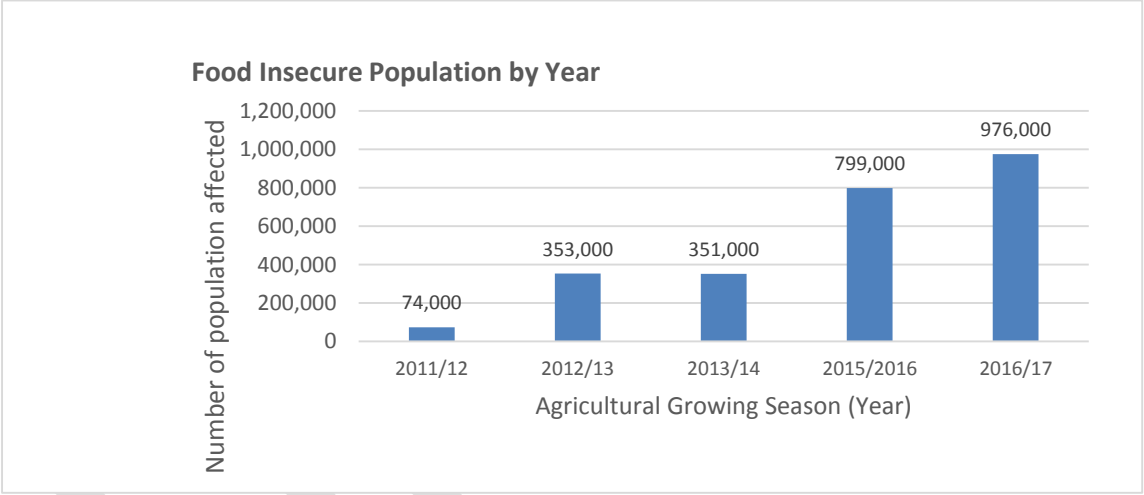
In terms of maternal nutrition, the recent ZDHS reported 10% prevalence of underweight in women of reproductive age, and only 56% of rural women and 65% of urban women consumed daily iron supplements for 90 or more days. The main causes of malnutrition among women and adolescents are sub-optimal diet, heavy workload and low micronutrient intake during pregnancy (Nguyen et al., 2013).

The situation is made worse by persistent food insecurity which has put increasing numbers of households at high risk of malnutrition

The low food and dietary diversity in the majority of Zambian households affects the household food diversity;

and women and child Dietary Diversity scores in Zambia meaning that the food consumption pattern in many households is inadequate to meet the high nutritional requirements of the women and children across all seasons. MCDP II is encouraging actions that will enhance house food security, diversity and consumption of diversified diets to increase women and child dietary diversity scores. The Agriculture, Fisheries and Livestock pathway will be pursued to ensure increased reliable access to nutritious foods through improved: i) Local food production in terms of adequate quantity, diversity and quality; ii) Market availability of a diversity of nutritious foods; iii) Affordable market prices; iii) Increased household income for accessing nutritious foods and iv) Women empowerment and male involvement to improve caring practices. Strong linkages and support from other relevant sectors will be essential to strengthen household resilience among food insecure households and to enhance emergency preparedness for rapid food emergency response in case of humanitarian crisis.

Figure 4: Number of food insecure population requiring assistance by year



Health care practices

Health care practices are equally dismal. In the last DHS (2013/14) only 68% of children aged 12-23 months were fully immunised putting the rest at risk of preventable diseases. Twenty-one percent of children under 5 years of age had a fever while 16% had diarrhoea in the two weeks before the survey. Only 66% of children with diarrhoea were taken to a health facility or provider for advice or treatment.

Health care practices among women are not any better. Only 59% of women aged 15-49 with a birth in the last five years took iron tablets or syrup for more than 90 days and only 64% took deworming medication during their most recent pregnancy.

The poor food and nutrition situation among pregnant women is aggravated by low access to health care service and a number of poor health related practices including:
i) Early marriages which occur as early as at the age of 18 years among women aged 25-49 (25%), and 65% marry by age of 20; ii) High fertility rate especially in rural areas (6.6 births per woman); iii) Early onset of child bearing (19.3 years) which adversely affects

the nutrition and health well-being of both mother and child; iv) Teenage pregnancy and motherhood which is as high as 29%; v) Low use of family planning as only 49% of married women in the last ZDHS were using a method of family planning and vi) Delayed antenatal care as many women start antenatal after the first trimester.

The MCDP II is encouraging improved delivery of both Nutrition-specific and Nutrition-sensitive interventions and services that are holistically and provided to the service user in the various health care delivery points coupled with strong social behaviour change on early seeking of health care services and on other key health care behaviours that promote adequate nutrition. Specifically, the MCDP is expected to reinforce health care systems and capacity to deliver quality care.

2.1.3.2.3. Unhealthy Household Environment: Poor Water, Sanitation and Hygiene (WASH)

The basic determinants of better health, such as access to safe water and sanitation, are still in a critical state in Zambia. Limited access to safe water and sanitation facilities accompanied by poor hygiene and unclean surroundings increase the risk of diseases and infections which may predispose the sick child to undernutrition.

Despite a notable increase in the percentage of households with access to an improved source of drinking water from 24% in 2007 to 65% in 2013-14, most rural households in Zambia obtain drinking water from unimproved source. Less than half (47%) accessed drinking water from an improved source in the last ZDHS. Treatment of drinking water is also a challenge in rural areas where as many as 78% were not able to treat their drinking water in the last ZDHS.

The communities still have low access (25%) to improved toilet facility with some households (16%) still using the bush or open field defecation. The situation is compounded by the low quality of WASH structures which are weak and short term. Hand washing with soap is equally uncommon. The practices show slow adoption of safer hygiene practices by the communities.

The situation is threatened by the lack of evidence linking WASH to nutrition which is resulting in low appreciation and knowledge about the importance of WASH in Nutrition among senior management team in the WASH sector. This low knowledge and appreciation by senior authorities led to low support to reinforce nutrition sensitive WASH interventions in MCDP I.

The MCDP II through the water, hygiene and sanitation interventions is expected to reduce exposure to causes of diseases, environmental pathological load and the risk of diarrheal diseases and intestinal infections. The MCDP II is encouraging: i) Implementation of WASH interventions that will expand access to safe water, hygiene and sanitation facilities at household and community level and in key institutions such as schools and health care facilities; ii) Promotion of optimal WASH related behaviours and iii) Enabling policy environment and support to WASH. WASH interventions are associated with 30% decrease in diarrhoea if implemented at scale to reach 99% coverage. Such decrease in diarrheal is associated with 2.4% decrease in stunting at 36 months (Bhutta, et al, 2008).

2.1.3.2.4. High poverty levels exacerbate the situation.

In the 2010 Zambia's Living Conditions Monitoring Survey, 60% of Zambians were classified as poor. In the Zambian context, this means 60 out of every 100 people lacked access to income, employment opportunities, and entitlements including freely determined consumption of goods and services, shelter, and other basic needs. Poverty is more prevalent among rural than urban residents (78% and 28%, respectively) (CSO, 2011).

The MCDP II is expected to benefit from the overall poverty reduction and wealth creation strategy by GRZ through the implementation of the Seventh National Development Plan (2017-2021) and sector policies on economic development and national prosperity in line with Zambia's vision 2030. Within the MCDP II's mandate, the income pathway will be pursued through relevant sectors including support to promote income generation and other social protection and livelihood interventions.

2.1.3.2.5. Gender inequality and low women standing in society

Tackling malnutrition requires mainstreaming gender throughout programming in key sectors implementing nutrition activities (FAO, 2013). Adequately addressing gender-based constraints and utilising gender related opportunities across the entire programme cycle contributes to better results in nutrition outcomes including reduction in mortality and stunting. Higher levels of gender inequality are associated with higher levels of both acute and chronic undernutrition due to the strong linkage between gender and the intervention areas for addressing nutrition problems and the significant influence of gender in the priority sectors of agriculture, health, education, community development and WASH (FAO, 2012). Existing global evidence show ccorrelation between women's economic productivity and their empowerment to access and use resources for child and family care (World Development Report Gender Equality and Development, and; Smith, et al, 2000; Webb, et al, 2012; World Bank 2012). It is reported that if women had the same access to resources as men malnutrition could be reduced by up to 17 percent (FAO, 2011).

In Zambia, women's status is affected by a number of factors including intra-household decision-making; access and control over incomes and resources; lack of access to extension services, financial services, technology, inputs, markets and information. Economic empowerment is one of the interventions that have shown to increase women's ability to influence household decisions and resource allocations relating to food, health and care.

The MCDP II will reinforce gender sensitive programming in all line ministries and implementing partners in order to adequately harness engagement of both men and women in the programme interventions and to build women's skill in leadership, livelihood interventions, child care practices, decision making and control over resources with support from the male counterparts.

2.2. Guiding Principles

Like the MCDP I, the MCDP II will advance multi-sector approaches that will utilise the multi-sector platforms established in the previous MCDP and reinforce or establish such

platforms at all operational levels. Multi-sector coordination and operational platforms and systems at community level will be a priority to reinforce holistic delivery and synergy among services and interventions reaching the household level from the key sectors. The principles in the box below will guide the work of the NFNC, key line ministries, NGOs and other implementation partners to effectively coordinate and collectively implement the high impact interventions all the way to the household level.

Guiding Principles of MCDP II Implementation

1. National, Provincial, District and Community Leadership: Support leadership and partnerships across national, provincial and district government, civil society, the private sector, media, researchers, academia and other stakeholders to leverage resources, promote coordinated action, holistic support and convergence at household level.

2. Sustainable Approaches: Support institutional capacity development, systems strengthening and cost-effective approaches to sustain nutrition improvements over time.

3. Accountability and Transparency: Ensure openness and full, accurate and timely disclosure of information, tracking and reporting progress and communication on a regular basis.

4. Equity: Reach both urban and rural populations, ensuring coverage for the poor and hard-to-reach regardless of gender, class or sexual orientation.

5. Gender Equality and Women's Empowerment: Promote gender equality and improved women's nutritional status by working with women and girls and men and boys to support changes in attitudes, behaviours, roles and responsibilities at home, in the workplace and in the community. Support female empowerment by promoting the ability of women and girls to act freely, exercise their rights and fulfil their potential as full and equal members of society.

6. Priority to vulnerable Groups: Target resources and support to the most vulnerable populations, including adolescent girls, women of reproductive age, pregnant and lactating women and their children in the first 2 years of life, children under 5 years of age and children in adversity.

7. Resilience: Support actions that ensure that the targeted people, households, communities, and systems (social, economic ecological and other) can mitigate, adapt to and recover from shocks and stresses in a way that reduces chronic vulnerability.

8. Evidence Based programming: Support evidence-based nutrition programming based on rigorous research and field application, continuous evaluation and learning, documentation, knowledge management and dissemination of successes, failures, best practices and lessons learned throughout the MCDP II, other nutrition innovations from the Zambian nutrition community and elsewhere.

9. Coordinated Multi-sectoral Approaches: Coordinated joint planning and programming across the seven key sectors that are providing leadership in the MCDP II implementation (Health, Agriculture, Local Government, Fisheries and Livestock, Community Development and Social Services, General Education, and Water Development, Sanitation and Environmental Protection) and geographic convergence of multi-sectoral interventions/services to address the multiple causes of stunting.

10. Engagement with the Private Sector and the media: Promote the substantial engagement of the private sector and the media as partners in the promotion of optimal nutrition.

2.3. Theory of Change for the MCDP II

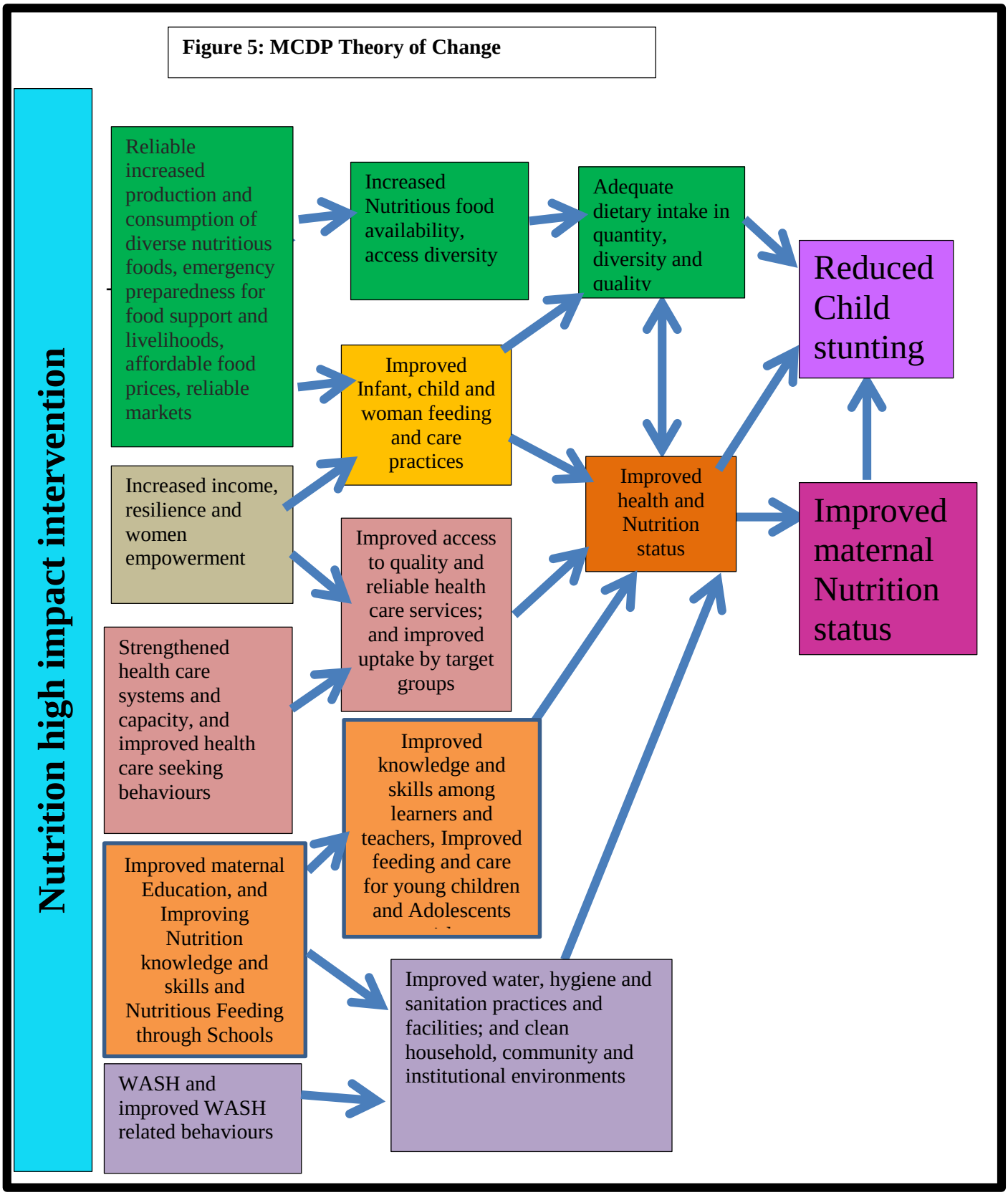
The MCDP II expected result is improved nutrition during pregnancy and lactation and to achieve significant reduction in stunting in children with particular focus on those below 2 years. A number of critical pathways related to Health, Agriculture, Local Government, Fisheries and Livestock, Community Development and Social Services, General Education, and Water Development, Sanitation and Environmental Protection will be utilised to bring the desired change in the nutrition status of the target groups.

The impact pathways described in figure 5 below illustrates how the high impact intervention will inter-wing to achieve the improved child and maternal nutrition status. It highlights interventions to be implemented to reduce stunting in MCDP II, however it does not restrict innovation to bring on board other evidence based interventions and approaches. The pathways are encouraging: i) Reliable increased production and consumption of diverse nutritious foods, emergency preparedness for food support and livelihoods, affordable food prices and reliable markets in order to increase dietary intake in quantity, diversity and quality of nutritious foods; ii) Increased income, resilience and women empowerment which together with improved availability and access to diversity of nutritious food is expected to improve maternal and young child feeding and care and health status; iii) Strengthened health care systems and capacity, and improved health care seeking behaviours to improve access to quality and reliable health care services; and improved uptake by target groups; iv) Increased access to WASH facilities and improved WASH related behaviours to reinforce optimal water, hygiene and sanitation practices and facilities; and to ensure clean households, communities and institutional environments.

2.3.1. Common Results Framework

The MCDP II will be implemented and monitored under a Common Results Framework illustrated in Figure 3. The framework seeks to guide proper alignment of the various impact pathways to a common goal in order to ensure that government and partners account for their actions under each of the five MCDP II strategic objectives and contribution to the MCDP II goal which The programmeme's goal is to reduce stunting sustainably by improving the nutritional status of women of reproductive age (WRA), pregnant and lactating women (PLW) and children under 5 years of age (especially children under 2 years of age) and their households.

Figure 5: MCDP Theory of Change



3. Target Populations and Geographical Reach

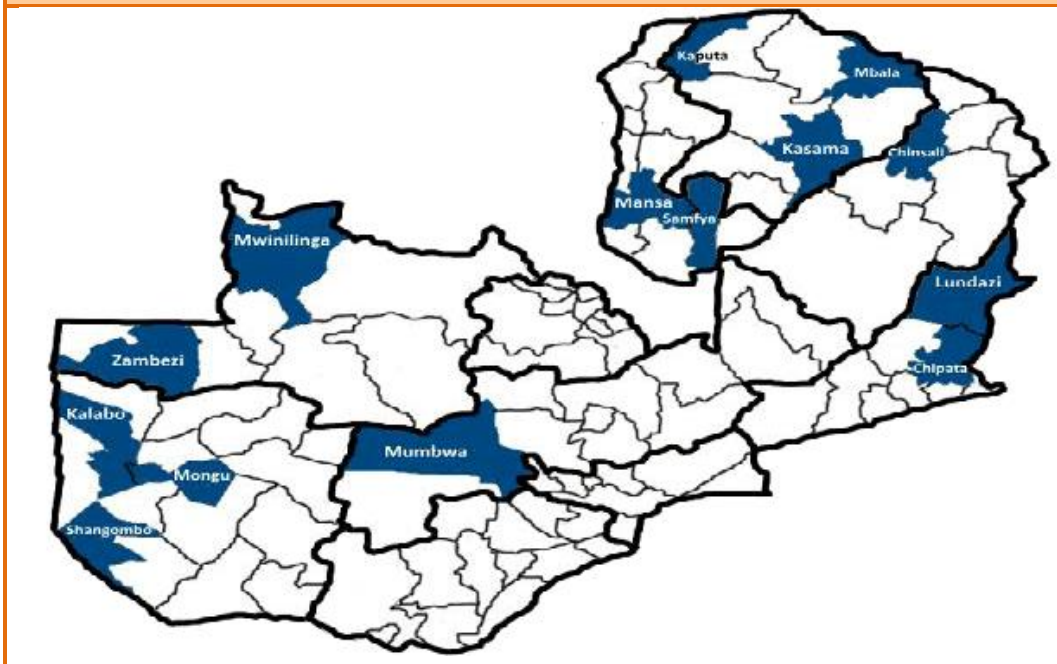
3.1. Targeted populations

Like Phase I, MCDP II focuses on preventing malnutrition during the high-impact 1000-day window of opportunity from the start of a woman's pregnancy to the child's second birthday. Both the 2008 and 2013 Lancet series on maternal and child nutrition identified and emphasised the need to focus on this critical period, during which good nutrition and healthy growth set the stage for lifelong benefits (Bhutta, 2013). Malnutrition in these early years causes irreversible physical and intellectual impairment, leading to poor academic and professional performance and loss of productivity as an adult. The first two years are also the time when mortality is high, however, action to ensure optimal growth and development has more impact at this stage too. Implementation of proven nutrition-sensitive interventions during this critical window of opportunity improves maternal and child nutrition for sustainable reduction in stunting (UNICEF, 2009). The focus on the first 1000 days will involve targeting women of reproductive age (WRA) (15-49 years of age), including adolescent girls (10–19 years of age), pregnant and lactating women (PLW) and caregivers of children under 5 years (0–59 months) of age, with an emphasis on children under 2 years (0–23 months) of age.

3.2. Geographical Focus

MCDP I was implemented with more intensified and collaborative interventions in the 14 districts under SUN Fund support (figure 6).

Figure 6: MCDP I Districts



Source: MCDP I.

Systems were set up to decentralize the management of nutrition interventions in the 14 SUN funded districts. The districts were selected based on i) A high burden of undernutrition and 2) Potential for synergies across existing programmes (DFID, 2015).

MCDP I, with support from SUN Pool Fund, covered about 50% of the wards in the 14 districts and implemented 12 out of the 14 MCDP I prioritised interventions. The mapping exercise undertaken in 80 districts in the country provides information on geographic coverage of nutrition-specific and nutrition-sensitive interventions, as well as various stakeholders implementing these interventions. This information will guide further roll out of the high impact interventions under MCDP II. Findings of the NFNC mapping were as follows:

Nutrition Specific Interventions:	**Number of Districts**
Iron and Folic Acid Supplementation	69
Promotion of optimal breastfeeding	68
Optimal complementary feeding	65
Diverse diets for pregnant and lactating women	45
Zinc supplementation	57
Growth monitoring and promotion	68
Vitamin A supplementation and deworming	69
Integrated Management of Acute Malnutrition	55
Nutrition Sensitive Interventions:	
Promotion of safe water, sanitation and hygiene in wards	65
Promotion of safe water, sanitation and hygiene in schools	68
Promotion of diverse diets	67
Farmer Input Support Programme	46
Promotion of diverse diets with regards to fish and livestock	40

The mapping and other programme reports revealed a number of gaps in the MCDP I coverage in the 14 SUN funded districts including: i) Partial coverage in all districts and little convergence of interventions at community and household level; ii) Much as joint planning was encouraged and coordination platforms at both national and district level established, programme implementation remained sectoral; iii) No significant additional coverage (above what was routinely provided by the Ministry of Health (MOH)) was noted and coverage of nutrition-sensitive interventions was minimal (HPI, 2016). In the rest of the districts where MCDP I related interventions were implemented by various implementation partners, the intervention package and scope varied among the implementing partners and the nutrition sensitive interventions reach was insignificant.

