



Republic of Zambia

NATIONAL FOOD AND NUTRITION STRATEGIC PLAN FOR ZAMBIA 2011-2015

WITH A MULTI-SECTOR STRATEGIC DIRECTION ON
FIRST 1000 MOST CRITICAL DAYS
TO PREVENT CHILD STUNTING



July 2011

National Food and Nutrition Commission of Zambia

FOREWORD

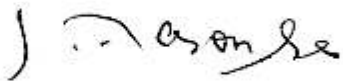
Food and nutrition security worldwide is recognized as a human right and a critical ingredient for economic, social and human development. In Zambia, ensuring adequate nutrition especially among the low income groups, mothers and children, and the vulnerable populations is a serious challenge. Currently, 45% of the children under-five years of age are chronically under-nourished (stunted). This represents about 1.2 million children within the same age-group who are stunted while further close to 160,000 are wasted. In addition, close to 52,000 babies are born with low birth weight. Further, every year at least one in two children dies as a result of under-nutrition. Under-nutrition, which is preventable, causes lifelong disadvantages impacting negatively on intellectual and physical development and health outcomes.

The Government of the Republic of Zambia is aware that levels of under-nutrition in the country have remained consistently high and addressing this challenge requires coordinated concerted efforts from different actors and stakeholders to invest significantly in better nutrition. The National Food and Nutrition Commission under my Ministry and operating together with partners is commended for providing the leadership in developing the National Food and Nutrition Strategic Plan for Zambia (2011-2015). This plan covers eleven key strategic directions related to improving food and nutrition in the country. The plan gives a major priority to new multi sector, synergistic efforts to strengthen and expand interventions related to and promote “the First 1000 Most Precious but Critical Days” that prevent stunting in children less than two years of age and bring added health and productivity to Zambian families and the productivity of the nation.

Government is thus committed in galvanizing political leadership at high-levels to move forward this strategy so that nutritional outcomes are properly enshrined as key goals of national development policies and plans. The government also recognizes scaling up effective, evidence-based actions in the country that will quickly reduce under-nutrition, especially among young children and their mothers during the 1,000-day period from conception and a child's second birthday. Among the priorities of Zambia as a member country of the Scaling Up Nutrition (SUN) movement, are support for effective leadership and adoption of a broad, multi-sectoral approach to implementation of key interventions at all levels. Investment in nutrition is non-negotiable because it is crucial in achieving the United Nations Millennium Development Goals including eradicating poverty and hunger, reducing child mortality, improving maternal health, combating disease, empowering women, and achieving universal primary education. Given the necessary support from government, cooperating partners, civil societies, and other key actors, this strategy will spur valuable returns and sustainable development for the country by reducing chronic malnutrition from 45% to 30 % during the implementation period 2011-2015. The National Food and Nutrition Strategic Plan (NFNSP) recognises that significant contributions from agriculture, health, education and community development and social services, water and sanitation and emergency response programmes are critical in addressing under-nutrition. The strategies elaborated herewith will significantly reduce under-nutrition if they are delivered through efficient implementation mechanisms based on robust systems for finance, procurement, training, monitoring and accountability.

Through joint efforts in planning, implementation, and monitoring for results, the country can improve nutrition thereby contributing to national goals and Zambia's Vision 2030 aspirations - A Prosperous Middle-income Nation by 2030. The framework outlined within this strategy therefore provides the basis for co-ordinating the work of all partners and the government fully endorses and

supports it . I, therefore urge all the development and cooperating partners, non-government organizations and civil societies, faith-based organizations, academicians, the private sector, political and traditional leaders, and other key stakeholders to rally behind government efforts and foster partnerships with shared value in ensuring the successful implementation of the strategy through concerted action.



Dr. Joseph Kasonde, MP.
Minister of Health

ACKNOWLEDGEMENTS

The development of the National Food and Nutrition Strategic Plan (NFNSP), covering the period 2011-2015 is a result of broader consultations and participation of key stakeholders including senior government officers in key ministries and departments, international partners, representatives of non-government organizations, civil societies, academicians, and the private sector. The National Food and Nutrition Commission would like to pay special tribute to the following institutions and organizations who actively participated - Ministry of Health; Ministry of Agriculture and Livestock; Ministry of Education, Science Vocational Training, and Early Education; Ministry of Community Development, Mother and Child Health; Ministry of Local Government and Housing; United Nations Children's Fund (UNICEF); World Food Programme (WFP); United States Aid for International Development (USAID) and the various USAID supported projects - Zambia Integrated System Support Programme (ZISSP); Centre for Infectious Disease Research (CIDRZ); and the Communication Support for Health (CSH); World Fish Centre; Project Concern Worldwide; and others. The development process of the strategy ensured transparency, consensus building, and integration of multiple strategies and actions leading to a multi-sectoral approach for national scale intervention delivery. A team of dedicated NFNC staff in collaboration with UNICEF nutrition specialists formed the core team that coordinated the whole process with agility and enthusiasm.

The National Food and Nutrition Commission under the Ministry of Health greatly - acknowledges the valuable contributions and comments of many individuals and workshop participants in the development of the strategy. Special thanks go to Dr. Gary Gleason from the International Nutrition Foundation – who was supported by UNICEF Zambia for his assistance with the full consultation process including contributions during the workshops and, together with the NFNC team, in drafting and editing the strategy.

The NFNC also recognizes and extends appreciation to UNICEF, the UK. Department for International Development (DFID), WFP, and the United States Agency for International Development (USAID) for providing financial and technical support for the development and formulation of the strategy. Additional and grateful acknowledgement goes to UNICEF and DFID for providing both financial and technical assistance for the costing of the National Food and Nutrition Strategy 2011-2015.



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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
AU	African Union
BCC	Behaviour Change Communication
BFHI.	Baby Friendly Hospital Initiative
BMI	Body Mass Index
CAADP	Comprehensive African Agricultural Development Program
CASSD	Community and Advocacy Support for the Strategic Direction
DFID	Department for International Development
DHS	Demographic Health Survey
DMMU	Disaster Management and Mitigation Unit
ECSA-HC	Eastern, Central, and Southern Africa Health Community
EFA	Education For All
EPRP	Emergency Preparedness and Response Plan
FAFS	Framework for African Food Security
FAO	Food and Agricultural Organization
FISP	Farmer Input Support Programme
FSP	Farmer Support Package
GRZ	Government of the Republic of Zambia
HDDS	Household Dietary Diversity Score
HEPS	High Energy Protein Supplements
HGSFP	Home Grown School Feeding Programme
HHs	Households
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
IDD	Iodine Deficiency Disorders
IDP	Internally Displaced Persons
IEC	Information, Education, and Communication
IFPRI	International Food Policy Research Institute
IMAM	Integrated Management of Acute Malnutrition
IYCF	Infant and Young Child Feeding
LBW	Low Birth Weight
M&E	Monitoring and Evaluation
MAL	Ministry of Agriculture and Livestock
MCDMCH	Ministry of Community Development, Mother and Child Health
MCDP	First 1000 Most Critical Days' Programme
MCTI	Ministry of Commerce, Trade and Industry
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Surveys
MLGH	Ministry of Local Government, and Housing
MLYSCDG	Ministry of Labour, Youth Sport and Child Development and Gender
MOESVTEE	Ministry of Education, Science, Vocational Training and Early Education
MOH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
NAC	National HIV/AIDS/STI/TB Council
NACS	Nutrition Assessment, Care and Support

NAIS	National Agriculture Information System
NASFP	National HIV/AIDS Intervention Strategic Plan
NCD	Non-Communicable Disease
NCPG	Nutrition Cooperating Partners Group
NDP	National Development Plan
NEPAD	New Partnership for African Development
NFA	National Fortification Alliance
NFNC	National Food and Nutrition Commission
NFNP	National Food and Nutrition Policy
NFNSP	National Food and Nutrition Strategic Plan
NGO	Non-Governmental Organization
NHSP	National Health Strategic Plan
NMCC	National Malaria Control Centre
NNSS	National Nutrition Surveillance System
NWSH	Nutrition, water, sanitation and hygiene
PANI	Pan-African Nutrition Initiative
PLHIV	People Living with HIV,
PMTCT	Prevention of Mother-To-Child Transmission
RENEWAL	Regional Network on AIDS, Livelihoods and Food Security
REWS	Regional Early Warning System
RPU	Research and Planning Unit
RUTF	Ready to Use Therapeutic Food
SADC	Southern African Development Community
SAG	Sectoral Advisory Group
SAM	Severe Acute Malnutrition
SD	Strategic Direction
SHN	School Health and Nutrition
SNDP	Sixth National Development Plan
SUN	Scaling Up Nutrition
UN	United Nations
UNAIDS	Joint United Nations Programme on AIDS
UNDP	United Nations Development Programme
UNFCCC	United Nations Framework Convention on Climate Change
UNICEF	United Nations Children's Fund
USAID	United States Aid for International Development
VAD	Vitamin A Deficiency
WFP	World Food Program
WHO	World Health Organization
WSH	Water, Sanitation and Hygiene
ZAMCOM	Zambia Institute of Mass Communication
ZAMNIS	Zambia Nutrition Information System
ZDHS	Zambia Demographic Health Survey
ZVAC	Zambia Vulnerability Assessment Committee