This performance is worrisome considering that to achieve the World Health Assembly (WHA) 2025 Global target of reducing the number of stunted children by 40%, Zambia will need to reach 80% of the target population by 2022. Recognizing these gaps, MCDP II will build on the efforts that were initiated in MCDP I and a package of selected high impact interventions will be expanded in the 14 initial districts under the SUN Fund and rolled out to more districts to reach a total of 100 districts. Of the 100 districts, 30 will receive support from different donors under the SUN Fund II. Collaborative support from non-governmental organisations and other implementing partners will be sought to support the implementation of the MCDP II interventions in the remaining 70 targeted districts. This will help reinforce efforts to maximise coverage, particularly at district and community levels. The districts will be prioritized for scale-up based on a number of

factors among them i) A high burden of stunting; ii) High population density of households of children under 2 years of age to allow for saturation and high impact; and iii) Proximity to Phase I districts for spill over, ease of implementation and saturation at district, ward and population level (Shekar, 2015).

4. Scale-up Approach

With a combination of various funding sources (GRZ, SUN Pool Fund, and Non SUN Pool Funding) Zambia has an ambition to roll out the 6 high impact interventions selected for MCDP II to 100 districts by 2022 but via a phased approach. The ultimate aspiration is to reach at least 90% of households hosting the targeted groups with particular emphasis on households with pregnant and lactating women and children less than 2 years of age in the 100 target districts. The MCDP implementers are encouraged to utilise innovative approaches that facilitate fast reach to households, builds community capacity to be in charge of their own change and mobilise them to act on their problems. The Community based Care group approach is one such intervention which the MCDP will utilise to achieve lasting community empowerment in addition to using other existing community support groups and structures. The Community Care Group (CCG) model's multiplying effect coupled with robust social behaviour change communication, advocacy for action at all operational levels and reinforced accountability from implementers, is expected to saturate geographic areas and priority population groups with the 6 high impact interventions to reach the 90% coverage.

The MCDP roll out will take a phased approach. Firstly MCDP II will be expanded within the initial 14 SUN Fund supported districts to saturate the districts from 50% to 100% geographical coverage of wards. Thereafter, the MCDP II will progressively scale up to 100 districts by 2022. Below are the planned annual targets in terms of rolling out by districts:

- 2018 – 30 districts (These are additional 16 districts to the initial 14)
- 2019 – 50 districts (These are additional 20 districts to the 30 districts in 2017)
- 2020 – 70 districts (These are 20 additional districts to the 50 districts in 2018)
- 2021 - 90 district (These are 20 additional districts to the 70 districts in 2019)
- 2022 – 103 district (These are 13 additional districts to the 90 district in 2020)

Selection of districts for roll out will be based on several factors mainly including:

- Districts with high level of stunting in terms of population numbers especially for stunted children less than two years.
- Districts where partners are already implementing MCDP interventions and reaching substantial target population groups as informed by mapping data.
- Districts with a good mix of nutrition-specific and nutrition-sensitive interventions that can be easily coordinated to enhance convergence for greater impact.
- Provincial capitals of Kabwe, Solwezi, Choma, Ndola and Lusaka will be included in order to enhance provincial oversight which is currently inadequately done in North-western, Central, Copperbelt, Lusaka and Southern provinces.
- Proximity to MCDP 1 districts for easy cross – learning by new districts in terms of diffusion of 1000 MCDP knowledge and coordination mechanisms as well as general programme management.

MCDP II will also build on sector specific programmes that have components of nutrition-specific or nutrition-sensitive interventions targeting the first 1000 Most Critical Days.

Notably the MDGi project in 11 districts of Copperbelt, Lusaka and Southern provinces; the SIDA Health project for Southern and Eastern provinces; DFID in Western and Central provinces and the GRZ-World Bank funded – Zambia Health Improvement Project in selected districts in 5 provinces[1].

NFNC will facilitate formation of coordination structures in the targeted 100 districts through the decentralization framework. Further, MCDP II will support continuous mapping through the DNCCs and PNCCs so that rolling out within the districts or provinces is well guided and targeted to progressively fill in gaps in the geographical coverage.

[1] Luapula, Muchinga, North Western, Northern and Western Provinces.

5. IMPLEMENTATION OF EACH STRATEGIC OBJECTIVE

STRATEGIC OBJECTIVE 1: IMPROVE POLICY, COORDINATION, FINANCING AND PARTNERSHIPS

IR 1.1. Strengthened Multi-sectoral Policy and Coordination at All Levels

Strengthened Multi-sectoral Policy

An enabling environment for reducing malnutrition includes appropriate policy for food and nutrition and political momentum translated into action for impact (Harris 2017). Eradicating hunger and other factors that lead to malnutrition is within reach in Zambia due to its enabling policy environment. The Government of the Republic of Zambia (GRZ) has already adopted and taken measures to strengthen food, nutrition, agriculture, education, water and sanitation, health and community development and social services and programmes to harness efforts towards achieving the 2025 WHA target for reduction of stunting and other forms of malnutrition.

Zambia's Vision 2030 at a glance envisions a country free from hunger, poverty and other forms of deprivation; and a health society with low disease burden and low mortality rate. This offers an enabling platform towards promotion of both nutrition specific and nutrition-sensitive interventions. The Seventh National Development Plan (7NDP 2017-2021), which is a building block and the main vehicle for guiding action to meet the Vision 2030 goals, has focus and clear strategies and outcomes for improving food security, resilience, health and nutrition well-being of the people of Zambia.. In safeguarding the poor and vulnerable as part of poverty reduction and reducing inequality and vulnerability, the 7NDP is promoting a well-nourished population free from all forms of malnutrition, capable of contributing to the country's economic growth and diversification. It carries well stipulated strategies and outcomes that are relevant to and in support of nutrition which among others include: i) Expanding capacity to increase access to quality health care, promoting livelihoods and empowerment, and enhancing food security and nutrition under its development outcomes and strategies for '*Enhancing Human Development'*; ii) Enhancing provision of adequate safe water and sanitation and increasing availability of water and sanitary infrastructure under its development outcome on '*Improving Access to safe water and sanitation'*.

To translate the 7NDP into action, the second **National Food and Nutrition Strategic Plan (NFNSP) (2017–2021),** has emphasised multi-sectoral and synergistic efforts to strengthen and expand nutrition interventions across the life cycle through coordinated and collaborative efforts from core sectors of Health, Agriculture, Local Government, Fisheries and Livestock, Community Development and Social Services, General Education, and Water Development, Sanitation and Environmental Protection. MCDP II provides operational guidance to implement **Operational Strategic Direction One of the NFNSP: *Prevention of Stunting in Children under 2 Years of Age: 1000 Most Critical Days***, which gives the MCDP II a strong policy footing.

Each line ministry has sectoral policies and strategies that include nutrition-specific and/or nutrition-sensitive programming in line with the strategic guidance and sector mandate carried in the NFNSP and the MCDP II. Figure 7 below further demonstrates how nutrition is woven through the National policy frameworks:

Figure 7: First 1000 Most Critical Days Programme Policy Cascade

	Nutrition	Agriculture	Health	Education	Social protection	Water and sanitation
← International	Millennium Development Goals, 2000					
	Zambia Vision 2030, GRZ 2006					
	Zambia Poverty Reduction Strategy Paper, IMF 2007					
	Zambia Seventh National Development Plan, GRZ 2017-2021					
	National Food and Nutrition Policy 2006	CAADP agreement	World Health Assembly agreement			
	SUN Framework for Action	Second National Agriculture Policy 2016	National Health Policy 1992	National School Health and Nutrition Policy 2006	National Social Protection Policy/plan, 2014	
← National	National Food and Nutrition Strategic Plans 2011-2015 and 2017–2021	MAL Strategic Plan 2013–2016 ('Budget Strategy') Including 2008 Nutrition Guidelines	National Health Strategic Plan, 2011-2016 and 2017–2021		Social Protection Framework 2013	WASH Framework 2006
	1000 Most Critical Days Programme 2013–2015 (6), 2017-2021	National Agriculture Sector Implementation Plan	Micronutrient Policy 2005–2011	School Health and Nutrition Programme Guidelines 2008		National Rural/ Urban Water and Sanitation Supply Programme memes
← District	Multi-sectoral District Plan (*Planned for Phase II)	Agriculture Ministry Work plan	MCDMCH-DOH Work plan	Education Ministry Work plan	MCDMCH-DCW/DSP Work plan	Local Government Ministry Work plan

Source: Adapted from Harris et al. 2016. 'From Stunting Reduction to Nutrition Transition: Changes and Challenges in Zambia's Nutrition Policy Environment'. Washington, DC, USA: International Food Policy Research Institute; Cape Town, South Africa: Stellenbosch University; an independent South Africa consultant, Brazil; and Ithaca, NY, USA: Cornell University.

The MCDP II will build upon and accelerate the progress already made in these areas and will utilise strategic evidence based advocacy and communication interventions to increase further the awareness and commitment solicited in MCDP I from government, NGOS, the private sector, media, communities and every family in Zambia. Efforts will be made to raise the profile and budget allocation to nutrition in the line ministries by pushing for implementation and compliance to the commitments made by GRZ at the 2013 London Nutrition For Growth Summit.

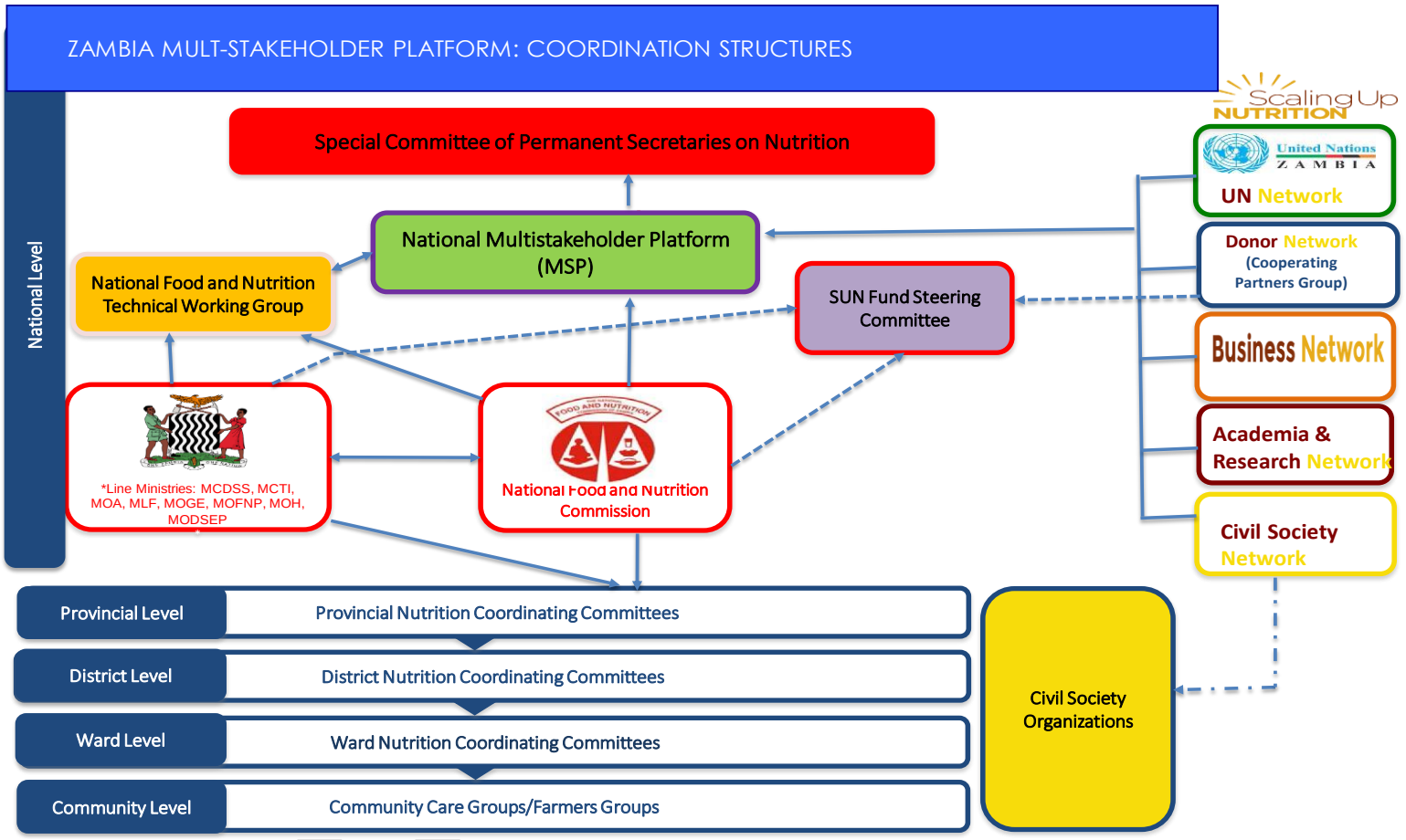
Strengthened Multi-sectoral Coordination

GRZ recognizes the power of collective and coordinated action to distinctively reduce stunting due to the multifaceted and interlinked nature of the causes of malnutrition. During MCDP I a number of achievements were made in strengthening multi-sector coordination especially in the 14 districts supported by the SUN Fund through creation and strengthening of coordination platforms at National, sector, provincial, district and ward level (figure 8). Multi-sector work plans were jointly developed at all levels (national, provincial, and districts); and First 1000 Most Critical Days Programme common monitoring framework was developed and joint monitoring and supervision were conducted. Considering that the focus was in a few districts that had support from the SUN Fund and other implementing partners, the multi-sector coordination needs to be strengthened across the country.

The MCDP II will, therefore, continue to advance the multi-sector approach initiated under MCDP I in order to encourage simultaneous roll out and implementation of the high impact interventions by the line ministries and the range of stakeholders involved in the MCDP II implementation. MCDP II will build on comparative advantage, potential and resource availability in the line ministries, cooperating partners and implementation partners to set in motion a series of mutually supporting and complementing activities towards achieving the MCDP II goal.

In view of this, MCDP II will operate under the multi-sectoral coordination structure illustrated in Figure 8:

Figure 8: Coordination Structures



Source: NFNC 2017

Key Stakeholders

In line with the multi-sector approach adopted by MCDP II, the following stakeholders will support the implementation of the programme guided by their various roles that are aligned to each stakeholder's mandate and comparative advantage in the Food and Nutrition sector.

National Food and Nutrition Commission

The National Food and Commission (NFNC), which is situated in the Ministry of Health, is the recognised institution under government mandate to coordinate and provide leadership in the delivery of the multi-sector oriented food and nutrition programmes. In MCDP I, NFNC provided leadership and coordinated planning, budgeting, guidelines development, orientations (SA 1), communication and advocacy (SA 4), capacity building (SA 3) , and (SA 5) monitoring and evaluation in collaboration with six Line Ministries. In MCDP II, the NFNC will continue to provide stewardship and technical leadership and coordination in the different action areas.

Special Committee of Permanent Secretaries on Nutrition

A Special Committee of Permanent Secretaries was established in 2014. It is chaired by the Secretary to the Cabinet and appoints membership from among permanent secretaries from Line Ministries of Agriculture, Finance, General Education, Health, Community Development and Social Services, Water Development, Sanitation and Environmental Protection, Fisheries and Livestock, Gender and Youth, Sport and Child Development with the NFNC as its Secretariat. MCDP II will continue to utilise this committee for high level engagement and advocacy to further raise the nutrition profile, resource allocation and nutrition sensitive policy and programming in the line ministries and in the overall national development agenda and financing. This committee will continue to provide policy direction and to hold bi-annual meetings to discuss the implementation of MCDP II.

National Multi-stakeholder Platform (MSP)

As a SUN country, Zambia has six SUN Networks: 1) Government Network 2) Academia and Research Network, 3) Business Network, 4) Civil Society Network, 5) Donor Network and 6) United Nations Network. These networks converge at the National Multi-stakeholder Platform (MSP**).** The roles of each SUN Network and line ministries are described in Annex 1. The MSP has been operational since November 2015. The Permanent Secretary (PS) of the MOH has been the Chair appointed by the Special Committee of Permanent Secretaries on Nutrition. Since 2016, however, the MSP has been co-chaired with the PS Ministry of Agriculture. MCDP II will continue to utilise the networks under the MSP umbrella. The MSP will convene at least 2 to 3 times in a year to discuss the implementation of MCDP II by the various networks and to generate agenda items needing policy guidance from the Special Committee of Permanent Secretaries on Nutrition.

Line Ministries

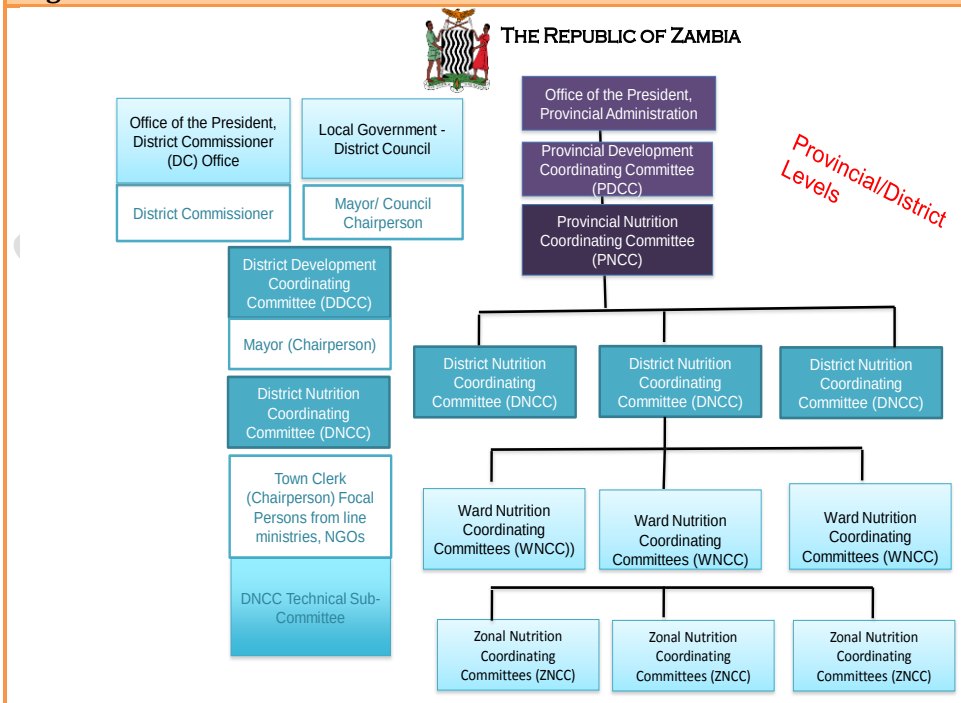
Line ministries implement nutrition-specific and nutrition-sensitive interventions of the MCDP II. These include Ministry of Health (MoH), Ministry of Community Development and Social Services (MCDSS), Ministry of Agriculture (MOA), Ministry of Fisheries and

Livestock (MFL), Ministry of General Education (MOGE) and Ministry of Water Development, Sanitation and Environmental Protection (MODSEP). Cabinet Office directed several other ministries, including Ministry of Chiefs and Traditional Affairs (MOCTA); Ministry of Commerce, Trade and Industry (MCTI); Ministry of Gender (MOG); and Ministry of Land and Natural Resources (MLNR), to also participate in SUN activities for MCDP I. The MCDP II will continue to provide support to line ministries to ensure that programme implementation is well coordinated, harmonised and converge at community and households.

Provincial, District and Ward Nutrition Coordination

Multi-stakeholder coordination for food and nutrition was decentralized with the establishment of the Provincial Nutrition Coordinating Committees (PNCCs), District Nutrition Coordination Committees (DNCCs) and Ward Nutrition Coordinating Committees (WNCCs). Some of the WNCCs established in the 14 SUN fund supported districts, have also established Zonal Nutrition Coordination Committees (ZNCCs). The PNCC and DNCC in the 14 districts were coordinated by Nutrition Support Coordinators employed under NFNC in the 14 districts. MCDP II will continue to support PNCCs, DNCCs and WNCCs (figure 9) to plan, implement, monitor and evaluate nutrition activities across sectors. They will ensure that the MCDP II package of interventions is incorporated into multi-sectoral Provincial and District nutrition plans, allocated resources and implemented in a coordinated way to reach the communities, the targeted households and beneficiaries in the targeted districts.

Figure 9: Provincial and Ward Structures



Source: NFNC 2017.

Exact details of Provincial, District, Ward, and Community level coordination and implementation structures are further defined in Annex 2

Nutrition Technical Working Groups

The MCDP II will support a small number of national level technical working groups (TWGs) focused on stunting reduction.