DEFINITIONS OF KEY PLANNING TERMS USED IN THIS DOCUMENT

The National Food and Nutrition Strategic Plan is intended to guide stakeholder programmes over the five year period 2011 to 2015. Key planning related terms used in the document include the following:

Strategic Planning	A structured process for determining intended future actions over a defined period by individuals and groups within an organization or related set of organizations. A strategic planning process includes stages of assessment, preparation and implementation.
Mission Statement	The primary purpose of the organization.
Vision Statement	How the relevant entity will look in the future if stakeholder efforts are effective.
Shared Values	Agreed upon operational behaviours that circumscribe day-to-day and longer term operations used in pursuing a shared vision and mission.
Strategic Direction	The overall priorities of the strategic plan during its operational period (often stated as goals).
Goal Statement	A statement of intended longer-term outcome.
Objective	A more specific statement that supports a goal or strategic direction with a deadline, measurable attributes (e.g. % reduction in low birth weight from baseline level).
Strategy	A well-conceived, practical approach to achieving an objective – usually involving a group of interrelated activities, responsible implementation agent (person or group), overall resource requirements, timeframes and a means of monitoring and adjustment to stay on track.
Input	The financial, human, material, technological, and information resources used for the development intervention.
Activity	An action or series of related actions undertaken or work performed by the responsible organizational units or persons as part of what is required to implement or produce specific results and/or achieve an objective.
Output	The result of activities – e.g. workshop convened, report published, revenue collected.

EXECUTIVE SUMMARY

The National Food and Nutrition Strategic Plan (NFNSP) for Zambia covers 11 key strategic directions. These relate to improving food and nutrition, and give a major priority to new multi sector, synergistic efforts to strengthen and expand interventions related to and promote “the First 1,000 Most Critical Days” that prevent stunting in children less than two years of age.

This strategy is multi-sectoral, founded in the National Food and Nutrition Policy of 2006, and incorporates a brief updated status review of key nutrition achievements and challenges. The NFNSP considers local and international food and nutrition research and recent efforts that support placing nutrition toward the centre of national development. The strategy is aligned as well with the global “Scale Up Nutrition” movement that calls for emphasis on well-proven, effective and low cost food and nutrition interventions. The NFNSP was developed through a process rich in consultation, collaboration and participation by Government Ministries, local and international non-governmental organizations (NGOs), the United Nations organizations and other key partners working to eliminate malnutrition in Zambia.

Process highlights included the following:

- The May 2009 National Symposium themed “Food and Nutrition in the 21st Century: Challenges for the Zambia, which Way Forward” brought together specialists to review nutrition policy and programme implementation status and recommended development of the NFNSP and that National Food and Nutrition Commission (NFNC) coordinate and lead in this work;
- The March 2010 international release of the Scale Up Nutrition (SUN) Roadmap in Washington, D.C., USA reinforced the importance of stronger, strategic and better-integrated nutrition actions to prevent stunting. The document highlighted research compiled and released in special editions of the Lancet Medical Journal clearly showing the impact of malnutrition on health, human development and national economic progress. The SUN Roadmap outlined affordable interventions with solid evidence of effectiveness that could be implemented at national scale and provided guidance on advocacy and promotion. The guidance provided by the SUN Roadmap was fed into the development of the NFNSP;
- The September 2010 launch of the initiative “1,000 Days – Feed a Child.-Feed the Future” by the UN Secretary General, USA Secretary of State and Foreign Minister of Ireland highlighted the costs and permanent harm to development and health associated with stunting in children less than two years of age. A period of 1,000 days -- from the beginning of pregnancy and ending at two years of age of child's life – was accepted as a key window of opportunity. This period known as the “1,000 Most Critical Days” is a priority strategic element of the NFNSP. They called for programmes of proven interventions and promotion to focus on this 1,000 day period - a time of good nutrition, infection prevention and special care for mothers, families, communities and nations;
- The February 2011 National Forum on Accelerating Nutrition Actions in Zambia in Livingstone had wide high-level participation including the Head of State. Participants confirmed the need for a new NFNSP and key organizations agreed to actively participate in its development; and