1. **The SBCC and Advocacy TWG** will focus on planning and implementing formative research and the national SBCC and Advocacy strategy.
2. **National Food and Nutrition TWG** will focus on planning and implementing of nutrition-specific and nutrition-sensitive interventions.
3. **Finance Management TWG** will be responsible for resource mobilisation, tracking and to ensure appropriate financial management among the IPs and line ministries.
4. **Monitoring and Evaluation TWG** will focus on strengthening the M&E implementation, tracking results against the targets set in the M&E common result framework in order to reinforce accountability among MCDP II stakeholders and informing programme direction. The TWG will be responsible for documentation of best practices and innovations for learning and enhancing knowledge management and dissemination across all MCDP II/SUN networks. This TWG will organise bi-annual learning forum to share innovations, best practices, new research, emerging issues, experiences and lessons that may be important to scale up or to inform programme implementation.

Communities of Practice (Internet-Based and Face-to-Face)

MCDP II will support both face to face and internet based networking among MCDP II stakeholders. It will support the creation of a broad and inclusive Internet-based Community of Practice (COP) for nutrition through a website portal. The website portal will serve as a public platform for stakeholders to network and to enable them to work collaboratively, inclusively and across organisational boundaries. It will also help to identify, share and apply promising/best practices, innovations and emerging research and knowledge, as well as to address implementation obstacles and capacity gaps. MCDP II will ensure that the website portal is not only a digital presence to engage participants across geographic divides, but also a mechanism to facilitate in-person interaction for meaningful dialogue, exchange of information, collaborative problem solving and to encourage innovation. The Internet-based COP will build on the knowledge assets, materials, processes and audiences built through the first 4 years of MCDP I. The network may be extended to provide an opportunity to engage with international researchers and organisations as participants and suppliers of important content to the website.

The core functions of this Internet-based COP will include:

- **Technical Capacity Strengthening:** MCDP II will use the Internet platform to build on traditional in-person training in nutrition-sensitive programming in agriculture, health, social protection, WASH. It will also reinforce mentoring and learning in M&E, SBCC, gender equality and women's empowerment.
- **Peer-to-Peer Knowledge Sharing:** The MCDP II website will create a dynamic, cross-organisational feedback loop in the COP to enable real-time discussion about what is working and what is not.
- **Stakeholder Consultations:** The COP will enable IPs to engage with and provide feedback to the NFNC on issues that affect achievement of results and to share implementation experience, operational needs, unintended consequences and areas where adaptation could reduce roadblocks or create new opportunities.

IR 1.1 Priority Actions for Strengthened Multi-sectoral Policy and Coordination at All Levels

Proposed Activities	Delivery mechanism	Lead implementer	Stakeholder	Implementation Level
Orientation on MCDP II:	Undertake orientation on MCDP ll for • SUN Networks at National level, • PNCCs, DNCC, WNCC/ZNCCs, • Controlling Officers/HODs at all levels • Sector TWGs	NFNC	Line Ministries	National, province, district Ward/community
Strengthen multi-sectoral coordination, planning and implementation	Enhance capacity of the Nutrition Implementing Technical Group (IPG) to lead in planning and implementation of the MCDP II	NFNC	Line Ministries,	National,
	Development and dissemination of the Zambia MCDP II Technical Considerations Guidance Document to all IPs.	NFNC	Line ministries	National, Provincial, District, Community
	Facilitate joint annual MCDP II review and results based work planning.	NFNC	Line ministries and other IPs	National, Provincial, District
	Support functioning of the coordinating structures	NFNC	Line ministries, SUN Networks	National, Provincial, District and community
Phased Roll out of the MCDP II to at least 100 districts by 2022.	Facilitate formation and functioning of DNCCs, WNCCs and Zonal coordination and implementation structures in at least 100 districts.	NFNC	Line ministries and other IPs	National, Provincial, District and Community
	Generate policy support to raise the Nutrition profile and support for Nutrition sensitive policy, programming and resource allocation.	NFNC	Line ministries, CPs and Civil Society	National
	Support joint review, learning, planning and roll out MCDP II activities, best practices and innovations in the 100 districts.	NFNC	Line ministries and other IPs	National, Provincial, District and Community
	Continuous mapping of interventions and stakeholders by DNCCs.	NFNC	Line ministries	District
Strengthen networking, learning, documentation and knowledge management	Support documentation, learning and knowledge management and dissemination activities.	NFNC	Line ministries and IPs	National, Provincial and District

	Support establishment of web-based portal for MCDP II Community of Practice; and bi-annual learning forum. Support learning excursions among implementers at all levels.			

IR 1.2. Strengthened Financing and Accountability at All Levels

Resourcing for Nutrition

Nutrition interventions are consistently identified as among the most cost-effective development actions, and the costs of scaling up interventions are comparatively modest (Hoddinott, 2014). The Copenhagen Consensus Report (2012) rated nutrition as a global 'best buy' for investment in development because of its low cost and potential for high impact (Copenhagen Consensus Center, 2012). According to the 2015 Global Nutrition Report, every $1 that is invested in scaling up proven nutrition interventions generates about $16 in economic returns. Globally, therefore, efforts have been made through various platforms to influence member states to declare their commitment to invest in food and nutrition.

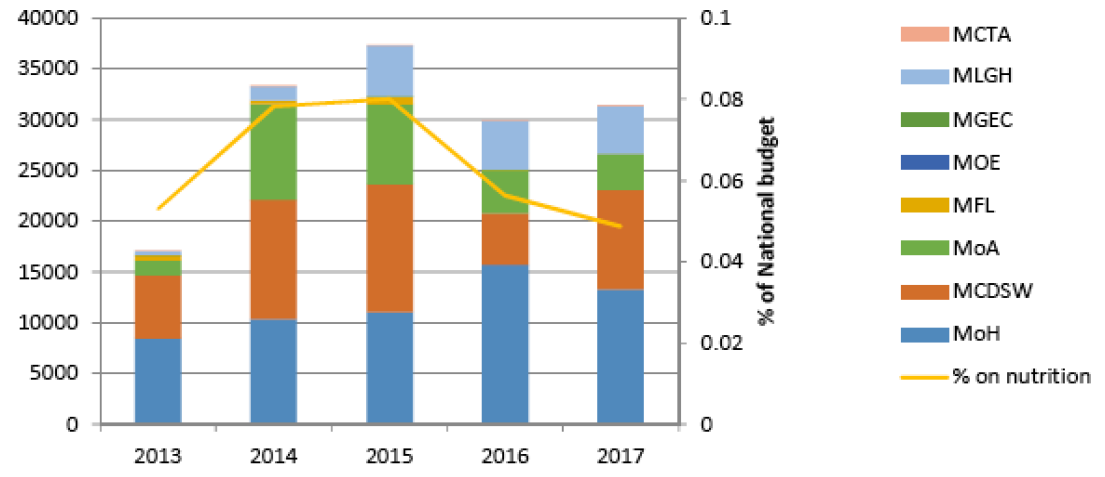
The GRZ as a member of the larger global community with high prevalence rate of stunting and other forms of malnutrition; and member of the global Sun-Network, has made a variety of international commitments to tackle malnutrition at different fora such as the UN goal of zero hunger and ending all forms of malnutrition by 2030, the 2025 World Health Assembly nutrition targets, the Nutrition for Growth (N4G) Summit in London and the Second International Conference on Nutrition (ICN2). Despite these commitments, MCDP I faced a number of financing challenges which affected the rate of implementation and roll out of the high impact interventions. Although, line budgets for nutrition are currently documented in the annual Yellow Book, the allocations are too low to support sector level activities. Lack of institutionalised and comprehensive mechanism for tracking nutrition funding and expenditure in the line ministries, limits the ability of the sectors to track the nutrition resources and therefore lack evidence for advocating for more distinctive funding to nutrition.

The SUN Fund was the major financing source for MCDP I with its support only reaching 14 districts. The SUN Fund management experienced significant challenges that had the potential to slowdown progress, key among them are: (i) the complex and time-consuming programme reporting and funds flow processes; and (ii) Funds management being located outside of Government structures, limiting potential for institutional capacity strengthening. Outside the SUN Fund, MCDP I was funded by other partners and key among them were SIDA, EU, GIZ, UNICEF, WFP and a number of NGOs.

Although, it is difficult to quantify both domestic and official Development Assistance (ODA) investments in Nutrition due to the scattered allocation of financial support within the multi-sectoral framework, the budget tracking conducted by the Civil Society Scaling Up Nutrition (CSO-SUN) Alliance in cooperation with NFNC across sectors between 2013 and 2017 shows that nutrition budgets have not increased, and in some cases they

have remained static or even declined as a percentage of the national budget (See Figure 10 below). Additionally the government spent only US$1 per child under five for nutrition specific interventions in 2016. This was a slight decrease from 2014 and 2015 when expenditure was US$1.92 and US$1.53, respectively, far below the World Bank recommended expenditure of US$30 per child per year.

Figure 10: GRZ Annual Nutrition Allocations, 2013–2017



Source: Concern Worldwide. 2017. 'Nutrition Budget Tracking Trends from 2013 to 2017: A Report for the SUN Fund Zambia'. Lusaka, Zambia: Concern Worldwide.

Recognising this gap in financing of MCDP I, GRZ and its cooperating partners will support the MCDP II through multiple funding sources which are described below.

Funding Sources for MCDP II

MCDP II will be supported from several sources including the SUN Pool Fund, GRZ Medium Term Expenditure Framework (MTEF), United Nations Agencies (UNICEF, WFP, FAO, WB, WHO), Bilateral support to projects/programmes (EU, DFID, USAID, SIDA etc), and International and Local NGOs (World Vision and Save the Children among others).

Under the SUN Fund, MCDP II will continue to get support for expanding the high impact interventions in the initial 14 district and rolling out to reach 30 districts. It is expected that there will be increase in the number of donors contributing to the MCDP II funding including the UK Department for International Development (DFID), Germany (KfW) and potentially European Union (EU), Irish Aid and Swedish International Development Cooperation Agency (SIDA). The SUN Fund has been re-designed (see Figure 11 below) based on lessons learnt from implementing MCDP I.

The key features of SUN Fund II include:

i) Separation of fund management and technical assistance roles, with convergence of the two within NFNC.

ii) Cooperating Partners will channel programme resources through a management agent (SUN Fund Manager). This is the same arrangement as in MCDP I but will

have simplified administration structure to allow for streamlined funds disbursement and reporting, especially for districts.

iii) At district level, the DNCC will manage the funds to ensure all line Ministries receive funds at the same time.

iv) An in-built mechanism for increased government contributions to ensure long term sustainability. Financial contributions from Cooperating Partners will complement GRZ funding plans in the MTEF across relevant Line Ministries.

v) Government contributions will include in-kind (staff, infrastructure, nutrition commodities/supplies etc.), strong ownership and leadership and financial contributions through budgetary allocations for sustained service delivery.

vi) Large proportion (60-80%) of the funding will go towards service delivery, mainly through Government line Ministries.

vii) UN and NGOs support will complement Government efforts.

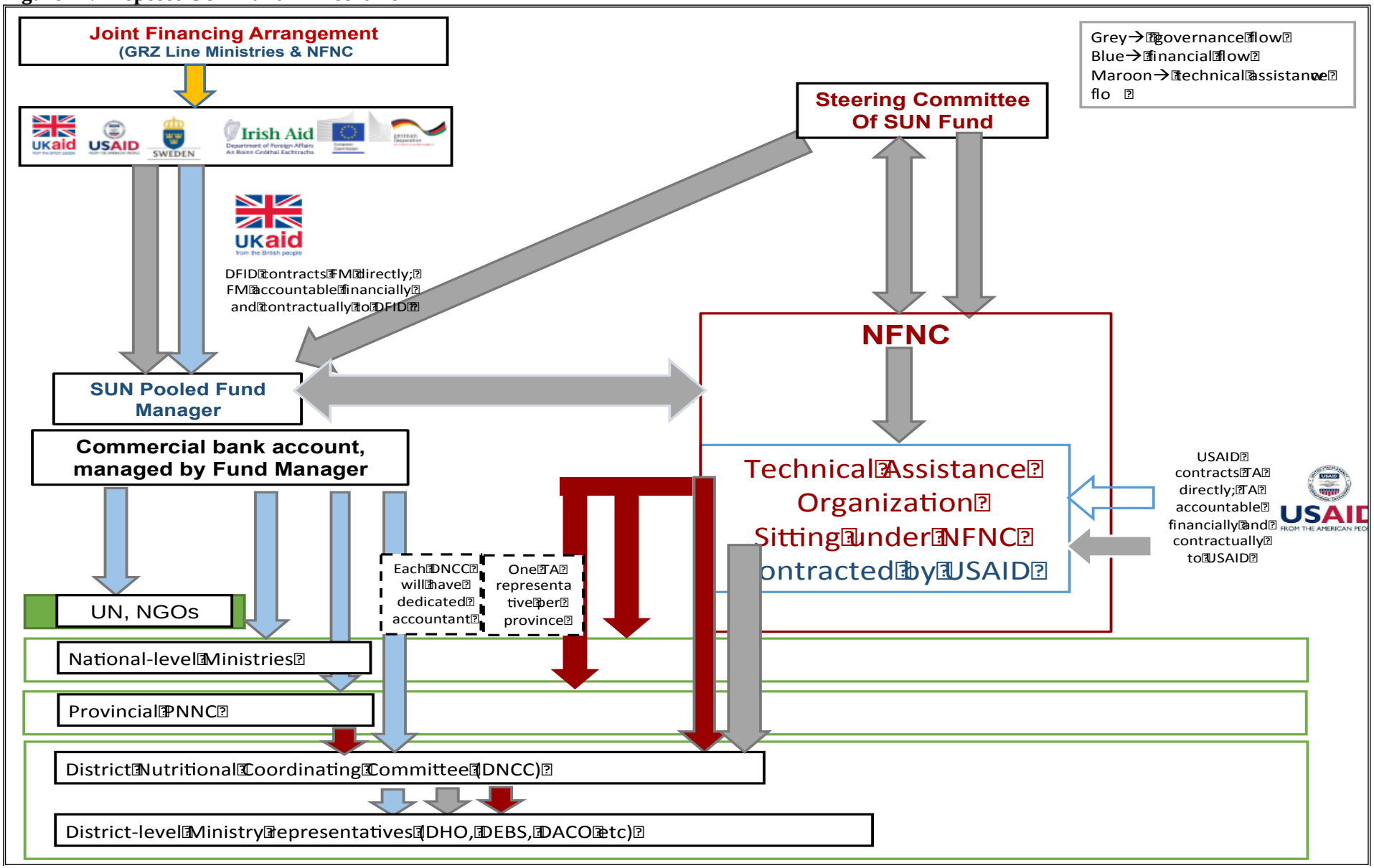
viii) There will be more concerted efforts to strengthen Government capacity to be able to manage programme resources on its own.

ix) Cooperating Partners will support technical assistance to NFNC and Line Ministries across all levels. Technical assistance will involve placement of technical experts. Areas of technical assistance will include planning, implementation, monitoring and evaluation, research and/or learning.

x) Additional technical support for set up of the National Nutrition Information Platform to guide policy and strategic planning and decision-making will be provided.

xi) An overarching Joint Financing Agreement between GRZ and Cooperating Partners to support the nutrition programme for the next 5 years will be signed.

Figure 11: Proposed SUN Fund II Mechanism



Financing Plan for the MCDP II

The financing plan for the MCDP II will include:

Cooperating Partner	Amounts Pledged	Nutrition Component	Where	For how long
Government budgetary allocation IN MTEF	TBA	TBA	TBA	TBA
GRZ/ World Bank Health Services Improvement project	$67 million	TBA	Luapula Muchinga Northen North Western Western	2015-2019
SUN Fund Pool	$67m	$67m	30 districts	5 years
UK Health Programme	$51m	TBA	Western & Central Provinces	5 years
Irish Aid	$14m ($11-Livelihood; $3m-Integrated Research and development programme)	TBA	Mbala & Luwingu Districts in Northern Province	5 years
SIDA Reproductive, Maternal, Neonatal, Child and Adolescent Health & Nutrition (RMNCAH &N)	$50m for health systems strengthening	TBA	Eastern & Southern Provinces	5 years
Germany	$54m for Nutrition sensitive initiative ONE WORLD $6.3m; Water supply & sanitation $48m	TBA	Eastern Province	Not stated
EU	$161m for Nutrition sensitive programming: $11m for Agriculture &livestock; $93m for Poverty alleviation food & nutrition; $57m for MDGi for Nutrition specific intervention	TBA	Lusaka & Copperbelt	Not stated
USAID TA to NFNC & Line Ministries	TBA	TBA	TBA	7 years
Other NGOs & Private Sectors	TBA	TBA	TBA	TBA

The actual contributions from the different sources will be determined and monitored through the annual planning, review and reporting facilitated through the Common Results Framework (CRF). The annual planning, reviews and reporting will provide useful information for timely decision-making.

IR 1.2 Priority Actions for Strengthening Financing and Accountability at All Levels

Sn.	Priority Actions	Actual Activities	Lead implementer	Stakeholder	Level of implementation
1	Enhance capacity for all implementation partners in financial management and accountability	Conduct training and on site coaching/mentoring of line ministries at all levels and core NFNC staff.	SUN Fund Manager; NFNC, Finance Management TWG	Line Ministries, CSOs,	National, provincial, and district
		Conduct performance audits to all Implementing Partners.	SUN Fund Manager, and Finance Management TWG	Line Ministries, CSOs, NFNC	National, provincial, and district
2	Strengthen Expenditure Tracking of MCDP II	Develop an integrated Expenditure tracking framework. Conduct orientation for the integrated expenditure framework at all levels. Support implementation of the expenditure framework (Desk reviews, Spot checks / supportive field visits).	NFNC, SUN Fund Manager, Finance management TWG	Line Ministries, CSOs.	Province/District/Ward/Community National Level Province/District/Ward/Community
3	Strengthen government commitment to finance MCDP II	Support Budget Analysis and dissemination of MCDP II at National, Provincial & District levels.	NFNC, CSO-SUN alliance and Finance Management TWG	Line ministries,	National, Provincial and District
4	Strengthen internal and external audits	Conduct Risk Assessment for new line ministries & IPs through desk reviews.	SUN Fund Manager, Finance Management Committee	Line Ministries (internal audit sections), NFNC,	National, Provincial and District
		Support internal control systems.	SUN Fund Manager	Line Ministries, CSOs, NFNC	National, Provincial and District
		Support to external audits to all implementation partners (Auditor General for Line ministries and NFNC, other Audit Firms for NGOs).	SUN Fund Manager, Finance Management TWG	Line Ministries, CSOs, NFNC	National, Provincial and District

IR 1.3. Enhanced Partnerships and Alliances in support of MCDP II

The multi-sector approach adopted during implementation of MCDP I was built on partnerships and alliances through the various networks and technical working groups. The MCDP II will continue to strengthen and utilize these platforms to facilitate the following functions:

National Governments will be responsible for: i) Providing enabling environment including making appropriate policies, regulations and sector strategic plans in support of nutrition; ii) Allocating budgets to nutrition programmes through budget cycles; iii) Providing ownership and leadership; iv) Raising food and nutrition profile in the national agenda and in sector management and decision making structures and systems; v) Building multi-sectoral partnerships in food and nutrition; vi)Establishing and maintaining collaborative and cooperative relationships with bilateral and multilateral organizations; vii) Building structures to facilitate and support multi-stakeholder partnerships; viii) Reinforcing human resource technical capacity and quantities at all levels in the line ministries; and ix) Implementing the high impact interventions including advocacy for behavior change and mobilising action at all levels in support of nutrition.

Bilateral and multilateral organizations will be responsible for**: i)** Providing funding and technical expertise; ii) Advocacy to raise the profile of nutrition in national agenda and sector policies, strategic plans and in decision making profiles; and iii) Influencing policy.

Civil Society and non-government organizations (NGOs) will: i) Help government to deliver improved nutrition to communities; ii) Advocate to government and international community as well as private sector for greater attention and support to food and nutrition; iii) Provide education to the public and rally support on the importance of food and nutrition; and iv) Mobilise and engage grassroots constituents.

Philanthropic Foundations will invest in research and food systems.

Academia and Research will: i) Conduct nutrition research and generate and disseminate scientific evidence to inform policy and programme decisions; ii) Conduct systemic reviews and learning exercises; and iii) Inform Policy development.

Private Sector are expected to: i) Support market-based solutions that expand availability of and access to affordable nutritious food products; ii) Provide expertise in global supply chain management, production, packaging, safety, quality assurance, marketing and delivery; iii) Work with government to scale up supplementation and fortification programmes and value chains; iv) Support market oriented promotion of nutritious foods in compliance with government policy control frameworks to raise awareness and consumption of high nutritional value food products; and v) Support financing of the MCDP initiatives through social cooperate responsibility.

Media will be responsible for: i) Popularising the MCDP II and its package of high impact interventions; ii) Disseminating research and study results related to MCDP II, budget analysis report, best practices and innovations; iii) Increasing awareness of the recommended behaviours and actions in food and nutrition and the consequences of non-action by government, partners, communities and the households; and iv) Mobilise the nation at all levels for collective action in food and nutrition.

Communities and households will be expected to: i) Mobilise themselves to act on challenges affecting their nutrition and health well-being in line with the conceptual framework for nutrition; ii) Sustainably adopt the recommended behaviours and actions to improve food and nutrition well-being in line with the different pathways towards nutrition improvement; and iii) Support implementation of the MCDP II high impact interventions in their areas by government and implementing partners.

IR 1.3 Priority Actions for Enhancing Partnerships and Alliances in support of 1000 MCDP II

Sn.	Priority Actions	Actual Activities	Lead implementer	Stakeholder	Level of implementation
1	Increase understanding of why nutrition matters and consequences for non-action by the different actors; nutrition landscape, policy, funding and programming in Zambia.	Conduct regular Nutrition promotion events at all levels. Use the different coordination platforms and events to raise awareness in Nutrition and to mobilise new partnerships. Develop and disseminate a map of both national and global partners, funding streams and allocation trends by government sectors, cooperating partners and implementation partners. Conduct and disseminate the Cost of Hunger for evidence based awareness creation on why nutrition matters and new partnerships. Document and disseminate evidence of positive results in food and nutrition investment. Advocate and persuade sectors to raise the Nutrition profile in the sector policies, strategic plans, human resource, Management and information systems, decision making frameworks and systems, work plans and budgets.	NFNC / TA	Line ministries, cooperating partners, UN agencies, SUN fund partners and Networks, communities and households	National Province District and Community

		Develop/adopt evidence based innovative approaches for community mobilisation, empowerment, lasting change and accountability.			
2	Leverage public-private partnerships in food manufacturing, fortification, value chains, market oriented production and promotion and marketing of nutritious food products; bio-fortified foods and neglected nutritious foods	Continuous engagement with private sector through the National Fortification Alliance to facilitate support in food fortification.	NFNC	Line Ministries, CSOs, NFNC.	National Level
		Put in place, widely disseminate and enforce appropriate food and nutrition legislation to support private sector involvement in nutrition.	MoH, MoJ		National
		Support manufacturers to produce and promote high quality complementary food products according to national legislation, and to engage in market oriented promotion of various nutritious food products including neglected nutritious foods.	SUN Business Network in collaboration with NFNC	Private Sector	National, Provincial and District
		Support regulatory and enforcement mechanism for food fortification.	MoH	Local Government (District Councils),	National, Provincial and District
		Provide platform for business captains' capacity development, networking, updates on government priorities and legislation in nutrition.	NFNC and relevant line ministries		
3	Form collaborative partnerships with research institutions and committed private sector partners	Engage research institutions to generate and disseminate evidence, products and technologies in support of nutrition.	NFNC	Line Ministries' research institutions	National, provincial and district
		Leverage relevant expertise of private sector to support strengthening of nutrition activities. Encourage private sector in social cooperate responsibility in support of nutrition.	SUN Business Network in collaboration with NFNC	Private Sector	

4	Maintain dialogue and collaboration with global nutrition community to stay informed of emerging nutrition issues, challenges and solutions	Attendance at Global and Regional gatherings.	NFNC	Line Ministries	National
5	Work with manufacturers to produce high quality supplementary nutritious foods	Collaborate with Private Sector to increase range of products that are nutritious and encourage reformulation.	SUN Business Network, NFNC, MoH	Private Sector	National

STRATEGIC OBJECTIVE 2: IMPROVE THE COVERAGE AND QUALITY OF PRIORITY HIGH-IMPACT NUTRITION INTERVENTIONS

MCDP I implemented a package of interventions that was guided by global recommendation following the 2013 *Lancet* series evidence and recommendations of 10 high impact nutrition specific interventions during the first 1000 days of human life. The MCDP II will deliver a more condensed high-impact, evidence-based nutrition intervention package that has been informed by both global evidence and Zambia's practical implementation experience and lessons learned from MCDP I. Table 1 lists the six core evidence-based and cost-effective interventions that will be implemented under MCDP II. The 6 interventions have demonstrated to have medium to strong evidence in reducing mortality and stunting using a comprehensive review of global evidence that was commissioned by the NFNC prior to the development of MCDP II.

Table 1: Priority High Impact Nutrition Interventions to Reduce Stunting

No.	Nutrition Intervention	Nutrition Specific	Nutrition-Sensitive
1	Promotion of Gender Equality and Women's Empowerment (2A) *(Cross-Cutting)*		□
2	Social Behaviour Change and Communication Campaign to Reduce Stunting (2B) *(Cross-Cutting)*	□	□
3	Promotion of Improved Infant and Young Child Feeding and Caring Practices (2.1)	□	
4	Promotion of Maternal and Adolescent Nutrition (2.2)	□	
5	Dietary Diversification through Nutrition-Sensitive Agriculture (2.3)		□
6	Promotion of Safe Water, Hygiene and Sanitation (2.4)		□

IR 2A. Promotion of Gender Equality and Women's Empowerment (Cross-cutting)

The MCDP II, will encourage gender mainstreaming in all interventions and will deliberately mobilise both men and women to work together to solve nutrition challenges affecting their community and households. MCDP II will address cultural and institutional barriers affecting women at individual, society, household and institutional levels. Women as primary care givers will be targeted in interventions that improve their knowledge, skills and decision making in child care and their own care. They will also be engaged in different livelihood and social-economic empowerment interventions to sharpen their leadership, self-esteem, influence and collaborative decision making alongside their male counterparts.

IR 2A Priority Actions for Promotion of Gender Equality and Women's Empowerment

Sn.	Priority Actions	Activities	Lead Implementer	Stakeholder	Level of Implementation
1.	Improve community mobilisation and participation of women and men	Train frontline workers in all line ministries on gender awareness. Promote male involvement in child feeding and child care. Scale up gender inclusion participation approaches for men/traditional/community and religious leaders and at household level.	NFNC/MoG	All Line ministries/ CSOs	Ward /Community
2.	Provide technical support and capacity building in gender mainstreaming	Review national and sector guidelines on various aspects of nutrition to ensure gender is mainstreamed. Emergency preparedness with a nutrition and gender dimension training for frontline workers. Cascade gender and nutrition learning hubs. Document and disseminate gender mainstreaming best practices. Support male champions for gender mainstreaming and women empowerment.	NFNC/MoG	All Line ministries/ CSOs	District /Provincial /National
3.	Improve Women's Access to quality inputs, Agricultural Extension Services and markets	Support female access to extension services and agriculture technologies. Create gender-sensitive agricultural extension systems and agribusiness interventions among women. Support and mainstream an agricultural extension service knowledge network platform through ICT. Develop community based seed banks for easy access to planting materials of nutritious foods. Support women access to agriculture markets. Promote value chains among women alongside men.	MOA, MFL and MoG	NFNC/CSOs	Ward /Community /District /Provincial

4.	Promote Women's Access to Financial and Social Services and livelihoods &resilience	Facilitate Financial literacy training. Facilitate linkages to microcredit support or in-kind revolving funds. Technical support to empower women entrepreneurs and village savings and loans.	MCDSS/MoG	NFNC /all line ministries/ CSOs	Ward /Community
5.	Promote Women's Leadership and Influence in local governance	Leadership Training and skills for CCGs and other women leaders. Strengthen women's leadership and influence. Strengthen intra-household counselling on decision-making and women's access to household resources	MCDSS/MLG/ MoG	NFNC/CSOs /all line ministries	Ward /Community

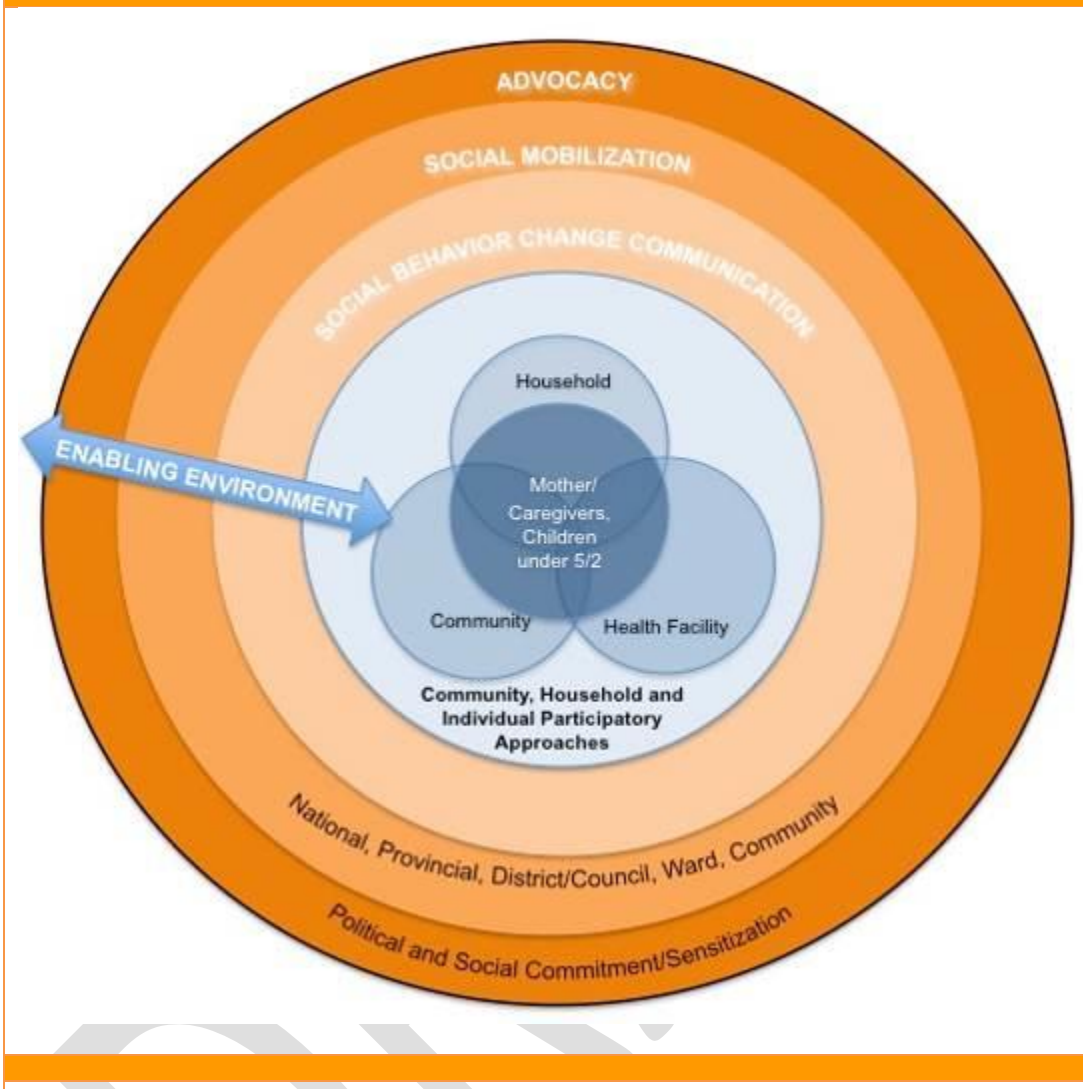
IR 2B. Improved Social Behaviour Change Communication Campaign for Stunting Reduction (Cross-cutting)

The MCDP I made solid progress towards the implementation of SBCC interventions aimed at the reduction of stunting. Some of the activities included the development of a communication strategy and the dissemination of nutrition-specific and nutrition-sensitive messages through multiple channels. However, a 2014 survey conducted by AIR revealed that increased nutrition knowledge did not necessarily link to improved nutrition practices (AIR, 2016). The SBCC delivered through front-line workers in MCDP I has demonstrated positive outcomes in promoting dietary diversity, complementary feeding, exclusive breastfeeding and zinc as a diarrhoea treatment (Greenland, et al 2011; Weiss, et al 2016) and MCDP II will build on this.

MCDP II will implement a large-scale SBCC programme focused exclusively on stunting reduction during the first 1000 days. The programme will be informed by a barrier analysis through a formative research to identify factors and change agents that influence nutrition behaviours based on the ecological framework (figure 12 below) of behaviour change and to determine core messages, delivery channels and approaches that can simultaneously be used to maximize the intensity and frequency of contacts with target population groups.

Multiple community based approaches that sustainably empower the community and women to act on nutrition challenges affecting them will be promoted. Apart from promoting knowledge and skills dissemination, MCDP II will encourage targeted and face to face nutrition counselling and support up to household level using different community based agents while reaching out to all that influence nutrition decisions based on the different layers of the ecological model in figure 12 and the results of the formative research. The SBCC will also promote generic messages and behaviours and known actors that are recommended for nutrition improvement (table 2 and 3) below.

Figure 12: The Ecological Model for Social and Behaviour Change Communication



Source: Adapted from USAID's IYCF SBCC Approach and McKee, Neil. *Social Mobilization and Social Marketing in Developing Communities*. Penang, Malaysia: Soutbound.

The programme will include three components:

1. ***Advocacy*** to increase resources and political/social commitment for nutrition support. A national advocacy (and media) component will be tailored to stunting reduction (see SO 4 Improved Advocacy).
2. ***Social Mobilisation*** for wider participation, collective action and change in communities, ownership and community mobilisation for lasting empowerment and change by both services providers and service users/communities.
3. ***Social Behaviour Change*** for changes in knowledge, attitudes and practices of specific audiences to improve the quality of, demand for and uptake of key nutrition and health services.

Table 2: Generic Nutrition, Hygiene and Agriculture Behaviours to Promote
Maternal Antenatal Care and Diet
Pregnant women eat a variety of foods.
Lactating women eat variety of foods.
Infant and Young Child Feeding
Mothers initiate breastfeeding within the first hour of birth.
Mothers give only breast milk for the first 6 months (exclusive breastfeeding).
Caregivers start complementary feeding at 6 months of age.
Caregivers prepare and feed children 6–9 months of age a variety of soft and thick meals.
Caregivers feed children 9–12 months of age variety of dense foods which include: fruits, vegetables, legumes, animal foods and fats for nutrient density.
Caregivers feed children 12–24 months of age according to recommended frequency, amount, thickness and variety, use active/responsive feeding and practice optimal hygiene.
Caregivers feed children from 6 months up to 2 years of age a variety of nutrient dense foods including fruits, vegetables, legumes, animal foods and fats according to age specific recommendations.
Mothers breastfeed children more during illness and recuperation. Exclusively breast feed sick babies less than 6 months of age more often. Encourage children 6-24 months to eat extra food and nutritious fluid during recovery from illness.
Prevention of Early Marriage and Childbirth
Adolescents use family planning methods to prevent early pregnancies
Lactating women time and spaced pregnancies.
Postpartum women (including adolescents) can recite family planning methods.
Managing Diarrhoea
Caregivers give their children therapeutic zinc for diarrhoea treatment with oral rehydration therapy (ORT),(WHO and UNICEF, 2010) prepare and administer ORS and zinc correctly and recognize danger signs of dehydration.
Caregivers will actively feed children, especially when the children are sick.
Mothers do not stop breastfeeding when their children have diarrhoea (basic diarrhoea prevention).
Caregivers correctly dispose of children's faeces.
Caregivers correctly use home-based diarrhoea management.
WASH
Caregivers wash their hands with soap and water at the all critical times: before preparing foods and feeding babies, before eating, after using the toilet, after washing or cleaning a baby's bottom and after direct contact with animal/human faeces.
Children's hands are washed with soap after stool and before eating.
Caregivers feed infants using clean hands, clean utensils and clean cups.
Caregivers store foods to be given to infants in a safe, clean place.
Caregivers keep a clean and sanitary environment free from animal and human faeces, especially when children are playing or eating (prevention of enteric dysfunction).
Caregivers use an improved latrine.
Caregivers will use a household water treatment (e.g., boiling, POU water purification product).
Dietary Diversity and Homestead Food Production
Households commit to developing a comprehensive homestead food production plan to improve family nutrition.
Households produce and consume a diverse diet through diverse staple food crops and vegetable gardens.
Households produce and consume nutrient-dense foods rich in micronutrients (vitamin A, vitamin C, iron and iodine).
Families consume fortified foods (cooking oil with vitamin A, flours with iron, iodized salt).

Table 2: Generic Nutrition, Hygiene and Agriculture Behaviours to Promote
Nutrition-Sensitive Agriculture and Animal Management
Households use time- and labour-saving agriculture and animal management technologies.
Households increase their production and consumption of animal-source foods.
Households use sustainable agricultural practices such as agro-forestry, intercropping, cover crops, composting, soil conservation and water conservation.
Households' process foods at home by drying, or milling conserve nutrients.
Households' process and store food properly to preserve nutrients, especially for lean seasons.

Audience Segmentation

Table 3: Primary and secondary target populations for MCDP II	
Priority Targeted Population Groups	Mothers or caregivers, including adolescents, of children under 5 years of age (and their households) Pregnant and lactating women
Secondary Audiences (Service Providers and Influencers)	Fathers of children under 5 years of age Grandmothers, mothers-in-laws siblings and other influencers Mothers' and fathers' peer groups and social networks Nutrition and WASH service providers (health workers, agriculture workers, community development workers, community health and WASH promoters) Religious leaders Adolescents Community and Ward leaders (Village Headpersons)

Almost all line ministries work with community volunteers and have experience supporting them, therefore MCDP II will draw from this wealth of experience when selecting and engaging volunteers and consideration will be made to find ways of working with the many already existing structures of volunteers in the community. These groups include SMAGs, NHCs, NSG, NP, CHP, GMP, WASHe, community champions, farmer groups, cooperatives, peer counsellors/educators, lead farmers, as well as village headmen. Volunteers from the community will form Nutrition Support Groups (NSG); these groups will be the cornerstone for facilitating delivery and convergence of interventions and services at community and household level. They will be accountable to the community leadership. The NSGs will be established and operate with support and guidance from the DNCC according to MCDP II operational guidelines and using lessons from elsewhere. In order to encourage men's participation in the programme, both men and women will be selected into the nutrition support groups and other operational structures and to be ambassadors for nutrition. More details on the functions of the Nutrition Support Groups, the members, and the community level coordination structure can be found in Annex 2.

Key Communication Channels

The *SBCC Stunting Reduction Strategy* will use three complementary communication approaches: **1) Interpersonal communication, 2) Community/social mobilisation and 3) Media**, using a variety of mutually reinforcing communication channels and activities (table 4) which will further be informed by the formative research.

Table 4: MCDP II SBCC Communication Channels and Activities

Communication Channel	Description
Interpersonal Communication (One-on-One Counselling or Community Care/Support Group Counselling	One-on-one client centred counselling, group education and on-going support and coaching by community based support groups (e.g., Community Care/Support Groups, peer counsellors, community-level promoters, farmers groups, frontline workers and facility based health workers) will be used to reach out to the mothers/direct caregivers and their households through multiple contact points for delivery of nutrition-specific and nutrition-sensitive services and interventions.
Multiple Media Channels	Mass media, mid-sized media (community radio or video), small media (posters, flyers, calendars), traditional media (songs, dance) and social media (Twitter, Facebook, SMS). Informal means (community theatre, songs), videos, posters and leaflets
Community Mobilization and Advocacy	National campaigns (immunization days, Child Health Days, World Breastfeeding Week, Water Days), field shows or displays, food fairs, national, provincial, district and community level events, rallies. Educating and motivating influential audiences to act and support maternal, infant and young child nutrition. National, Provincial and Sector MCDP II ambassadors.

The *SBCC Stunting Reduction Strategy* will promote intensive, consistent behaviour change using the same and harmonised key messages through multiple interactions with target beneficiaries and influencers.

IR 2b Priority Actions Improving Social Behaviour Change Communication Campaign for Stunting Reduction

Sn.	Priority Actions	Activities	Lead implementer	Stakeholder	Level of implementation
1	Generate evidence to guide the SBCC	Conduct formative research and disseminate results to inform SBCC.	NFNC	Line ministries implementing partners	In targeted districts
2	Support the development of robust communication strategy, tools and implementation plan informed by the evidence from the formative research	Utilise results to - develop robust SBCC strategy, tools and implementation plan.	NFNC	Line ministries, NGOS	National
		Disseminate the SBCC strategy, tools and	NFNC	Line ministries, NGOS	National, district, Provincial, ward

		implementation plan to stakeholders.			
		Facilitate formation or rejuvenation of community based structures and support their capacity building, delivery of services and implementation of interventions and performance tracking.	NFNC	Line ministries, NGOS	National,
3	Promote production of diversified foods and the consumption of diversified diets among Pregnant and lactating women	Promote diversified production of high nutritional value foods. Establish community based seed banks. Popularise improved technologies in agriculture to improve production, proper storage, processing and preservation of high nutritional value foods. Disseminate information and promote skills on diversified diets through multimedia, home visits and client centred counselling. Promote recipes that increase dietary diversity and use of nutritious foods including neglected foods.	MOA and MFL	NFNC, Line ministries, NGOS,	National, Provincial Ward/community
4	Promotion of the adoption of stunting reduction behaviours (IYCF, WASH, Food and dietary diversity and Maternal nutrition)	Disseminate information through multimedia and client centred counselling using multiple contacts.	Line ministries, NFNC	NFNC, NGOS,	National, Provincial, district, Ward community
5	Strengthen stakeholders capacity to plan and implement BCC activities	Train TWGs and the various implementation structures in SBCC and	MOH, Local Government	NFNC, Line ministries, NGOs	National, Provincial, ward

		Communication Skills. Support implementation of the SBCC by the trained personnel.			
		Provide mentorship to PNCC, DNCC and community based structures in the implementation of communication activities.	NFNC	Line ministries,	National
		Support cascade training for front line officers in BCC and nutrition sensitive messaging.	NFNC	Line ministries, NGOS	district, ward/community
		Support functioning and community level activities of hybrid community care/nutrition support groups.	NFNC ,	Line ministries, NGOS	ward/community
6	Strengthen gender mainstreaming in nutrition communication activities	Review and develop gender responsive communication materials.	MOG /NFNC	Line ministries, NGOs	National, Provincial, District and ward/community

IR 2.1. Improved Infant and Young Child Feeding and Caring Practices

Growth faltering is most evident between 6 and 12 months of age, when foods of low nutrient density and quality begin to replace breast milk, and rates of diarrhoeal illnesses are at their highest. Poor hygiene and sanitation, as well as lack of safe drinking water, are associated with malnutrition, as exposure to faecal microbes induces a gut disorder that reduces a child's ability to absorb nutrients (Korpe, Poonum, & Petri, 2012).

Improved infant and young child feeding and caring practices such as early initiation of breastfeeding, exclusive breastfeeding up to 6 months, timely introduction of optimal complementary foods are fundamental for preventing all forms of malnutrition and promoting growth and development. Safe water, good sanitation and hygiene also contribute to optimal growth and development.