- The March 2011 Consensus Building Stakeholders Meeting that generated three consensus areas based on review of a “zero draft” of the NFNSP: (1) the strategic directions identified would include eight that were operational and three that were supportive; (2) focus and scope would be on initiating and/or moving interventions to national scale; and (3) special priority on substantially lowering the persistent problem of child stunting during the five-year planning period.

The process of completing the NFNSP during 2011 included consideration of Zambia's international recognition as a priority country for the SUN Movement. A Nutrition Cooperating Partners' Group (NCPG) was formed; initially composing DFID, Irish Aid, UNICEF, USAID, WFP and the World Bank. The NCPG and its expected expansion generated pledges of international support to Zambia efforts to find long lasting solutions to malnutrition. The NFNSP recognizes the support of NCPG partners and calls for strengthening of such support to focus on implementation of the strategy, strengthening the capacity of the NFNC as the one National Food and Nutrition coordinating authority in providing leadership in the national multi-sectoral aimed at reducing malnutrition, and assisting in obtaining high political support for an effective multi-sectoral response.

The drafting of the NFNSP, therefore, included a series of bilateral and multi-group consultations from the Ministry of Health, Ministry of Education, Science, Vocational Training and Early Education, Ministry of Agriculture and Livestock, Ministry of Community Development, Mother and Child Health, and Ministry of Local Government and Housing. Technical meetings focused on building consensus around the scope, priorities, approach and a basic implementation framework for each of eight operational strategic directions in the NFNSP. Multi-sector/multi-stakeholder discussions focused on the more cross cutting strategic directions including the “First 1000 Most Critical Days” as well as the three NFNSP supportive areas on monitoring and evaluation, communication support, and capacity building and development. On completion, the NFNSP draft underwent a final review by the NFNC and stakeholders before submission to the Ministry of Health for endorsement.

The NFNSP covers a five-year period from 2011 to 2015. Where strengths of existing intervention programmes were identified, the plan calls for on-going and expanded support. Where weaknesses or gaps were found, the plan calls for removal of bottlenecks, adaption and intervention strengthening and scale up of improved models. The plan recognizes that scale up often needs new resources. The plan notes that primary implementation responsibility and leadership rests with the line ministries with clear mandates in agriculture, health, education and community development, water supply, sanitation and hygiene and social services. Also emphasized are the importance and critical need for stronger organizational linkages, and collaboration on intervention implementation involving as well the private sector and civil society. The NFNSP aims toward stronger and improved operationalization of the National Food and Nutrition Policy, while offering a more guided and synergistic approach to many current plans and programmes of stakeholders.

The strategic plan calls for stakeholders to approach many food and nutrition problems through a decentralized approach with major participation and responsibility at levels from provinces and communities. It seeks national and international support and assistance with advocacy and collaboration on resource generation. It provides a general outline for integrated communication support to promote social and individual change necessary to achieve the strategies objectives.

The NFNSP outlines the situation analysis of food and nutrition in Zambia across issues of poverty

and major acute and chronic malnutrition including stunting among children. It notes threats to achieving Millennium Development Goal (MDG) 1 (eradicate extreme poverty and hunger), MDG 4 (reduce child mortality) and MDG 5 (improve maternal health). It also raises issues related to food security including the availability of products needed for a diverse and healthy diet and the programmes needed and, in some cases, underway to address this.

Summary data are provided on the national problems of stunting in children less than 24 months of age, the high prevalence of low birth weight, underweight among children under five years of age, wasting among children and the newly emerging problem of obesity. Described as well are problems of maternal nutrition in terms of macro and micronutrient deficiencies, the importance of maternal nutrition to foetal nutrition, and the impact of poor maternal nutrition on birth weight and safe births.

The status of micronutrient deficiencies, iron, zinc, and folic acid are noted with recognition given to national success in the virtual elimination of iodine deficiency disorders (IDD) through use of iodized salt and high coverage of the decade long activities providing mass supplementation with Vitamin A to children and lactating mothers.