The abundant strong evidence of the impact of promoting IYCF interventions on improving child survival, growth and development forms the basis for the MCDP II focus on improving IYCF practices among care givers of children less than 2 years of age.

IR 2.1 Priority Actions for Improving Infant and Young Child Feeding and Caring Practices

Sn.	Priority actions	Activities	Lead imple menter	Stakeholders	Level of implementation
1	Improving nutrition in infancy 0-6 months	Revitalize and scale up Baby Friendly Hospital/health facility Initiatives. Strengthen capacity of frontline workers and community structures in breastfeeding promotion and counselling. Strengthen support to pregnant and lactating women to successfully breastfeed exclusively during the first 6 months of child's life. Build capacity for monitoring and enforcement of the Code on Marketing of Breast Milk Substitute. Ratify the International Labour Organisation (ILO) Maternity Protection Convention 183. Document and disseminate success stories and experiences in exclusive breastfeeding in Zambia.	MOH MOL NFNC	MCDSS, MOA, MOG, MOGE UNICEF, WHO, UNFPA ILO, IBFAN, BAZ District	National Province/ District / Ward/community
2	Nutrition in early childhood 6–24 months	Expand and improve the quality of both facility and community based Growth Monitoring and Promotion Services. Promote optimal age specific feeding practices for children 6-24 months. Popularise recipes that encourage dietary diversity of complementary foods and consumption of animal foods. Support Vitamin A supplementation to children 6-59 months with particular focus on poor performing districts where coverage is low and hard to reach communities. Operational Research on utilization of locally produced foods for complementary feeding for children 6 – 24 months.	MOH MOA MFL NFNC,	MCDSS, MOA, MOG, MOGE WFP Private sector	District / Ward/community

		Support use of Therapeutic Zinc for Diarrhoea Treatment and Feeding During Diarrhoea Advocate and formulate policy on implementation of Micronutrient powders Promote Hygiene Practices /Safe Preparation and Storage of Complementary Foods Support community level activities on contact tracing to facilitate early detection, counselling and referral for IMAM			
3	Strengthen links between nutrition and ECD to enhance positive practices that promote Child Development	Support secure attachment between primary caregiver and infant 0-23 months. Support child regulatory skills and development of key milestones (movements, hand and finger skills, language, cognitive/ social/emotional)	MOH & MCDSS	NFNC, MOA, MOG, MOGE	District / Ward/community
4	Care and Feeding of the Sick and Convalescent Child	Support education on appropriate feeding during and after illness/sickness and encourage frequent feeding.	MOH	MOA, MOG, MOGE NFNC	District / Ward/community
5	Strengthen Growth Monitoring and Promotion	Expand Community Based Growth Monitoring and Promotion using Community volunteers. Improve quality of Facility and Community Based GMP Build capacity of health workers and volunteers in anthropometric measurements to also include height measurement. Build capacity of health staff and community coordinators, supervisors and volunteers to use quality GMP data for annual planning and budgeting. Strengthen client centred counselling and support during GMP	MOH	NFNC, MOA, MOG, MOGE MFL UN Agencies NGOs	District / Ward/community

IR 2.2. Improved Maternal and Adolescent Nutrition

Undernutrition before and during pregnancy and lactation is a critical determinant of maternal, neonatal and child health outcomes. Therefore, improving dietary adequacy during pregnancy and lactation is important to help women and adolescents accommodate their own nutritional requirements, as well as their children's requirements during intrauterine development and breastfeeding (Lamstein S et al., 2014). Stunting and anaemia during pregnancy are risk factors for low birth weight (LBW) infants (Amugsi et al., 2015). LBW infants are more susceptible to death, and as adults may face a higher risk of chronic illness such as diabetes and heart disease (Nguyen et al, 2013). Improving the nutritional status of PLW and women of reproductive age can reduce risk factors that affect the health and survival of mothers and children (Abdulai, and Jahn, 2016).

Growth during adolescence is faster than at any other time in an individual's life except for the first year of life (Save the Children, 2015). Chronically malnourished girls are more likely to remain undernourished during adolescence and adulthood, and when pregnant, are more likely to deliver low birth-weight babies, who are in turn more likely to remain stunted as infants (R. Salam, 2016; WHO, 2006). Adolescent mothers bear a double burden: one involving their own growth and development, and another involving the intra-uterine growth and development of their offspring (WHO, 2006).

MCDP II will promote interventions that will target adolescent girls, pregnant and lactating women in order to promote adequate nutrition before, during and after pregnancy. MCDP II is also expected to benefit from interventions aimed at discouraging adolescent pregnancy considering its association with a higher incidence of preterm birth and low birth weight which poses significant threats to infant morbidity and mortality. Such interventions are expected to keep girls in school, delay the age of first birth, and delay age of marriage through promotion of youth-friendly family planning and health services.

MCDP II will also focus on raising awareness on maternal, infant and young child feeding considering that the knowledge of adolescent girls on appropriate infant and young child feeding practices, including exclusive breastfeeding and dietary diversity, is generally low (Alam, 2010; Hoddinott, 2016; Gopal, 2014). The provision of appropriate, potentially targeted education and services to support best practices for maternal, infant and child feeding and care could significantly improve maternal self-efficacy, child care and nutrition security (Hackett, 2015).

IR 2.2 Priority Actions for Improving Maternal and Adolescent Nutrition

Sn	Priority Actions	Activities	Lead Implementer	Stakeholders	Level of Implementation
1	Promotion of Diverse Diet for pregnant and lactating mothers and adolescents	Develop and disseminate dietary guidelines and nutrition education and counselling materials.	NFNC	Line ministries, NGOs Donors	National
		Scale up production, access and consumption of diversity of food crops, fish and livestock	MOA, MFL	MCDSS NFNC	All levels
		Promote recipes and food products that encourage consumption	MOA, MFL	NFNC, NGOs, MoGE	All levels

		of a diversity of high nutrition value foods and animal and fish products			
		Increase production and consumption of fortified and bio-fortified foods and other nutritious food products	MOH, MOA, MFL	NFNC, NGOs, MoGE	All levels
		Examine the need for micronutrient supplementation among adolescents by assessing the nutrition status	NFNC, MoGE	All line ministries	National
		Develop and implement interventions for dietary improvements that would address nutrition interventions for school and out of school adolescents	MoGE	NFNC All line ministries	All levels
2	Promotion of maternal nutrition assessment and counselling	Increase women and adolescents' access to nutrition services and counselling during pre-pregnancy, pregnancy and lactation. Strengthen Nutrition education and counselling on consumption of nutritionally adequate diet during pre-pregnancy, pregnancy and lactation Promote early antenatal care in first trimester and at least 4 antenatal visits Strengthen nutrition counselling to adolescent, pregnant and lactating women through various contact points	MOH, MoGE	Line ministries NGOs	Health facility communities
3	Strengthen delivery of adolescent nutrition services across key sectors	Build capacity of school health clubs to deliver nutrition messaging specifically directed towards adolescent girls	MoGE	NFNC	Community
		Strengthen youth friendly services and programmes to support family planning and prevention of early marriage.	MoH, MCDSS, MoGE	NFNC	District and community

		Support school re-entry policies to keep adolescent girls in school and delay the age of marriage to improve birth outcomes and reduce poverty	MoGE	NFNC MOH Gender MCTA MCDSS	All levels
		Develop research agenda to assess nutrition information schools offer in health and nutrition promotion	MoGE	NFNC	National

IR 2.3. Improved Dietary Diversification through Nutrition-Sensitive Agriculture

Nutrition-sensitive agriculture has significant, positive impact if there is an explicit nutrition objective, women are empowered, poorer households are targeted and nutrition outcomes are measured with clearly defined indicators (FAO, 2013; World Bank. 2007; Henson, Humphrey, McClafferty, 2013). MCDP II will reinforce Nutrition sensitive agriculture interventions that will include: 1) Increasing production of a diversity of high nutrition value foods to increase food and dietary diversity and household own consumption, 2) Increasing food production for increased income and encourage use of the income to improve dietary quality and diversity and 3) women's empowerment to be in charge of taking actions on factors causing malnutrition in their household and community, increased control over resources and decision-making related to agriculture and household food expenditures and to improve time and labour efforts, especially during pregnancy and lactation and for child care.

IR 2.3 Priority Actions for Improving Dietary Diversification through Nutrition-Sensitive Agriculture

Sn	Priority actions	Activities	Lead implementer	Stakeholder	Level of implementation
1	Increasing production and consumption of dietary-diverse nutrient-dense foods	Develop and scale up a comprehensive homestead food production model. Support school demonstration gardens in production of micronutrient rich foods Promote multi-mix dishes and recipes that increase diversity score Promote consumption of neglected high nutritional value foods including edible insects and caterpillars Strengthen nutrition sensitive pre- and in-service training of frontline workers for sustainable support to farmers on nutrition sensitive agriculture	MOA MFL MOGE NFNC	MOGE MOA MFL MCDSS MOG Seed companies Agrochemical industries NGOs	District Schools Communities

2	Promote Improved Agricultural Inputs, Practices and Technologies	Support increased production of quality, locally available seed systems through seed multiplication and preservation (beans, orange fleshed sweet potato and orange maize seed, perennial vegetables, crops with multiple products, fruits). Develop and support the roll-out of time- and labour-saving technologies. Build capacity for local farmers in climate smart agricultural practices. Leverage the scale up of the e-voucher programme to ensure supply of a variety of seeds. Engage the private sector in ensuring input supply for crops beyond maize by reducing pack sizes, increasing seed diversity and availability. Support for small-scale homestead and cooperative level industrial food processing equipment (e.g., for drying and preserving nutritious foods). Promote value-addition and strengthen access to markets. Support rolling out of improved and nutrition sensitive food processing, storage and preservation. Raise awareness among farmers to invest in Nutrition and health wellbeing of their families	MOA	MOGE MFL MCDSS MOG Seed companies Agrochemical industries NGOs NFNC	Communities
3	Support roll out of improved small animal and fish management practices	Introduce improved poultry and ruminant varieties Build capacity of farmers in improved management practices of poultry, fish and small livestock.	MFL	MOA Private sector NGOs NFNC	District Community

IR 2.4. Improved Access to and Use of Safe Water, Hygiene and Sanitation (WASH)

A poor health environment with inadequate access to clean water and unsafe sanitation and hygiene practices increases the risk of enteric diseases that indirectly cause malnutrition (United Nations Children's Fund (UNICEF), 1990.). Poor sanitation costs Zambia 1.3% of GDP

annually from a combination of premature deaths and productivity losses from people affected by diarrhoeal diseases (World Bank, 2012)

MCDP II will implement WASH interventions that focus on improved water, food and personal hygiene, sanitation and overall clean environments.

IR 2.4 Priority Actions Improving Access to and Use of Safe Water, Hygiene and Sanitation (WASH)

Sn	Priority actions	Activities	Lead implementer	Stakeholders	Level of implementation
	Complement CLTS for use of improved sanitation	Strengthen awareness and knowledge of the linkage between WASH and Nutrition among core staff, frontline workers, community structures, caregivers and communities Promote WASH behaviours among all people Build capacity of community masons in construction/maintenance of improved and more durable toilets Build capacity for programme monitoring and CLTS reporting to National level. Support community champions in follow-up and implementation of CLTS interventions at household level. Build capacity of community champions in counselling skills to support CLTS uptake.	MWDSEP	MOH MOGE MCDSS NWASCO	District Health facilities Schools Communities
	Support increased sustainability of Water Services by improving service delivery	Update asset inventories of water supply infrastructure and service levels Coordinate the use of borehole construction and maintenance funds to support target villages. Support Area Pump Menders (APMs)/WASHE	MWDSEP	MOH MOGE MCDSS NWASCO	District Health facilities Schools Communities

		committee to be trained in operation and maintenance of water points in priority areas. Support household level water treatment initiatives.			
	Promote safe environment for children	Support activities to ensure safe play areas for young children, penning animals and poultry, and cleaning homestead surroundings. Support safe use and storage of agriculture chemicals	MWDSEP	MOH MOGE MCDSS NWASCO MOA	District Health facilities Schools Communities

STRATEGIC OBJECTIVE 3: IMPROVE INSTITUTIONAL STRENGTHENING AND CAPACITY BUILDING

Zambia has a critical shortage of skilled human resources to deliver food and nutrition services, especially at community level, which is a major obstacle to providing quality food and nutrition services. Further, more staff are available in urban than in rural areas (NFNC, 2011), and many frontline staff have limited nutrition skills and knowledge. This limits capacity to implement life-saving nutrition-specific services and longer-term nutrition-sensitive solutions in other sectors, especially agriculture and water and sanitation. MCDP II will support technical and institutional capacity strengthening in the line ministries and the NFNC.

IR 3.1. Strengthened Capacity of Institutions, Management and Systems for the MCDP II at All Levels

It has been recognized that accelerating and sustaining progress in nutrition will not be possible without long-term national and global support to strengthen systemic and organizational capacities and transformation of political commitment into actions that lead to improvements in nutrition (Black, 2013). MCDP II will support leadership and technical training of government staff, review and harmonise operational and technical guidelines for MCDP II and train staff.

Multi-sectoral Orientation of stakeholders in Implementation of MCDP II

As MCDP II orientation and leadership training is rolled out in the initial months of the programme, plans for in-service training in MCDP II of supervisors and front-line staff across the key Ministries will be finalized. In-service training for programme implementers will be cascaded from National to Ward level to mainstream priority MCDP II services and interventions. (see IR 3.2).

Harmonized Operational and Technical Guidance for MCDP II

At the beginning of MCDP II, harmonized MCDP Implementation guides will be revised, distributed and disseminated to all implementers. The guidelines will clearly define nutrition-specific and nutrition-sensitive interventions to be implemented under MCDP II by each sector. It will direct the documentation of (a) annual nutrition investments and anticipated results, (b) funding allocations and budget tracking of nutrition interventions (c) development of MCDP work plan and (d) support annual nutrition requests to ministries. The District scorecard in table 5 will help to track district level institutional improvements in operationalising the guidelines.

Table 5: District MCDP II Scorecard			
District: _____	✪	✪	✪
Ward: _____	✪	✪	✪
MCDP II Focal Persons in place	✪	✪	✪
MCDP II sensitization conducted	✪	✪	✪
MCDP II orientation conducted (see SO 3 for all orientation)	✪	✪	✪
MCDP II plan in place	✪	✪	✪
MCDP II budget in place	✪	✪	✪
MCDP II targets in place	✪	✪	✪
District sector management teams oriented in MCDP II	✪	✪	✪
DNCC oriented in MCDP II	✪	✪	✪
Front line workers from all sectors in oriented in MCDP II	✪	✪	✪
Community Volunteers trained in community care group model	✪	✪	✪
MCDP II progress reported in quarterly District management meetings	✪	✪	✪
District MCDP II implementation reports for each quarter available	✪	✪	✪
Documentation of MCDP II information/events available	✪	✪	✪
Resources raised for MCDP	✪	✪	✪
Source: NFNC, 2017.			

IR 3.1.3. Increased and Strengthened Nutrition Capacity at NFNC and Line Ministries

Current capacity (e.g. skills in curriculum review; proposal development; coordinating partners; strategic policy analysis, interpretation and response; training methodologies and advocacy) and staffing for nutrition in the NFNC and line ministries are insufficient to fulfil both the technical obligations under MCDP II and existing responsibilities in an increasingly complex nutrition portfolio. This may be compounded by insufficient staffing at various levels. Staffing needs identified by the Nutrition Association of Zambia (NAZ) and other studies will be prioritised for implementation in MCDP II. In addition, short-term technical assistance in areas such as ECD, food fortification, Nutrition sensitive programming, policy analysis and evidence based planning, M&E, communications, WASH, planning, leadership skills, and resource mobilisation capacity (GRZ, 2014) will strengthen capacity in needed technical skills.

IR 3.1 Priority Actions for Strengthening Capacity of Institutions, Management and Systems for the MCDP II at All Levels

Sn.	Priority Actions	Activities	Lead implementer	Stakeholder	Level of implementation
a) Institutional Strengthening and Capacity Building					
1	Strengthen the capacity of line ministries and NFNC in evidence based programming and programme management.	Support sectors to institutionalise well defined strategic direction that corresponds to the MCDP II and other nutrition targets and the sector specific theory of change. Roll out Leadership training for senior managers and technical staff. Training of key staff in NFNC and line ministries in policy analysis, interpretation and response and evidence based planning. Develop and execute plans for in-service training for MCDP II supervisors and front-line staff across the key Ministries. Cascade in-service training of provincial and district nutrition coordinators, Line Ministry nutrition focal persons and community staff to mainstream priority MCDP II services and interventions into Provincial and District MCDP II work plans. Develop/update harmonized technical and operational guidance as well as in-service training guidelines for facility-based service providers	NFNC	All ministries donors	National
		Placement of both short term and long term expertise in NFNC and Line Ministries.	NFNC	All line Ministries	National and Provincial

2	Transformation of NFNC to respond to emerging needs of food and nutrition	Support institutional organisation and re-branding of NFNC. Support placement of Programme Development and Implementation expert in NFNC to manage the MCDP roll out. Develop and implement a capacity development strategy.	NFNC		National

IR 3.2. Strengthened Pre and In-Service Training for Nutrition

To improve the quality of nutrition services, increasing the number of nutrition professionals across all sectors and strengthening their technical knowledge and skills are critical. Strengthening leadership at national, sub-national, and community levels, including management capacity for nutrition-related activities is also fundamental. Higher learning institutions and systems for training, recruitment, deployment and retention of competent professionals need to be strengthened to help create leaders and researchers for nutrition innovation and technological advances.

As part of strengthening the Nutrition professionals, the MCDP II will support the implementation of the National Workforce Strategy for nutrition completed under MCDP I for public sector cadres at national, provincial, and district levels. The Workforce Strategy will be updated and augmented with staffing guidance at ward and community levels. This is in line with the National Food and Nutrition Strategic Plan 2017-2021 in which Strengthening pre and in-service training has been highlighted as one of the long-term strategies identified by the GRZ to address the skills gap in nutrition in the key sectors of health, education, WASH, community development and social welfare and agriculture. The training will be complemented by on-going for pre- and in-service training of front line workers and other sectoral cadres whose job descriptions and competencies will need to include nutrition so that they can develop the nutrition skills and knowledge relevant to their sectors. Continued technical assistance through on the job or on site coaching and mentoring will reinforce staff competences for more prominent nutrition sensitive service delivery and interventions.

Strengthened Pre-service Training

MCDP II will facilitate review of training curricular for core colleges that are training front line workers under each sector depending on a needs assessment. The colleges will be trained in the revised curriculum to ensure that they can adequately deliver the revised course. The pre-service training for frontline workers in MCDP II will focus on strengthening the delivery of the nutrition-sensitive programming and service delivery to ensure that all new graduates are well equipped to support the communities and households.

Strengthened In-Service Training

MCDP II will provide in-service training for staff already providing services especially at community level. The training will be competence based using both classroom based training and innovative methodologies for skills reinforcement such as practical, hands-on practices

through attachment and on-going on the job and on-site coaching and mentoring. A pool of master trainers will be capacitated to conduct the in-service training. Relevant training Institutions may also be mobilised to provide short term courses in nutrition-sensitive courses to frontline workers.

IR 3.2 Priority Actions for Strengthening Pre and In-Service Training for Nutrition

Sn.	Priority Actions	Activities	Lead implementer	Stakeholder	Level of implementation
b) Strengthening Pre-and In-Service Training					
1	Strengthen workforce for MCDP II	Develop and support implementation of the costed nutrition workforce plan across key sectors. Advocate for implementation of workforce recommendations in each sector. Develop integrated capacity development plan for frontline workers to enhance delivery of nutrition specific and sensitive intervention at community level. Review of in-service capacity needs for nutrition. Review curriculum for frontline workers in key sectors to strengthen Nutrition sensitive courses. Strengthen competency-based national in-service training by cadres.	NFNC/NAZ	All line ministries	National level
2	Integrate Gender and nutrition into pre and In-service Training Modules	Advocate for inclusion of gender into curriculum in Training of college/university.	Gender/ NFNC		National
3	Strengthen complementarity in execution of service delivery at community levels	Update and promote use of the multi-sector *Field Workers' Reference Guide for the 1st 1000 Most Critical Days*,	NFNC	All line ministries NAZ	National
		Strengthen sector linkages at operational level	NFNC	All line ministries	National, Provincial, District and Community
		Develop and operationalise community empowerment plan to guide priorities for community empowerment activities.	NFNC	All line ministries CSOs NGOs	Community
4	Increase opportunity for internship among the IPs at all levels	Expand opportunities for internship at national, provincial and district levels	All line ministries CSOs NGOs	UN System, Training Colleges	National, province and district

STRATEGIC OBJECTIVE 4: IMPROVE ADVOCACY

The NFNC has been conducting a number of advocacy events to raise awareness and the profile for nutrition including high profile local and international Nutrition conferences presided over by the Presidency. The efforts became more intensified when Zambia joined the global SUN movement in 2010 which created a lot more opportunities for advocacy through high level and technical multi-sectoral platforms and a broad civil society group which were created. Several advocacy engagements with high level policy, decision makers and management teams and stakeholders in nutrition were carried out to improve nutrition visibility and investments. The efforts managed to lobby and to persuade concerned stakeholders to create an enabling environment for implementation and sustainability of nutrition interventions.

Zambia has also benefited from new global and regional but country-led initiatives and concerted efforts to raise the flag for nutrition and compel governments to priotise Nutrition in the country-led development agenda and to commit to invest in Nutrition. The efforts have increased the potential of national and international support for scaling up nutrition and other related efforts. The efforts also saw GRZ declaring commitment to Nutrition through various global platforms described earlier under IR 1.2. *'Strengthened Financing and Accountability at All Levels'.*

However, although there has been an improvement in investments to tackle undernutrition, the government budget allocation, outside of human resources, remains stagnant and in some cases, declined, even though the national budget doubled from 2012 (Concern Worldwide, 2017). More advocacy is still needed to change the mind set of people in key positions and to improve appreciation of nutrition as a key investment area among policy and decision makers, technical staff, programme coordinators, implementers, service providers' communities and families in order to improve the speed with which Nutrition sensitive policies and programmes are cascaded at national, sector and operational level.

MCDP II will build on the previous achievements to further galvanise more support for nutrition from both GRZ and partners to enable the roll out of the MCDP interventions to benefit more people in the country. The advocacy will continue at national, provincial and district levels to further raise the nutrition visibility and mainstreaming in sector development policies, strategic and operation plans, budgets and development objectives with trackable indicators. The advocacy is expected to: i) Reinforce government's commitment to invest in nutrition; ii) Stimulate positive attitude and support for nutrition activities and iii) Strengthen capacity of Nutrition Implementers to lobby for nutrition support.

IR 4.1. Strengthened Advocacy for MCDP II at All Levels

MCDP II will implement a unified, evidence based and harmonized advocacy approach that will engage cross section of stakeholders from GRZ and the Executive, the public, the legislature, private sector, communities and caregivers/families to mobilise a network of support for nutrition. The efforts will be led by the NFNC in partnership with the SUN CSO,

Academia, Business and Donor networks and Nutrition champions. The advocacy strategies will prioritise the following:

- Reinforce government's and partners' long-term commitment to and investment in nutrition and ensure resources intended for nutrition are used appropriately.
- Strengthen the voice for nutrition at national, sector and community level.
- Strengthen capacity to deliver nutrition services/interventions and improve coverage.
- Place the coordination of nutrition activities at a high level (above line ministries) and within ministries.
- Prioritize and harmonize legislation to improve nutrition.
- Strengthen integration of nutrition into sector plans and budgets.
- Improve accountability for nutrition across sectors.

Target Audiences: Table 6 below lists the proposed audiences for MCDP II advocacy (to be adapted as the strategy evolves).

Table 6:Advocacy Strategy Target Audience and Communication Channels

No	Audience (*priority)	Communication Channnels													
		Data Dashboards and Canned Reports	e-Quarterly Newsletter	Fact Sheets	Learning Briefs	Learning quarterly Meetings	Media (Video and	Media (Posters and	PowerPoints	Site Visits	Social Media (Facebook, Twitter, Google+, WhatsApp)	Short Message Service (SMS) and Text Messages)	Webinars	Website/COP	Workshops
1*	*Office of the President/Vice-President		□	□						□				□	
2*	*Key Line Ministers, Cabinet Officers and Members of Parliament including Parliamentary Committees	□	□	□	□		□	□	□	□	□	□	□	□	□
3*	*Permanent Secretaries, Directors of Key Line Ministries	□	□	□	□		□	□	□	□	□	□		□	□
4*	* CSOs	□	□	□	□	□	□	□	□	□	□	□	□	□	□
5	Local leaders	□	□	□		□	□	□		□					□
6*	*Cooperating Partners		□	□	□					□			□	□	
7*	*Private Sector			□	□					□			□	□	
8	PDCCs/DDCCs	□	□	□	□	□	□	□	□	□	□	□	□	□	□

IR 4.1 Priority Actions for Strengthened Advocacy for MCDP II at All Levels

Sn.	Priority Actions	Activities	Lead implementer	Stakeholder	Level of implementation
1	Reinforce government's and partners' investment in nutrition	Generate evidence for advocacy (Cost of Hunger or Profiles for Zambia). Orient the media and Nutrition champions on the evidence and desired actions Popularise the evidence to policy and decision makers, Legislature, private sector, academia, the public. Development and distribution of advocacy tools.	NFNC	Civil society/ NGOS, Line ministries,	National, provincial, Ward/community

		Hold engagement activities with policy makers (e.g. Media Breakfast, Parliamentary committees,etc).	NFNC	NGOS, Civil Society, Line ministries,	National, Provincial
2	Lobby the placement of nutrition coordination activities at a high level (above line ministries) and within ministries.	Support engagement activities with leaders (Committee of PSs, Directors, Multi stakeholder platform, Parliamentary Committees).	NGOs/Civil Society	Line ministries, NFNC	National, provincial
		Engage the public through electronic and print media.	NFNC	Line Ministries, Civil Society	National, Provincial, District, Ward.
3	Increase the capacity of legislators to pass laws that support nutrition	Orient leaders on Nutrition Profiles.	NFNC,	NGOs, line ministries	National
		Orient Parliamentary caucus and committees on importance of nutrition and associated legislations	NFNC,	NGOs/Civil Society, line ministries	National
4	Strengthen integration of nutrition into sector policies, plans and budgets	Orientations for various policy and decision makers at different levels using various platforms. Utilise data on budget expenditure tracking on nutrition during advocacy events.	Line Ministries, NFNC	NGOS	National and Provincial
5	Improve accountability for nutrition across sectors	Orientations for the policy and decision makers at different levels. Resource tracking and dissemination	Line Ministries, NFNC	NGOs	National, provincial, ward
6	Improve the capacity of leaders to lobby government to support nutrition Interventions	Engagement with House of chiefs,	NFNC, MOCTA	Line ministries, NGOs	National, Ward and community level
		Presentation and popularising Nutrition Profiles/cost of hunger'	NFNC	Line ministries, NGOs	National, Ward and community level
		Meetings with HODs	Line ministries, NGOs		National, Provincial, District

STRATEGIC OBJECTIVE 5: IMPROVE MONITORING, EVALUATION, RESEARCH, LEARNING AND ADAPTIVE MANAGEMENT

MCDP I facilitated the development of an integrated multi-sectoral monitoring, evaluation and reporting system for nutrition interventions at national, province, district and sub district levels. The programme put in place an M&E plan, tools for data collection and reporting, and formed technical working groups for data management at respective programme levels.

In MCDP II, the focus will be on strengthening functional M&E systems that will adequately facilitate knowledge documentation, management, dissemination, learning and sharing to meet stakeholders' information needs for evidence based and impact oriented programme planning and management. It will involve key stakeholders in learning how to utilise data for purposes of improving programme efficiency and implementation. Programme monitoring will identify and document best practices, innovations, trends, lessons learnt and challenges at each level in order to guide policy strategic direction, decision making and facilitate the exchange of information across the sub district, district, provincial and the national levels. The M&E, research and adaptive management priorities for MCDP II are listed below.

Targets and Target Setting:
MCDP II will aspire to achieve set targets that will be defined with reference to the desired rate of stunting and of other forms of malnutrition towards achieving the 2025 WHA targets for reducing stunting and other forms of malnutrition, baseline levels of impact indicators (stunting) in the impact districts and past stunting trends in Zambia and similar countries**.** The targets will be aligned to the theory of change for each sector described in figure 5 above, the global sustainable development goals targets, institutional and human capacity needs and gaps in existing services, the existing and surge capacity and logistics to scale-up and the available and anticipated GRZ and donor funding resources.

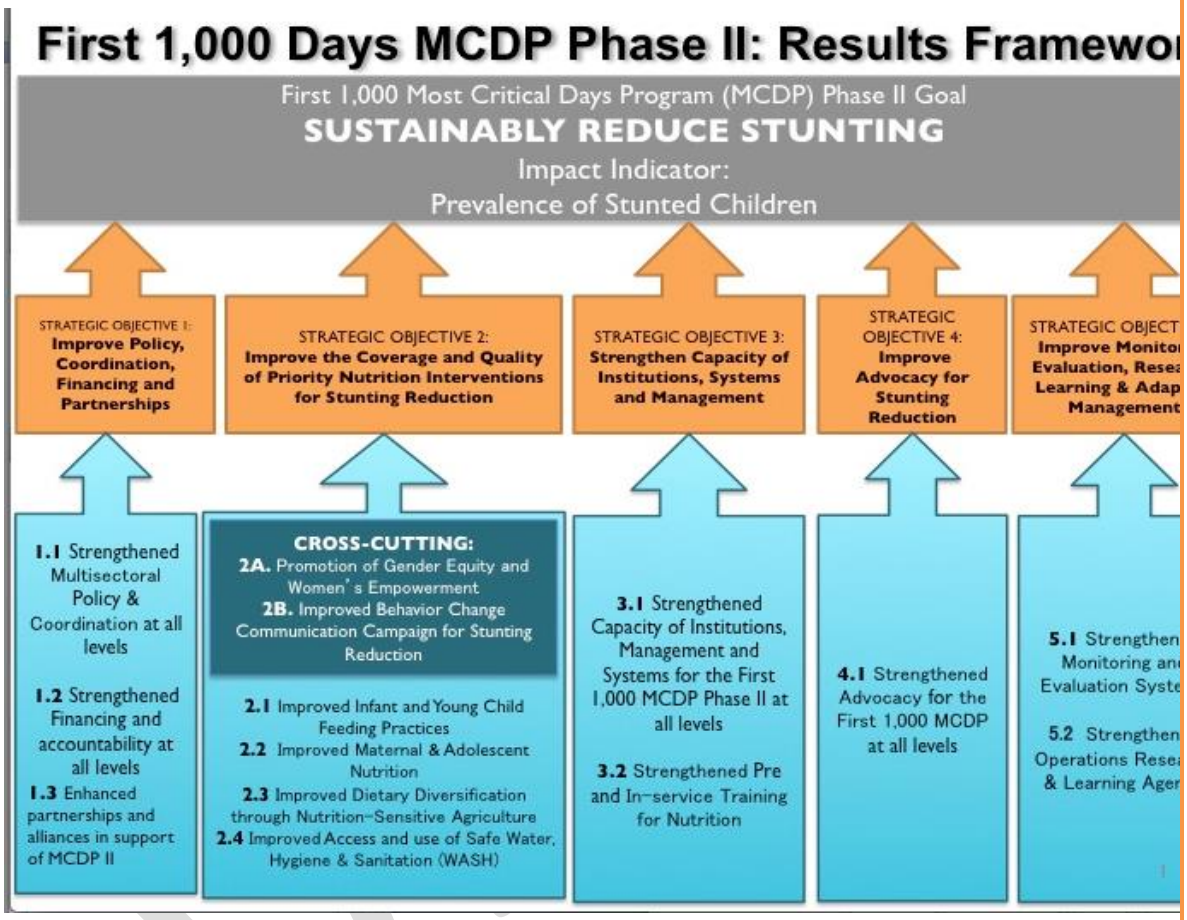
Data Collection
MCDP II will identify appropriate indicators for intermediate results and performance monitoring, including data collection methods, type and sources of information and frequency of data collection. The selection of indicators and data collection for each indicator will be guided by the Zambia Nutrition Information system (ZNIS) under the NFNC leadership. Different methods will be used to collect the data including routine data collection; annual beneficiary based survey, baseline and end line evaluation surveys and beneficiary exist interviews. The data will help track progress, identify and apply lessons learned on an ongoing basis throughout implementation and to measure overall impact.

Collaborating, Continuous Learning & Adapting Approach: MCDP II outlines key activities around stakeholder engagement (SO1), and through these forums will identify and address knowledge gaps, foster adaptive management and share and apply new evidence and learning. Innovative approaches will be employed to strengthen processes that enhance access to data, MCDP II learning agenda and operations research (OR).

IR 5.1. Strengthened Monitoring and Evaluation Systems

Through the SUN movement and via the NFNSP 2017-21, Zambia developed a MCDP Common Results Framework (CRF) (Figure 13) to ensure government and partners account for their actions in nutrition. The CRF was developed through participation of various nutrition stakeholders in Zambia and will be used in the MCDP II monitoring and evaluation system across the 5 strategic objectives.

Figure 13:MCDP Results Framework



Source: NFNC 2017

The CRF will provide the logic for setting indicators in the PMEP. MCDP II will use indicator results and performance narratives collected throughout the programme to monitor and attribute progress along the impact pathways reflected in the results framework, from activities to the programme goal. All Line Ministry staff involved in implementing MCDP II, and their IPs, will be required to use these indicators and performance narratives to manage and report on performance of individual implementing partner mechanisms (IMs) and track progress toward the strategic objectives of MCDP II.

MCDP II will systematize routine data collection through a standardized baseline and end line in all scale-up districts, as well as through routine data collection of nutrition indicators and tracking of results against targets to better measure nutrition impact and leveraging of larger resource flows for nutritional outcomes (Institute of Development Studies, 2013).

MCDP II will be prescriptive of its targets and methods used to track results against these targets. In line with adaptive management, the national impact-level 5-year targets will remain the same but there will be some flexibility in provincial and district-level prevention and care targets. This flexibility will allow increasing targets in districts that are exceeding expectations and adjusting targets downward in districts where implementation and scale-up are slower. The PMEP will track input, output, outcome and impact indicators (WHO, 2017). In summary, MCDP II will set the following targets: i) National Impact Targets; ii) Annual District Targets (Routine annual/intermediate targets set with participating districts) and iii) Progress Results against Targets which will be posted on the MCDP II public website and in the MCDP II annual report and other mechanisms.

National-Level Impact and Outcome Targets

The GRZ set national nutrition goals at the initiation of the MCDP I and these will be adjusted for MCDP II. The total 5-year goals are to be achieved by the GRZ in collaboration with donors and IPs working in the target Districts (7). These national targets, which align with the global Scaling Up Nutrition/World Health Assembly targets, (World Health Organization, 2014) will be translated into sub-national targets according to stunting levels and other district data.

Table 7:National High Level Impact Targets for MCDP II

Indicator	Target	Global World Health Assembly Targets (2025)	MCDP II Target (2018–2022)
Stunting	40% reduction in the number of children under 5 years of age who are stunted, prevalence of stunting in children under 5 years of age (disaggregated by children under 2 years of age)	40% (WHO,2017)	25%
Exclusive Breastfeeding	Increase the rate of exclusive breastfeeding for children 0-6 months to at least 50 percent	≥50%	≥50%
Low Birth Weight	30 percent reduction in LBW	10%	10%
Dietary Diversity	50 percent increase in Dietary Diversity (measured through Women's Dietary Diversity Score and Minimum Acceptable Diet)	N/A	50%

National-Level Output Targets

MDCP II will track high-level output indicators (table 8) to monitor the total number of the target population reached (Pop 0 to 59 Months, # Stunted Pop 0 - 23 Months, # of Expected pregnancies and Lactating Mothers) through MCDP II interventions delivered by health worker contacts, Community Care/Support Groups and Farmer Follower Groups, and VSL groups. MCDP II will directly reach at least 80% of caregivers of children under 5 years of age and 90% of caregivers of children under 2 years of age**.** MCDP II will also track the total number of people trained, scope of scale up, the percentage increase in the national budget allocated to nutrition and quarterly and annual work plans and reports submitted.

Table 8:National MCDP II Beneficiary Targets, FY 2018–2022					
Indicator	YEAR 1: FY 2018	YEAR 2: FY 2019	YEAR 3: FY 2020	YEAR 4: FY 2021	YEAR 5: FY 2022
Pop 0 to 59 Months	1,907,415	2,651,669	3,079,811	3,374,943	3,374,943
# Stunted 0 - 23 Months	255,594	355,324	413,578	452,242	452,242
# Expected pregnancies and Lactating Mothers	1,049,078	1,458,418	1,693,896	1,856,219	1,856,219
Source, NFNC, 2017					

District Targets and Target Setting

In addition to setting National targets, mapping and registering IPs/CSOs, MCDP II will set District -level targets for outcome and output level indicators. The target setting exercise will involve PNCs and DNCs, in collaboration with a contracted M&E expert and PNCC/DNCC representatives and will be conducted yearly as part of annual planning.

Routine Population-Based Annual Beneficiary-Based Surveys (BBSs)

Initially, a contracted third party firm will conduct BBSs. To minimize costs, the NFNC will assume this role at the end of the 5 years and standardize this data collection on an annual basis. MCDP II will involve community focal points/frontline workers in data collection as a way of building their capacity for sustainability.

Measuring Impact: MCDP II Baseline, Midline and End line

A baseline survey will be conducted at the beginning of MCDP II in order to establish benchmarks for measuring programme performance. NFNC will facilitate a technical leadership and coordination platform in conducting the baseline surveys using known recommended methodologies.

The M&E contractor will i) Complete the baseline assessment of performance monitoring indicators in each additional MCDP II District, ii) Provide additional analyses of baseline data at the request of the NFNC or donors, iii) Help the NFNC consolidate information and document findings from all baseline indicator assessments in a National MCDP II Report, iv) Help the NFNC develop materials to be used on the interim indicator assessments and v) Launch the interim indicator assessments in the new target Districts. The baseline tools and methodologies will be replicated for both the midline and end line.

Impact Evaluation: Nearing the end of the MCDP II implementation period, an impact evaluation will be conducted to assess key questions identified and still outstanding within the MCDP II learning agenda, as well as the overall programme impact on stunting reduction. This impact evaluation will be conducted by an independent research organization, with inputs from NFNC and other key stakeholders to ensure that it is in line with programme needs.

Standardized Data Collection Forms and Data Flows

Information will start at centre level respective to each sector. In the Ministry of Health, a centre is a health facility, in the Ministry of General Education, a centre is a school, in the Ministries of Agriculture and, Fisheries and Livestock, a centre is a ward, in the Ministry of Local Government, a centre is a village, and Ministry of Community Development and Social

Services, a centre is a Sub-centre. Reports compiled monthly on achievements at centre level will be submitted to the district in respective sectors.

At district level, line ministries will consolidate monthly statistics from respective centres in the catchment area and input it the SUN database. At the end of each quarter, line ministries will compile a quarterly sector performance report in line with standard guidelines and submit to the DNSC. The DNSC will consolidate sector reports and summit to the PNSC who will in turn submit to the NFNC at national office.

Supportive Supervision for Routine Monitoring and Evaluation
PNCs and DNCs will be trained to conduct supportive supervision of the Community Care/Support Groups and liaise with the District Agricultural Extension Officers for oversight of Farmer Promoters. The provincial M&E TWG will work closely with the district M&E TWG who will conduct supportive supervision to centres at sub district level for M&E components and facility-based MCDP II activities.

During supervisory visits, the PNCs and DNCs will: i) Discuss the aim of supervision and the content and use of checklists with WNCC; ii) Check the quality of MCDP II data collection and recording; iii) Check level of implementation of activities (planned versus implemented activities versus allocated funding); iv) Check stocks of and procurement plans for nutrition-related supplies (e.g., height boards, scales, iron-folic acid, vitamin A, zinc) and note gaps; v) Provide feedback (positive and negative) at the end of the visits and develop an agreed action to address gaps observed.

Zambia Nutrition Information System (ZamNIS)
During the period of MCDP II, Zambia Information Platform for Food & Nutrition (ZIPFN) will be developed with support from the European Union. This platform will include ZamNIS, which will consolidate existing nutrition data from partners and IPs. The two systems will support documentation and knowledge management.

IR 5.1 Priority Actions for Improving monitoring, evaluation, research, learning and adaptive management

Sn	Priority Actions	Activities	Lead Implementer	Stakeholders	Level of Implementation
1	Align national key nutrition interventions into a common results framework	Train and widely disseminate the common results framework to stakeholders. Facilitate Joint planning of nutrition (specific/sensitive) activities by stakeholders (GRZ, CSO and Cooperating partners). Facilitate Joint monitoring and reviews.	NFNC	Government line ministries Cooperating partners Civil society organizations	National
2	Strengthen monitoring and evaluation	Develop and operationalise MCDPII M&E Plan. Support sectors to integrate the key Food and Nutrition	NFNC	Government line ministries Cooperating partners	National Provincial District Ward

	systems for MCDP II	indicators in sector M&E systems and reporting. Train core M&E people and staff in each sector in data collection, management, reporting and dissemination. Supportive Supervision to sub national structures , (PNCC, DNCC, WNCCs and Volunteers groups) Undertake Joint Annual reviews (JARs). Undertake baseline, midline and end line studies. Facilitate Data Quality Assessments at all levels. Develop and disseminate Annual Food and Nutrition Situation Report.		Civil society organizations	
3	Capacity building in monitoring and evaluation	Short / long term trainings. Local and international Conferences /meetings. Equipment support. Roll out plan of the M&E trainings.	NFNC	Government line ministries Cooperating partners Civil society organizations	National Provincial District Ward

IR 5.2. Strengthened Operations Research (OR) and Learning Agenda

The Operations Research and Learning Agenda under SO 5 will design and deliver an OR strategy and innovative and effective documentation and dissemination strategy for learning. The NFNC, SUN Academia Network and donor partners will coordinate the OR and learning agenda which will be closely linked to the M&E framework. This will ensure that learning outcomes generated under one strategy reinforce and drive learning generated under the other.

Results from innovation and implementation research involving research and academic partners will strengthen the Zambian nutrition evidence base and build capacity to apply cutting-edge data analysis and research to measure and improve nutrition impacts. MCDP II will promote improved coordination between Zambian and global research efforts to ensure open communication and knowledge sharing. MCDP II will host a vibrant knowledge management COP platform which will promote MCDP II work and disseminate its products broadly to multiple stakeholders.

Collaboration and Continuous Learning

MCDP II will use the Collaborating, Learning & Adapting (CLA) approach. The CLA approach will involve the following elements: i) Coordination at National, Provincial, District, Ward and Community levels (see SO 1); ii) Learning continuously from the technical evidence base (SO 1), strategic planning (SO 1 and SO 3), M&E for learning (SO 5) and using the theory of change

to guide action towards the desired change; iii) Adapting programme implementation as needed; iv) Culture of openness to change as well as reflecting on what does not work; v) Processes of knowledge management and institutional and systems strengthening. MCDP II will strengthen capacity and improved practices for the generation, uptake, analysis and application of knowledge and data by stakeholders.