The new national protocols for acute malnutrition was developed but not yet implemented at national scale at the time the NFNSP was completed. In the areas of integrated management of acute malnutrition, the plan calls for national implementation as soon as possible and calls for support for further development of a the multi-level logistics system. This is needed to bring the correct supplies in the correct amounts to the correct levels of facilities needed to allow defective community management of severe cases of acute malnutrition was not yet sufficiently developed.

The significant progress in linking HIV and nutrition is noted and the NFNSP calls for additional work to better reach and assure optimal nutritional support for those infected and affected by HIV. The plan looks at the implications for the nutrition education and care based on the newest international protocols released in June 2011. New Nutrition Guidelines for Care and Support for Persons or People Living with HIV (PLHIV) are expected to result in more PLHIV being placed on Antiretroviral Therapy (ART) much sooner and in turn needing nutrition education and support. The NFNSP includes a focus on the gender dimension of HIV. Women have increased vulnerability and because of their roles in family care, lack of access to adequate food, income, and land as well as other factors.

The NFNSP includes a strategic direction focused on the increasing prevalence of nutrition-related non-communicable diseases as a growing problem. These diseases are often associated with unhealthy behaviours that are becoming increasingly prevalent in poor communities and in the country as a whole.

Food security and nutrition are set as key elements in emergencies in the NFNSP. This area is well recognized, but has substantial room for improvement in Zambia. The plan calls for these to become essential well-organized elements of disaster preparedness and disaster mitigation.

The NFNSP notes the movement of nutrition to a higher position on the national development agenda and among donor priorities. It notes the broad support from national leadership in Southern Africa. For example, the Comprehensive African Agriculture Development Programme (CAADP) includes nutrition as one of its four pillars. The African Union has developed an African Regional

Nutrition Strategy used by members to upgrade nutrition policies, strategies and action plans. The Eastern, Central, and Southern Africa Health Community (ECSA-HC) is promoting health and nutrition care interventions and advocating stronger links with agriculture and other sectors. The Southern Africa Development Community (SADC) is trying to help countries adapt regional initiatives to country-specific situations. African Heads of State and Governments are also using regional strategies as a basis for planning the revitalization of agriculture, food and nutrition security, and rural development.

The NFNSP recognizes that national commitment to food and nutrition policies, strategies and programmes in Zambia has a longer and stronger precedence than in many other countries. This is reflected in the NFNC Act of Parliament (1967) which established the NFNC, the National Food and Nutrition Policy (2006), and the Fifth and Sixth National Development Plans that include explicitly food and nutrition components in both plans. Nutrition improvement is part of the country's Vision 2030. While the NFNSP recognizes the broadening view of nutrition as a cost effective, priority area of investment by Government, it calls for more systematic, evidence-based advocacy. The NFNSP seeks to have high impact nutrition interventions mainstreamed in order to spur economic growth and help alleviate poverty. The advocacy called for is needed to generate even greater leadership and operational commitment, to promote better cross sector collaboration and to generate higher resource commitment from both Government and international partners. The plan calls on each stakeholder to be responsible for such strategic advocacy on improving nutrition in Zambia and to collaborate actively with the NFNC in its primary responsibility in coordination, monitoring, and evaluation. Advocacy is also needed to strengthen legal and institutional frameworks that promote and facilitate with better collaboration and coordination on national scale nutrition initiatives.

The NFNSP calls for strengthening of technical skills in food and nutrition at the various levels including both in-service and supportive supervision and pre-service training.

The NFNSP recognizes communication as an essential element of nutrition interventions. More consistent and strategic use of multiple channels and credible sources are required to reach and affect communities, families and individuals in many programmes with nutrition interventions and objectives.

The strategic direction focused on monitoring and evaluation recognizes the importance of information generated by national Demographic Health Survey (DHS) and Multiple Indicator Cluster Surveys (MICS) and other national and sub national studies that complement each other and are shared at global level. The progress in terms of nutrition indicators in the Health Management Information System (HMIS) is noted but the NFNSP calls for further improvement.

The plan calls for overall, substantial improvement in monitoring and evaluation of nutrition and better linkage to decision-making at all levels. While the basic framework for monitoring and evaluation is in place in each of the main ministries, most units need to be strengthened and/or expanded. More comprehensive monitoring mechanisms such as the National Nutrition Surveillance System (NNSS) are needed that focuses specifically on nutrition issues and related interventions. However, the NNSS needs to be re-engineered to be more cost effective. In addition, new, relatively unused indicators relevant to nutrition need incorporation into monitoring systems and linked to policy and programme guidance. The NFNSP calls for better coordination on nutrition related indicators and analysis across monitoring and evaluation sections of relevant ministries, NGOs and

survey coordinators. A problem based research agenda addressing food and nutrition is missing at national level as well as the community level.

CHAPTER 1

INTRODUCTION

1.1 Background

This Five-Year National Food and Nutrition Strategic Plan (NFNSP) 2011-2015 is Zambia's first multi-sectoral response to combat malnutrition. It focuses on 11 key strategic directions (SDs) related to improving food and nutrition in the country. The strategic plan gives a major priority to new multi sector, synergistic efforts to strengthen and expand interventions related to and promote the First 1000 Most Critical Days that prevent stunting in children less than two years of age. Careful application of these interventions related to the First 1000 Most Critical Days bring long-term added health and contribute significantly to the productivity of the Zambian population as well as increased productivity of the nation. This strategy grows out of the National Food and Nutrition Policy (NFNP) of 2006 and updated review of the situation of key areas of nutrition achievements and challenges in the country. It builds on the recommendation of the May 2009 National Symposium with the theme "Food and Nutrition in the 21st Century: Challenges for Zambia, which Way Forward" where nutrition specialists from the country reviewed policy and programme status and called for the development of a strategic plan with the lead role played by the National Food and Nutrition Commission (NFNC) which is mandated by Government through the NFNC Act of Parliament (1967). Most important of this strategy is the fact that it is built through a highly consultative, collaborative, and participatory process that included Government Ministries, local and international non-governmental organizations (NGOs), the United Nations Organizations, USAID and other key partners working in nutrition and related areas.

In 2010 the importance of new strategic actions in nutrition was recognized and reinforced by the Global initiative - Scale Up Nutrition (SUN) Movement which advocates for scaling up of most effective and affordable proven high impact nutrition interventions that could be implemented at country level. This initiative highlighted the cost of stunting in children less than two years of age in terms of health and constraints on the future growth and development of the child. The persistence of stunting was recognized and critical action was to focus on the critical period of the first 1,000 days in a child's life from the beginning of pregnancy to two years of age. Zambia being a SUN Country, has committed itself to contribute to the SUN's Roadmap which is well-articulated in the new NFNSP. Later in February, 2011, the NFNC with support from cooperating partners and government convened a National Consultative Forum under the theme "Accelerating Nutrition Actions in Zambia" and had wide high level international and local participation including the President of the Republic of Zambia. One key recommendation which came out of the forum was again the development of a new National Food and Nutrition (Sector) Strategic Plan using a consultative and participatory manner.

The 2011-2015 National Food and Nutrition Strategic Plan aims at better operationalizing the NFNP while offering better guidance and synergy to the current plans and programmes of stakeholders. It recognizes the critical need for approaching many food and nutrition problems through a decentralized approach with major participation from provincial, districts and communities. It offers new guidance and assistance in the areas of advocacy and collaboration in resource generation. The NFNSP also calls for and provides a general outline of integrated communication support for the social and individual changes that will be necessary to achieve the stated strategic objectives (SOs).

This strategy also sets out areas of priority for government, stakeholders, donors', and partners' spending in order to firmly position nutrition on the developmental agenda and to effectively commit predictable resources for addressing the challenges of malnutrition in Zambia. In this sense, the NFNP advocates for significant increase and predictable national budgetary allocation to support food and nutrition programmes at all levels with a well-rooted coordination and management mechanism for achieving intended outputs and results for impact. Essentially, the strategy calls for the solid grounding of the following:

- The NFNC as the legal authority and coordinating body of the NFNSP. The NFNC was established through an Act of Parliament (1967) with the main function of coordination, monitoring, and evaluation of the implementation of the national multi-sectoral response to malnutrition;
- One agreed National Food and Nutrition Strategic framework which provides the basis for coordinating the work of all partners. The Sixth National Development Plan 2011-2015 and the NFNSP 2011-2015 were developed with broad participation of stakeholders across sectors. The NFNSP is a national multi-sectoral framework for addressing the challenges of malnutrition in Zambia and it operationalizes the National Food and Nutrition Policy of 2006. The NFNSP 2011-2015 is the current strategic framework for all partners to follow and contribute;
- One agreed country-level monitoring and evaluation system. In order to track progress as defined in the National Food and Nutrition Strategic framework or plan, a robust national monitoring and evaluation system needs to be developed and made functional. The M&E system is expected to provide evidence-based information for decision making, accountability reporting to other stakeholders including policy makers and donors.