Adaptive Management and Participatory Approach: MCDP II activities will be designed and implemented against a backdrop of emerging evidence, ongoing programme learning and dynamic international and Zambian contexts. This calls for an adaptive management system that will allow changes in emphasis over time—in staffing and capacity needs, mix of interventions, priority sectors or approaches and/or geographic focus— to meet emerging issues and stakeholder needs, and to capitalize on new approaches and opportunities.

Operations Research and Learning

Operations research will generate innovations and data to improve programme implementation and delivery of quality services and to increase service uptake, affordability and equitability. The OR agenda will be refined and negotiated in the first year of implementation in collaboration with the SUN Academia and Research Network, the SUN UN Network, and SUN Donors group.

IR 5.2 Priority Actions for Strengthened Operations Research (OR) and Learning Agenda

Sn	Priorities	Proposed activities	Lead Implementer	Stakeholders	Level of Implementation
1	Strengthen data use in management of MCDP II and decision making	Develop and operationalize the ZamNIS/ZIPFN	NFNC	Government line ministries Cooperating partners Civil society organizations	National Provincial District Ward
2	Develop and operationalise research, learning and adaptive nutrition agenda	Annual Open day research. Annual learning events Operational research strategy. Documentation and dissemination strategy. Strengthen SUN Academia and Research Network Learning Agenda	NFNC	Government line ministries Cooperating partners Civil society organizations	National Provincial District
3	Capacity building in Research, Learning and Adaptive Management	Short / long term trainings. Local and international conferences/meetings. Equipment support for Network.	NFNC	Government line ministries Cooperating partners Civil society organizations	National Provincial District Ward

6. TOTAL COST OF THE PROGRAMME

The estimated total cost of the programme over five years (2018-2022) is K4.8 Billion. The total cost is broken down into Strategic Areas. See Table 9 below for details. The costing involved establishing unit costs for the core package of nutrition interventions and Activity level costing by Strategic Objective.

	2018	2019	2020	2021	2022	
	ZMW 000	ZMW 000	ZMW 000	ZMW 000	ZMW 000	TOTAL (IR/SO)
STRATEGIC OBJECTIVE 1: IMPROVE POLICY, COORDINATION, FINANCING AND PARTNERSHIPS						
IR 1.1. Strengthened Multisectoral Policy and Coordination at All Levels	188,060	112,197	118,486	113,502	116,566	648,812
IR 1.2. Strengthened Financing and Accountability at All Levels	725	538	538	538	538	2,876
IR 1.3 Enhanced Partnerships and Alliances in support of 1000 MCDP II	915	2,950	2,902	2,399	1,660	10,826
Totals	**189,700**	**115,685**	**121,926**	**116,439**	**118,765**	**662,514**
STRATEGIC OBJECTIVE 2: IMPROVE THE COVERAGE AND QUALITY OF PRIORITY HIGH-IMPACT NUTRITION INTERVENTIONS						
IR 2A. Promotion of Gender Equality and Women's Empowerment (Cross-cutting)	3,888	1,958	1,958	1,958	1,958	11,719
IR 2B. Improved Social Behaviour Change Communication Campaign for Stunting Reduction (Cross-cutting)	41,840	45,009	49,534	49,534	49,427	235,344
IR 2.1. Improved Infant and Young Child Feeding and Caring Practices	27,925	35,323	41,073	44,958	44,958	194,236
IR 2.2. Improved Maternal and Adolescent Nutrition	11,035	49,680	58,292	63,231	63,231	245,470
IR 2.3. Improved Dietary Diversification through Nutrition-Sensitive Agriculture	8,372	145,180	169,994	184,779	184,779	693,103
IR 2.4. Improved Access to and Use of Safe Water, Hygiene and Sanitation (WASH)	12,308	24,504	28,706	31,187	31,187	127,892
Totals	**105,368**	**301,653**	**349,556**	**375,647**	**375,540**	**1,507,765**
STRATEGIC OBJECTIVE 3: IMPROVE INSTITUTIONAL STRENGTHENING AND CAPACITY BUILDING						
IR 3.1. Strengthened Capacity of Institutions, Management and Systems for the MCDP Phase II at All Levels	21,913	21,595	21,595	21,595	21,595	108,293
IR 3.2. Strengthened Pre and In-Service Training for Nutrition	2,499	1,930	1,930	965	965	8,289
Totals	**24,413**	**2,437,822**	**23,525**	**22,560**	**22,560**	**2,530,880**
STRATEGIC OBJECTIVE 4: IMPROVE ADVOCACY						
IR 4.1. Strengthened Advocacy for MCDP Phase II at All Levels	5,037	2,043	5,420	1,540	1,506	15,545.92
Totals	**5,037**	**2,043**	**5,420**	**1,540**	**1,506**	**15,546**
STRATEGIC OBJECTIVE 5: IMPROVE MONITORING, EVALUATION, RESEARCH, LEARNING AND ADAPTIVE MANAGEMENT						
IR 5.1. Strengthened Monitoring and Evaluation Systems	9,655	9,650	9,650	3,378	8,685	41,017.86
IR 5.2. Strengthened Operations Research and Learning Agenda	386	1,930	1,930	1,930	0	6,176.00
Totals	**10,041**	**11,580**	**11,580**	**5,308**	**8,685**	**47,194**
Yearly Totals	**334,559**	**2,868,784**	**512,007**	**521,494**	**527,056**	**4,763,899**
GRAND TOTAL						**4,763,899**

Planning and Budgeting

MCDP II will apply a 'nutrition budget and policy cycle' approach to build the capacity of the NFNC, MOF and Line Ministries through standardized annual planning and budgeting exercises aligned with existing government systems on collecting and using nutrition financing data to inform policy and planning, and vice versa. Currently, budgets for nutrition are tracked only through the process indicated above. To strengthen tracking and reporting on nutrition financing and budgeting, MCDP II will invest in strengthening this system while integrating financing and budgeting for nutrition directly into the proposed ZamNIS. To secure adequate funding for nutrition, the multi-step nutrition budget and policy cycle (figure 14) will be implemented, beginning each year with estimation of costs followed by prioritization of activities in work plans, development of budgets for those activities and allocation of funds and expenditure of those funds for implementation of the prioritized actions at National and District levels.

Figure 14: Nutrition Budget and Policy Cycle

Source: Scaling Up Nutrition. n.d. 'Investing in Nutrition'. http://scalingupnutrition.org/share-learn/planning-and-implementation/investing-in-nutrition/

Detailed work plan and budgeting guidance and tools will be developed for line ministries, provincial and district offices and IPs on developing work plans and budget for these activities. MCDP II will build on the budgeting tools developed in MCDP I to simplify interpretation and planning for resource allocation and expenditures. Currently, nutrition is budgeted in the Yellow Book, the annual Government publication that contains detailed budget allocations for each fiscal year, disaggregated by ministry and budget line (Concern Worldwide, March 2017). It is designed to assist local authorities in planning, budgeting, projecting revenue from all sources and tracking funds received physical implementation and expenditure.

Budget Formulation
All DNCCs and PNCCs will use standardized MCDP budget and reporting forms developed with technical assistance from MCDP II (table 10)

Table 9: Budget Reporting for MCDP II

- **Annual District Operational Work Plans:** MCDP Operational Work Plans will provide programmatic descriptions (per cost codes) and budgetary information, as well as describe the planned use of all sources of MCDP II funding by fiscal year.
- **Obligation and Outlay Reports:** the NFNC will submit annual reports to the Ministry of Finance about the allocation, obligation and expenditure of funds appropriated for MCDP II.
- **MCDP Data Dashboards:** Planned MCDP II Data Dashboards will allow all stakeholders, including Zambian citizens, CSOs, Line Ministries, donors and IPs, to view use of planned MCDP II funding, programme results and expenditure analysis data in an accessible and easy-to-use format. The data in the MCDP II Dashboards will be from the approved MCDP II Annual District Operational Work Plans submitted annually.

A master list of accurately recorded prime and sub-partners will prevent double counting of funding.

Budget Execution
The annual planning and budgeting process begins with a review of the implementation of the budget and plan at district, provincial and sector levels. The budget and plan are then tabled at national level to inform proposals on policy and development priorities by the MOF. During MCDP II, accurate information on district-level nutrition budgeting and annual expenditures will be newly incorporated as a tool for decision-making and resource allocation on nutrition programming at each level of the planning and budgeting process to inform MCDP II work plans and funding requests in subsequent years.

MCDP II will support technical assistance/training to strengthen the capacity of the NFNC as well as the provinces, districts and wards to manage and budget for decentralized nutrition activities/interventions. Nutrition planning and budgeting at all levels should follow and align with the GRZ annual plan and budget process. Support through MCDP II will be provided for PNCCs, to conduct an initial assessment of nutrition budgets and expenditures through participating DNCCs and other sector nutrition IPs to capture a baseline of nutrition funding for each target District. Processes for District Performance Budget Tracking and Audits and District Budget Adjustments will be provided in the guidelines document. MCDP II will also allow a flexible funding option in which up to 5 percent of a District's annual budget may be left unallocated. This 5 percent will be noted in the District's budget allocation table template.

Accountability
Strong governance for nutrition includes effective financial decentralization and improved accountability for nutrition actions (Lamstein, 2016). MCDP II will focus on strengthening multi-sectoral action for nutrition through better accountability of financing, more attention to local ownership and improved institutional governance. The programme will also emphasise budget tracking through review of planned activities, activity cost and actual expenditure against results and periodic audits of accounts.

ANNEX 1: ROLES OF EACH SUN NETWORK AND LINE MINISTRIES IN MCDP II

SUN Academia Research Network

The SUN Academia and Research Network (SARN) was established in 2014 to catalyse the academic and scientific nutrition communities in Zambia. It comprises nutrition professionals from public and private training institution, research institutions, and think tanks, and provides a platform to generate and discuss evidence to support policy and programming. SARN members may include:

- University of Zambia (UNZA)
- Copper belt University
- Mulungushi University
- National Industrial and Scientific Research (NISIR)
- Centre for Health Science and Social Research (CHESSORE)
- University Teaching Hospital
- Tropical Diseases Research Centre (TDRC)
- Natural Resources Development College
- St Eugene
- Apex University
- LIUTEBM University
- Zambia Agriculture Research Institute (ZARI)
- THET
- IAPRI
- Harvest Plus
- Health Professionals Council of Zambia (HPCZ)
- National Science and technology Council (NSTC)
- Nutrition Association of Zambia (NAZ)
- Golden Valley Agriculture Research Technology (GART)

The SARN research platform also brings on board other related institutions to ensure that food and nutrition research is ethical and harmonized. SARN will play a key role in MCDP II by mapping ongoing research, identifying gaps, conducting and reviewing priority research and making recommendations for further research aligned with the MCDP II learning agenda (SO 5). Through information and communication technology (ICT) and other innovations, the network will document and share up-to-date nutrition-related evidence in targeted webinars and conferences. Zambian academics will be linked to outside universities and research institutes to maximize access to the global evidence base related to stunting reduction.

SUN Business Network (SBN)

The SUN Business Network (SBN) was launched in 2014 as a platform to galvanize the private sector around nutrition in Zambia. The SBN is convened by WFP and the NFNC, with WFP

managing day-to-day operations.[2] The Network's purpose is to serve as 'a business community that leads supports and encourages the members, and the broader Zambian private sector, to improve nutrition'.[3] The SBN's 3-year private sector engagement strategy[4] includes five strategic pillars: i) Develop strong SBN brand and membership; ii) Drive nutrition awareness and demand among consumers; iii) Increase commercial engagement in nutrition and the production of nutritious products; iv) Expand nutrition products distribution partnerships and v) Improve nutrition in the business community.

Since 2016, the SBN has focused increasingly on supporting nutritious foods through commercial engagement and partnerships, increasing consumer demand for improved nutritious foods and building a regulatory environment conducive to good nutrition. Many of its activities aim to strengthen the capacity of local businesses to contribute to nutrition through research, consultation, advocacy and learning workshops, events/public relation opportunities and development and dissemination of tools to streamline production of nutritious products.

Through MDCP II, the SBN will be supported to continue building consumer demand for nutritious foods by placing a **Good Food logo** on packages of food products that meet pre-defined nutrient criteria to help consumers make better food purchasing decisions. Support will allow the SBN to revise its strategy based on lessons from MCDP I while continuing to focus on supply, demand and regulations. Limited support will also be provided to strengthen the capacity of private sector members to launch and disseminate the Good Food logo through a marketing campaign aligned with the MCDP II social and behaviour change communication (SBCC) campaign and possibly through social marketing. The network will also be encouraged to support some MCDP II activities through their cooperate responsibility.

SUN Civil Society Network: CSO-SUN Alliance

Civil society participates in the SUN Movement through a SUN Civil Society Network named the CSO-SUN Alliance in Zambia. This Alliance supports the formation and effective and efficient operation of strong, credible, influential and long-term Zambian Civil Society organisations. The CSO-SUN Alliance will i) Support CSOs[5] to contribute to the design, implementation and M&E of MCDP II, ii) Encourage and facilitate coordination among international, national and local CSOs, iii) Play a coordination and monitoring role for smaller, local CSOs and iv) Lead advocacy efforts on behalf of all CSOs. Stakeholder mapping to understand which CSOs are working on nutrition will be completed through a stocktaking and gap analysis. An active network, free for any local CSO to join, with subsidized capacity development opportunities, will help strengthen the active participation of civil society in MCDP II. Support will be provided for technical capacity development, new business development, grant writing and leadership.

[2] Initially, Irish Aid funded the Network and early activities to increase private sector engagement for nutrition; the Network was then funded by the pooled donor SUN Fund from late 2015 to date.

[3] As of May 2017, the current membership base consists of just over 60 members, 30 of whom come from various areas within the local private sector.

[4] SBN's 3-year private sector engagement strategy citation

[5] Civil society organisations (CSOs) include all non-state partners: International NGOs, local NGOs, community-based organisations, faith-based organisations, academic institutions, the media and the private sector.

SUN Donor Network (Cooperating Partners Group)

The SUN Donor Network referred to as the Nutrition Cooperating Partners Group (NCPG) in Zambia, 2is an active network of bilateral donors, development banks and the United Nations. The SUN Donor Conveners include one bilateral/multilateral agency (currently the U.K. Department for International Development, or DFID) and one UN agency (currently UNICEF). Other donors that support SUN are the European Union (EU), Irish Aid, German Society for International Cooperation (GIZ), Swedish International Development Cooperation Agency (Sida), United Nations Food and Agricultural Organization (FAO), United States Agency for International Development (USAID), World Health Organization (WHO) and WFP. The SUN Donor Network meets monthly/bi-monthly. The goals and activities planned for the Network in MCDP II are:

- **Focus on Results**: Given the high development returns that can be achieved through a high-impact package of nutrition interventions to reduce stunting, results will need to be demonstrated through rigorous evaluation and real-time monitoring. Building the evidence base and the demonstrating results will facilitate greater country-level advocacy and mobilization to address stunting.
- **Promote Accountability:** High-level commitment from donors to the rollout of MCDP II is critical for success. Donors need to be mutually accountable for achieving development results through country-level political leadership. Commitment, alignment, predictability and sustainable support at the country level.
- **Focus on Effectiveness:** Existing resources need to be mobilized to achieve stunting outcomes through more effective and innovative nutrition interventions. The Network will explore how partners can work better and more effectively together to achieve nutrition results and fast-track scale-up of proven, effective interventions.

SUN United Nations Network (UN Results Group on Food and Nutrition Security)

The SUN UN Network was established in 2016 to support one UN multi-sectoral approach to nutrition and sustainable development until the end of 2021, focusing on partnerships and smart investments.[6] The UN in Zambia supports the GRZ through the UN Sustainable Development Partnership Framework 2016–2021. This is convened by WFP, with UNICEF as technical lead, and meets quarterly. A working group was developed to coordinate UN efforts in food and nutrition security. Contributing agencies include FAO, International Fund for Agricultural Development (IFAD), United Nations High Commission on Refugees (UNHCR), UNICEF, WFP and WHO.

While this group is not dedicated entirely to working on focus areas associated with MCDP II, many of its activities contribute to the reduction of stunting, including nutrition-sensitive interventions and increasing production and consumption of foods linked to a nutritious diet. The Group's cross-cutting priorities are to: i) Develop and strengthen strategic platforms that increase food and nutrition security, ii) Extend the food and nutrition security evidence base, especially innovations and iii) Increase ownership of interventions to increase uptake and sustainability. The SUN UN Network will contribute to the MCDP II through implementation of relevant activities (funded from within and outside the MCDP II SUN 2 funding mechanism), technical assistance to and capacity building of Government, civil society and the private sector; and advocacy to increase Government attention to nutrition.

[6] The Network was established in late 2013 under a different name but with the same general objectives.

Line Ministries

Ministry of Health: In addition to being the parent Ministry of NFNC, MoH directly implements routine nutrition services (i.e. antenatal care, postnatal care, growth monitoring and promotion (GMP), iron folic acid (IFA) supplementation, Vitamin A supplementation, deworming, management of acute malnutrition, zinc for diarrhoea management) through facility-based healthcare and community outreach. Through the MCDP II, MoH will continue providing these critical routine services and MCDP support will be focused on improving the uptake of these services and the strengthening of the counter-referral system from community to facility and back from facility to community. Increased uptake for nutrition and health services will also require further support in supply chain management forecasting for nutrition-related commodities and anthropometric equipment for routine growth monitoring and promotion. Special emphasis in Phase II will be placed on strengthening the community-facility linkages to increase the efficiency of nutrition service delivery while also preventing cases of malnutrition.

Ministry of Agriculture (MOA) and Ministry of Fisheries and Livestock (MFL): The MOA has direct authority for national food production, diversity, post-harvest handling management including food use, storage and preservation to ensure food and nutrition security for all Zambians. MOA will play a key role in oversight of *SO 2.3 Improved Dietary Diversification through Nutrition-Sensitive Agriculture* through agricultural extension services to improve households' dietary diversity. Emphasis will be on community-based activities through Farmers Groups that empower households to be resilient in terms of their own production for own consumption through competency-based trainings and a focused social behaviour change (SBC) communication campaign that will promote household dietary diversification through smallholder farmers, especially women. Diversification of homestead food production will be encouraged through promotion of increased year round growing and consumption of micronutrient-rich local vegetables, fruits, and other nutrient-dense crops where appropriate (e.g., protein/iron-rich lentils, mung beans, groundnuts, soya beans, chickpeas and vitamin rich orange flesh sweet potatoes (OFSP)). MCDP II households with pregnant and lactating women and children under two years of age will be targeted for receiving training and inputs related to small animal husbandry management (e.g., improved chicken varieties, fodder, and vaccination services), small scale aquaculture. Target households will also have access to training on value-addition through food processing, utilization, preservation, storage, and post-harvest handling management to extend shelf-life, retain nutritional value, and improve food safety reducing seasonality of food insecurity. Awareness about safe household food preservation and storage techniques to prevent aflatoxin exposure in maize, groundnut and other crops will also be part of the nutrition-sensitive agriculture SBC approach of the MCDP II.

Special emphasis will be placed on ensuring resilience and sustainability by avoiding providing direct inputs as handouts, but rather empowering households with the knowledge, skills and motivations necessary to influence their behaviour to diversify their homestead production and diets. MCDP II will invest in innovative market-based solutions for increasing the quality of agriculture and animal inputs. The district and ward agriculture, livestock and fisheries focal persons and agriculture extension will play an important role in connecting targeted households with input suppliers and help to enable market-based solutions to increase households' access to quality and timely agricultural/animal inputs (i.e. improved seed varieties, improved chicken varieties, animal feed, etc.). In addition, to promoting household diversification through home production of nutrient-dense foods, the MA, and MFL focal persons will also work with the

Community Care Groups to link targeted households with cooperatives and farmer groups that can enable access to credit and innovative income generation activities. These types of nutrition sensitive agriculture activities under MCDP II will be important to empower women through increasing their access to resources, and also by helping them overcome barriers related to accessing inputs and markets.

Ministry of Community Development and Social Services (MCDSS): The MCDSS is the ministry that has the oversight for promoting quality social and community welfare services-especially for mothers and their children at the community level. MCDSS plays a key role in providing and facilitating social protection and quality primary health care services to vulnerable households. For MCDP II, existing frontline staff Community Development Assistants (CDA), and community-based structures such as Community Welfare Assistance Committees (CWACs) and Area Food Security Committees will be leveraged to engage households with pregnant and lactating women and children under five/two with targeted MCDP II SBC messages and women empowerment initiatives.

Ministry of Gender (MoG): The MoG is committed to protecting and promoting women's rights, curbing gender-based violence, and reducing gender inequalities by making progressive changes to legislation to strengthen the protective environment. The Gender in Development Department is involved in advocacy programmes to mainstream gender into social-cultural issues and to promote and monitor opportunities for increasing women's participation in decision-making. Under MCDP II, the MOG will be a key partner for both advocacy and SBC activities at all levels related to women's empowerment, and in particular, for increasing women's participation in decision making related to household food purchases and allocation of nutritious foods among family members.

Ministry of Chiefs and Traditional Affairs (MOCTA): The Ministry of Chiefs and Traditional Affairs was established in 2011 for the purpose of administering and promoting chief's affairs, traditional governance systems, conservation and preservation of Zambia's heritage, culture and arts. The powerful role of chiefs and Village Headman as advocates and promoters of sanitation and hygiene, improved MICYN/feeding practices, women's empowerment (including decision making around how money is spent) in Zambia has been well recognized, and their involvement as champions for change as part of the MCDP II SBC strategy will be very important. In some cases WASH SBC programmes have used a process called "Chief to Chief Triggering", whereby Chiefs who have become strong sanitation advocates, for example, sensitize other Chiefs to do the same. This process has also helped to promote competition between Chiefdoms, and a similar approach could be used within the MCDP II advocacy and BCC strategies. Under the Zambia Sanitation and Hygiene Programme (ZSHP) a lot has been done to promote competition between communities and Chiefs for the achievement of Open Defecation Free (ODF) status. In addition, the public recognition that comes with ODF status has been a great motivator. Similarly, challenging communities to also become "stunting free" could be another motivator and area where MOCTA could be effectively engaged. This ministry will also play a key role supporting the community engagement through the Community Care/Support Groups.

Ministry of Commerce, Trade and Industry (MCTI): MCTI has oversight and administration for national policy for private sector development. They coordinate industrial, commercial and trade policy for both public and private sector organizations. MCTI's role in MCDP II will be limited to the work being promoted through the SUN Business network. They play a supportive role for the enabling environment for local and international businesses that produce

complementary and other nutritious food; support incentives that make nutritious foods more affordable (i.e. tax subsidies for MNP premix, etc).

Ministry of General Education (MOGE): The MOGE improves primary and secondary school effectiveness throughout the country including appropriate nutrition education and vocational training. Research has demonstrated that there is a clear linkage between maternal education and child stunting. With this evidence in mind, school nutrition (e.g., school lunch programmes, school gardens, and health, WASH and nutrition education initiatives), will continue to be a key priority for the National Food and Nutrition Strategy. Recognizing the key impact of maternal education on child stunting outcomes (Prendergast and Humphrey 2014), and the fact that 29 percent of adolescent girls aged 15-19 years in Zambia have had an early pregnancy, MCDP II will support two strategic areas of work in partnership with the MOGE. The first area will be at the policy level to promote new and existing efforts (both programming and resources) to keep Zambian adolescent girls in school. The second area will involve, through a small MCDP II pilot, supporting a linkage between school committees and Community Care Groups involving School Health Committees and School Nutrition and Hygiene Clubs in periodic CG sessions to sensitize them on preventing early marriage & childbearing, women's traditional roles, etc. In addition, Community Care Group Leaders will also be responsible for engaging pregnant adolescent girls (both in and out of school), and working to support the school clubs and garden programmes with SBCC materials and guidance, where they already exist.

The Ministry of Water Development, Sanitation and Environmental Protection (MODSEP) is responsible for water policy, water supply and sanitation, water resource management and development. Through MDCP II, MODSEP will play a leading role in scaling up WASH interventions in collaboration with the NFNC and MOH. MCDP II focuses on rural, urban and peri-urban areas with more than 20,000 households with children under 2 years of age, increasing sustainable access to quality water supply services and improved sanitation while promoting uptake of positive hygiene behaviours, including hand washing with soap/ash and food hygiene. MODSEP will not support hardware and inputs aside from borehole rehabilitation, but rather focus on strengthening linkages with ongoing programmes such as CLTS and the Zambia Sanitation and Hygiene Programme, which work to empower households to use improved sanitation, water treatment and supply and hygiene behaviours. MCDP II will not support CLTS directly, but the *MODSEP*, in collaboration with the NFNC and Community Care/Support Groups, will seek to expose target populations to this government initiative.

MCDP II will support innovative private sector, market-led or local approaches to increase household use of improved latrines and point-of-use (POU) treatment of drinking water from unprotected sources (e.g., surface water), addressing barriers to adoption. MCDP II will coordinate with and work through existing MODSEP WASH-related structures including: District WASH Committees, Community Champions, SAGs and Community Water Governance Committees, linking their efforts with the DNCCs/WNCCs to maximize synergy and programming opportunities and encourage overlap (while avoiding duplication) of WASH services in target communities.

Ministry of Finance and National Planning (MFNP): The MFNP has national oversight of economic and financial management as the representative of the RZR. It is the MFNP's role to be a signatory to any legal documents with partners and donors through memorandums of understanding. Under MDCP Phase II, the MFNP will play an important role to ensure the smooth, accountable, funds for nutrition activities throughout the perspective ministries. MFNP

will also play a key role to prioritize GRZ expenditure and ensure that pipelines are spent down in a timely matter according to the allowed budget codes. Most importantly, MCDP II, will engage and advocate with senior MFNP management responsible for annual planning and budgeting cycles in order to advocate for increased GRZ funding for nutrition.

ANNEX 2: PROVINCIAL, DISTRICT, WARD AND COMMUNITY LEVEL COORDINATION AND IMPLEMENTATION STRUCTURES

Provincial, District, & Ward-Level Coordination

The PNCCs will be chaired by officials designated by Provincial Permanent Secretaries from the Provincial Administration Offices. This is strategic to ensure that Line Ministries participate equally and that Provincial Administrators hold sectors accountable. In MCDP II, the PNCCs will advise the Provincial Administration Offices, as well as the Provincial level structures of the involved Line Ministries and Civil Society Organisations (CSOs) and other IPs on implementing MCDP II across sectors. They will also supervise and provide technical guidance to the DNCs; and use Provincial and District nutrition data for decision-making to influence planning and operationalization of MCDP II nutrition interventions in the Provinces. The PNCCs report to the Provincial Administration, Provincial Development Coordinating Committee and to the National Multi-sectoral Platform through the NFNC.

The DNCCs, led by the DNSCs, will oversee MCDP II District plans and supervise catchment area Wards/WNCCs to implement those plans. The DNCCs will advise the District Commissioner's Offices and District Development Coordinating Committees (DDCCs) and its membership will include, District Health Management Office, District Agricultural Office, Community Development and Social Welfare Office, District Education office, District Planning Office, Hospital Management and District-based CSOs on implementing MCDP II across sectors. The DNCCs will coordinate nutrition stakeholders including IPs, institutions and organisations involved in nutrition at District level; supervise and provide technical guidance for government stakeholders supervising Community Care/Support Groups in the Wards and use District and Ward nutrition data for decision-making to influence MCDP II planning and implementation in the District and Wards. The DNCCs are responsible and accountable for District MCDP II nutrition work plans, budgets, targets, data collection and monitoring of progress against targets. They report directly to the DDCC through the District Commissioner Office and District Council and to PNCC.

In MCDP II the WNCCs will have direct oversight of and responsibility for implementation of community-level activities. They will choose chairpersons among themselves from available staff from line ministries. WNCCs will receive funding directly from DNCCs to implement or monitor community activities. The DNCCs will work with the WNCCs to develop Ward strategic nutrition plans and budgets, collect data and monitor progress against Ward targets. WNCCs will provide support through training, supportive supervision, mentoring of community volunteers or other community structures in the delivery of nutrition interventions.

Community Level Structure Functions & Coordination Mechanism

Functions of the Nutrition Support Group Member

Each Nutrition Support Group Member (NSGM) will provide nutrition counselling (SBCC) to ten households within a village setting. The volunteer will visit each household once a

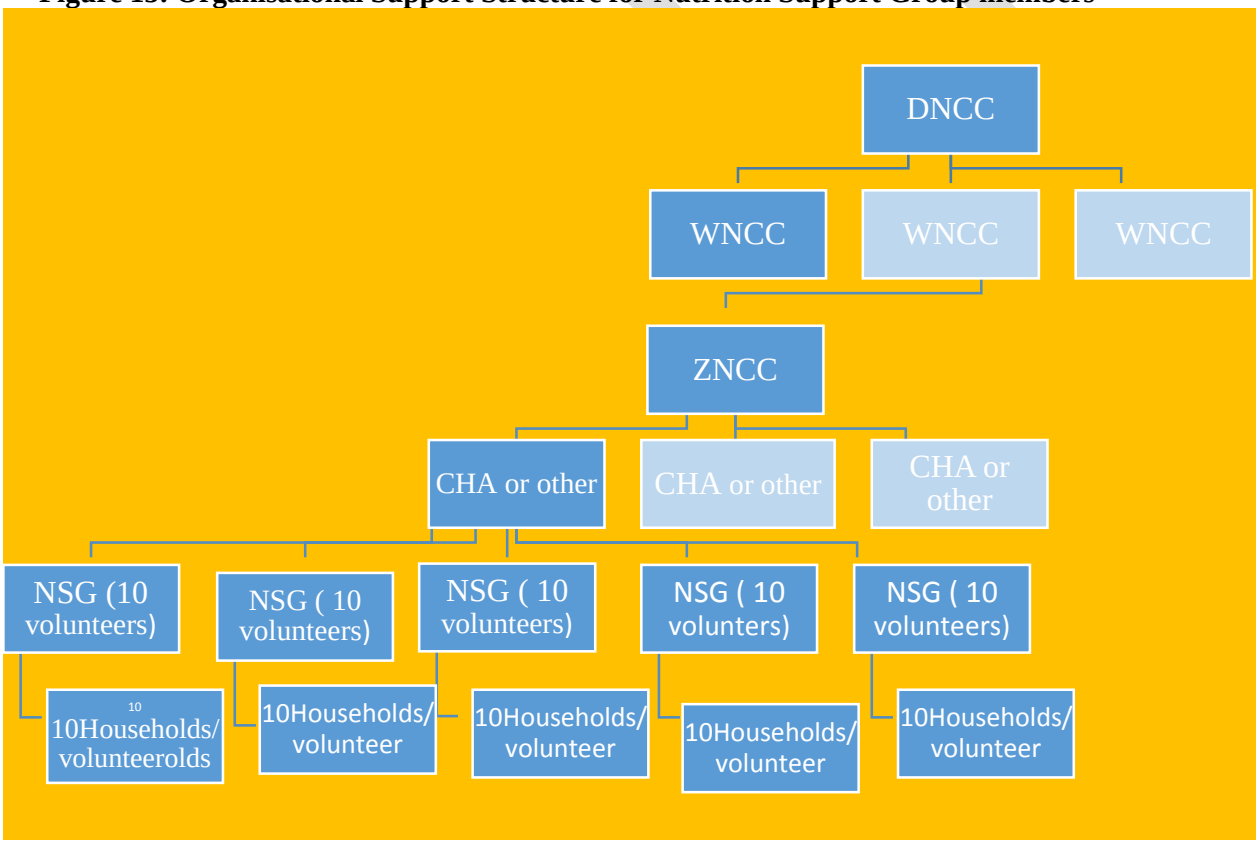
month and counsel beneficiaries on various issues. Subsequent visits are encouraged depending on the situation of the household. Functions of the NSV may include:

- Provide nutrition counselling to the households
- Organize and assist health centre staff in conducting Community Based GMP within their community
- Refer to health centre any child with signs of malnutrition or weight loss
- Link households to various services
- Provide basic reports to Zonal Nutrition Committee
- Attend NSG Zonal Meetings periodically organised by the CHA or other designated NSG coordinator

Coordination & Organisational Support Structure for NSGMs

The Nutrition Support Group Members will require constant support and supervision from the programme, as attrition levels are high among cadres that are not formally remunerated. Therefore, it is very important to continuously engage the NSVs and ensure that the feel valued and can see the positive impacts of their contributions. The following structure is proposed (figure 15):

Figure 15: Organisational Support Structure for Nutrition Support Group members



The DNCC will provide oversight on the whole programme, (programme planning, training, budget allocation, implementation plans, supportive supervision, monitoring and evaluation). All the sectors within the DNCC will monitor activities implemented by the NSG members. The WNCC will provide oversight of activities within their ward and provide report and a link to the DNCC and the zonal activities. The Zonal team will be implementing community activities and ensuring that communities within their zone are reached with high impact nutrition interventions and services.

The CHA or another frontline worker (EHT, CWACs, Extension officers) is responsible for supporting at least 5 groups of 10 Nutrition Support Group members, both technically and through mentorship. The appointed staff will meet with each of the groups of volunteers once a month to train them on a specific topic and also provide supportive supervision to 5-10 volunteers per month, rotating each month, to observe the volunteer as they conduct household visits.

NSGM Remuneration

A huge number of volunteers will be required to reach all the households with information and services therefore monetary remuneration of volunteers may prove to be unattainable. Therefore, the volunteers will not be paid but will receive incentives for participating and achieving many community actions. The incentives will include certificates of achievement, exchange visits, coordination and review meetings, close supervision and documentation and dissemination of success stories, documentaries to let them to talk about their achievements, bicycles, Tee shirts, chitenges or tags, VSL, selected production inputs or other resources available to the programme.

ANNEX 3: DEFINITIONS

1. **Agricultural Extension Services**[7]
   Agricultural Extension is an ongoing, non-formal educational process and/or 'advisory services' which occurs over a period of time and it leads to improved living conditions of people engaged in agricultural production (farmers and their family members) by increasing the profitability of their farming activities.

2. **Agriculture Intervention** a direct intervention to improve the production (pre-harvest, harvest, post-harvest, processing, marketing, and trading) and/or consumption of agricultural products.[8]

3. **Agriculture Practices**[9]
   These are the techniques and tools used for combining land, labour, capital, and knowledge to produce, market, distribute, utilize, and trade food, feed, and fibre products.

4. **Conservation Agriculture:** According to the Food and Agriculture Organization (FAO), conservation agriculture is defined as the combined use of three simple techniques:
   - Low- or no-tillage to ensure minimal soil disturbance
   - Use of cover crop residue to provide nutrients to the soil and maintain moisture, and
   - Crop rotation to deter pests and avoid depleting nutrients from overharvesting

5. A **DALY is a Disability Adjusted Life Year[10],** and is equivalent to a year of healthy life lost due to a health condition. The DALY, developed in 1993 by the World Bank, combines the years of life lost from a disease (YLL) and the years of life spent with disability from the disease (YLD).

6. **Female Empowerment**[11] is achieved when women and girls acquire the power to act freely, exercise their rights, and fulfil their potential as full and equal members of society. While empowerment often comes from within, and individuals empower themselves, cultures, societies, and institutions create conditions that facilitate or undermine the possibilities for empowerment.

7. **Financial Services**[12]

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[7] Mahaliyanaarachchi (2003)

[8] Definitions drawn from Merriam-Webster Medical Dictionary, GAIN, WHO, and Cornell University Animal Science Dept.

[9] Adapted from the U.S. Government Food for Peace (FFP) Standard Indicators Handbook. (Baseline-Final Indicators). December 2011.

[10] Shekar, Meera, Christine McDonald, Ali Subandoro, Julia Dayton Eberwein, Max Mattern, and Jonathan Kweku Akuoko. "Costed Plan for Scaling up Nutrition: Nigeria." Discussion Paper. The World Bank, September 2014. https://openknowledge.worldbank.org/bitstream/handle/10986/21808/95674Revd.pdf?sequence=5&isAllowed=y.

[11] USAID Gender Equality and Female Empowerment Policy. Washington, Dc. March 2012. Available at: http://www.agrilinks.org/sites/default/files/resource/files/USAID%20GenderEqualityPolicy%20March%202012.pdf

[12] Adapted from the U.S. Government Food for Peace (FFP) Standard Indicators Handbook. (Baseline-Final Indicators). December 2011.

This refers to services provided by formal or non-formal groups for the management of money. This includes credit (loans), savings, and insurance schemes run by profit-making, non-profit, and governmental organizations.

8. **Gender Equality**[13] concerns women and men, and it involves working with men and boys, women and girls to bring about changes in attitudes, behaviours, roles and responsibilities at home, in the workplace, and in the community. It is achieved when men and women have equal rights, freedoms, conditions, and opportunities for realizing their full potential and for contributing to and benefiting from economic, social, cultural, and political development.

9. **Gender Integration**[14] refers to the process of identifying and then addressing gender differences and inequalities during programme and project design, implementation, monitoring, and evaluation. **Gender integration**[15] identifies, and then addresses, gender inequalities during strategy and project design, implementation, and monitoring and evaluation.

10. **Impoverished Households** are those households whose average daily consumption expenditures are less than $1.25 a day per person after adjusting for local inflation since 2005.

11. **Very poor**[16]: persons in the bottom half below the national poverty line or who earn less than $1.25 per day, as measured by purchasing power parity market exchange rates.

12. The **Lives Saved Tool (LiST)**[17] is an estimation tool that translates measured coverage changes into estimates of mortality reduction and cases of childhood stunting averted. LiST is used to project how increasing intervention coverage would impact child and maternal survival.

13. **Nutrition-sensitive interventions**[18] are those that have an indirect impact on nutrition and are delivered through sectors other than health such as the agriculture, education, and water, sanitation, and hygiene sectors.

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[13] USAID Gender Equality and Female Empowerment Policy. Washington, Dc. March 2012. Available at: http://www.agrilinks.org/sites/default/files/resource/files/USAID%20GenderEqualityPolicy%20March%202012.pdf

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[15] USAID Gender Term Definitions. Automated Directives System Chapter 205.

[16] Integrating Very Poor Producers into Value Chains Field Guide. Dan Norell and Margie Brand for World Vision through the FHI 360-managed FIELD-Support LWA. Available at: http://microlinks.kdid.org/sites/microlinks/files/resource/files/Field%20Guide%20FINAL%20with%20bleed%2010.17%20(1).pdf

[17] Shekar, Meera. "Zambia Nutrition Policy: Policy Recommendations for Scaling Up September 2015." Washington, D.C.: The World Bank, September 2015.

[18] Shekar, Meera. "Zambia Nutrition Policy: Policy Recommendations for Scaling Up September 2015." Washington, D.C.: The World Bank, September 2015.

14. **Nutrition-specific interventions**[19] are those that address the immediate determinants of child nutrition, such as adequate food and nutrition intake, feeding and caregiving practices, and treating disease.

15. **Scaling up:** A definition from SPRING is "A process of expanding nutrition interventions with proven efficacy to more people over a wider geographic area that maintains high levels of quality, equity, and sustainability through multi-sectoral involvement."

16. **Smallholder Farmers:** Smallholder farmers (including herders and fishers) are small-scale and subsistence-level farmers in resource-poor settings that own and/or cultivate less than 2 hectares of land operating with limited access to inputs, technology, technical advice, insurance, credit and other financial services, and to output markets.[20] [21]They have limited resources in terms of capital, skills, and risk management, depend on family labour for most activities, and have limited capacity in terms of storage, marketing, and processing.

17. **Sub-Partner:** A sub partner is defined as an entity to which a prime partner allocates funding.

18. **Open Defecation** means defecation in fields, forests, bushes, bodies of water or other open spaces, or disposal of human faeces with solid waste.

19. **Unimproved Sanitation Facilities**: Facilities that do not ensure hygienic separation of human excreta from human contact. Unimproved facilities include pit latrines without a slab or platform, hanging latrines and bucket latrines.

20. **Shared Sanitation Facilities:** Shared Sanitation facilities of another acceptable type shared between two or more households. Shared facilities include public toilets

21. **An improved sanitation facility includes:**
    a. A **flush toilet** uses a cistern or holding tank for flushing water, and a water seal that prevents the passage of flies and odours.
    b. A **piped sewer system** is a system of sewer pipes, also called sewerage, that is designed to collect human excreta (faeces and urine) and wastewater and remove them from the household environment.
    c. A **septic tank** is an excreta collection device consisting of a water-tight settling tank which is normally located underground, away from the house or toilet. The treated effluent of a septic tank usually seeps into the ground through a leaching pit. It can also be discharged into a sewerage system.

    d. A **flush/pour flush** to pit latrine refers to a system that flushes excreta to a hole in the ground or leaching pit (protected, covered).

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[19] Shekar, Meera. "Zambia Nutrition Policy: Policy Recommendations for Scaling Up September 2015." Washington, D.C.: The World Bank, September 2015.

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[21] UN Food and Agriculture Organization (FAO), Syngenta Foundation. Available at: http://iris.thegiin.org/glossary/term/smallholder-farmers

- A **ventilated improved pit latrine (VIP)** is a dry pit latrine ventilated by a pipe that extends above the latrine roof.

- A **pit latrine** with slab is a dry pit latrine that uses a hole in the ground to collect the excreta and a squatting slab or platform that is firmly supported on all sides, easy to clean and raised above the surrounding ground level to prevent surface water from entering the pit.

22. A **composting toilet** is a dry toilet into which carbon-rich material are added to the excreta and special conditions maintained to produce inoffensive compost. A composting latrine may or may not have a urine separation device.

23. **Stunting**[22] is an anthropometric measure of low height-for-age. It is an indicator of chronic undernutrition and is the result of prolonged food deprivation and/or disease or illness. It is measured in terms of Z-score (or standard deviation score; a child is considered stunted with a height-for-age Z-score of −2 or lower.

[22] Shekar, Meera. "Zambia Nutrition Policy: Policy Recommendations for Scaling Up September 2015." Washington, D.C.: The World Bank, September 2015.

24. **Underweight**[23] is an anthropometric measure of low weight-for-age. It is used as a composite indicator to reflect both acute and chronic undernutrition, although it cannot distinguish between them. It is measured in terms of Z-score; a child is considered underweight with a weight-for-age Z-score of −2 or lower.

25. **Wasting**[24] is an anthropometric indicator of low weight-for-height. It is an indicator of acute undernutrition and the result of more recent food deprivation or illness. It is measured in terms of Z-score. A child with a weight-for-height Z-score of -2 or lower is considered wasted.

[23] Shekar, Meera. "Zambia Nutrition Policy: Policy Recommendations for Scaling Up September 2015." Washington, D.C.: The World Bank, September 2015.

[24] Shekar, Meera. "Zambia Nutrition Policy: Policy Recommendations for Scaling Up September 2015." Washington, D.C.: The World Bank, September 2015.

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