1.2 Structure of the National Food and Nutrition Strategic Plan 2011-2015

The NFNSP has 5 chapters that includes: (1) Introduction; (2) Situation analysis of food and nutrition in Zambia; (3) Scaling up as nutrition gains a higher position on the national development; (4) National food and nutrition strategic plan; and (5) Strategic directions, objectives, strategies, activities, outputs, and outcomes. This document's sitemap is therefore structured as follows:

Chapter 1 presents an introduction outlining a brief background to the genesis and development of a multi-sectoral strategy to address malnutrition in the country. It highlights the significance of the strategy, its linkage to the NFNP (2006) and the various key consultative

processes that followed to design the NFNSP 2011-2015. Chapter 2 gives a situation analysis of the food and nutrition landscape of the country describing the key challenges requiring immediate attention in improving the nutritional status of the risk population groups including malnourished mothers and children. Chapter 3 outlines the opportunities available in advancing the nutrition agenda at higher level including regional and national considerations such as national leadership and commitment, national actions based on evidence and the creation of a robust monitoring and evaluation systems to measure results and to inform programme decision, advocacy, and policy. Chapter 4 describes the consultative process used in developing the strategy and how it is linked to the vision and mission statements of the food and nutrition policy of 2006. This chapter also introduces an outline of operational and supportive SDs which forms the overall priorities of the strategic plan during its operational period. In Chapter 5, the SDs are described in detail and linked in a logical way to the rationale, SOs, strategies, and activities. This chapter also outlines outputs and outcomes to be achieved through the NFNSP 2011-2015.

Finally, the implementation matrix for each SD including the monitoring and evaluation framework, communication and advocacy support matrices are annexed to the end of the document. These annexes also provide specific SDs with actions, outputs and targets to be attained during the implementation period 2011-2015.

CHAPTER 2

SITUATION ANALYSIS OF FOOD AND NUTRITION IN ZAMBIA

2.1 Nutrition and Poverty

Acute and chronic under malnutrition are profound global problems. Poverty and inequality sit at the heart of hunger. The poor often cannot afford to grow or buy food, and the resources needed to get access to food are inequitably distributed. The poor also suffer greater than other groups from low literacy, gender inequality, and poor health. All of these contribute to situations where, even with sufficient access to food, the nutritional needs, particularly of young children and women are not met. The Millennium Development Goals (MDGs) – particularly MDG 1 (eradicate extreme poverty and hunger), MDG 4 (reduce child mortality) and MDG 5 (improve maternal health) – will not be reached unless the nutrition of vulnerable groups such as women and children is given high priority at global, regional, and national development programmes and strategies¹.

2.2 Major Nutrition Problems in Zambia

In Zambia, chronic food insecurity continues to exist among low income groups such as the urban poor and small scale farmers. High levels of malnutrition², particularly under-nutrition, hold back the country's socio-economic development and potential to reduce poverty. The sub-sections following describe the key challenges of nutrition in Zambia which require concerted efforts of all different actors interested in nutrition to produce results.

2.2.1 Stunting among children under five years of age

In children of less than 24 months of age, stunting negatively and permanently affects their health, learning and productivity. It affects the health and cognitive development of children with implications across the full lifecycle and as a result negatively impacting on national economic development. Overall, stunting prevalence among children under five years of age in Zambia is higher (45%) than average for Africa (42%). The problem of stunting among Zambian children after six months of age rapidly increases in the absence of good quality nutritious food. The combined moderate and severe stunting rate for children from 6-18 months of age increases dramatically and then reaches a peak at 59% between 18-23 months³. Stunting declines to a plateau around 45-50% from 24-59 months which is still high but, in terms of a negative impact on the genetic potential of growth cognitive development

¹Progress for Children, Achieving the MDGs with Equity, UNICEF, 2010.

²Malnutrition is a combination of both undernutrition and overnutrition

³Zambia Demographic and Health Surveys (ZDHS), 2007.

of the child, the damage has already been done⁴. Stunting rates for children 6-59 months (1992-2007) are shown in Table 2-1 below.

Year	1992	1996	2002	2007
Stunting Prevalence 0-59 months	46%	49%	53%	45%

Source: Central Statistical Office (CSO) based on Zambia Demographic and Health Surveys (ZDHS)

2.2.2 High prevalence of low birth weight

Low birth weight (LBW) babies are more likely to have poor health and to become stunted during their first two years of life. In Zambia, national surveys showed that about 9% of children under-five years of age had a LBW (less than 2.5 kg). Mothers younger than age 20 years are about twice as likely to have LBW babies (15%), compared to mothers aged 20-34 (8%) and mothers aged 35-49 (7%). First-born children are more likely to have low birth weights (14%), compared to higher-order births (7% to 8%).

2.2.3 Underweight among children under five years of age

Year	1992	1996	2002	2007
Underweight	25%	24%	28%	15%

Source: Central Statistical Office (CSO) based on Zambia Demographic and Health Surveys (ZDHS)

The prevalence of underweight among children under five years of age in Zambia has decreased from 25% in 1992 to 15% in 2007 (See Table 2-2). The prevalence is slightly higher among children in rural areas (15.3%) compared to those in urban areas (12.8%).

2.2.4 Wasting among children under five years of age

Throughout the developing world, 13% of children under five years of age are wasted (low weight for height), and 5% of these children are severely wasted. In Zambia about 5% of children under five are wasted and the prevalence peaks among children age 9-11 months (12%).

⁴ Well documented evidence shows that stunting in children less than two years of age, during their period of rapid growth and brain development, tends to have permanent impact throughout the lifecycle.

Wasting among children born to thin mothers (body mass index [BMI] <18.5) is higher than for children born to mothers with normal weight BMI (18.5-24.9) and those who are overweight or /obese (BMI >25). Wasting prevalence in Zambia varies slightly between urban (4%) and rural children (6%).

2.2.5 Overweight among children

Although being overweight is a problem most often associated with many industrialized countries, some developing countries and countries in transition have a high prevalence of overweight children and high stunting prevalence creating multiple burden of malnutrition. In Zambia, about 1% of children were found to be overweight (+3SD Weight-for-Age) in 2007⁵.

2.2.6 Maternal nutrition

In Zambia, data from 2007 ZDHS showed that 71% of women have a normal BMI, 10% are undernourished or thin. Young women, (age 15-19) are more likely to be undernourished than women in older age groups. During the period 1992-2007 the prevalence of underweight women (BMI <18.5) decreased from 15% to 10%. Low BMI in women is related to LBWs which is a significant factor correlated with stunting. Eleven per cent (11%) of children were born with LBW in 2007⁶. In addition 19% of the women are overweight or obese. The prevalence of overweight or obese women (BMI >25) increased from 12% to 19% from 1992 to 2007.⁷

The most nutritionally vulnerable women are those with the additional nutritional stress of pregnancy and lactation. Too often women do not see the need for, or cannot afford, additional and high quality diets and micronutrient supplements during these periods, and few are encouraged to eat differently by their spouses and other influential family members. Frequently, the results are poor nutritional status that threatens not only the health and a safe birth for the woman but also for the baby.

2.2.7 Micronutrient deficiencies

In Zambia micronutrient deficiencies are highly prevalent affecting mostly infants and young children aged 6-24 months and pregnant and lactating women. In other cases adolescent girls are also affected. Well known deficiencies in infants and young children include Vitamin A, iron, and zinc. The prevalence of vitamin A deficiency in 1997 was 65.7% while in 2003 it was 53.3% in children; for women in child-bearing age, vitamin A deficiencies (VAD) was 21.5% in 1997 and 13.4 % in 2003. In terms of iron deficiency anaemia, this remains a major public health concern. Prevalence of anaemia is 53% among under-five children and 22.5% among pregnant women (NFNC 2003). While significant progress has been reported in reducing the prevalence of iodine through iodization programs and vitamin A deficiencies through vitamin A fortification of sugar and bi-annual mass supplementation with vitamin A, there has

⁵ZDHS, 2007, p. 162.

⁶ZDHS, 2007, p. 162.

⁷ZDHS, 2007, p. 177.

been limited success in reducing the burden of iron deficiency anaemia and other micronutrient deficiencies. There is also lack of information to evaluate the effectiveness of these interventions at national and household levels.

2.2.8 HIV and nutrition

Zambia has one of the highest human immuno-deficiency virus (HIV) prevalence in the world. The epidemic has affected all aspects of social and economic life with an adult HIV prevalence of 14.3% of persons aged 15-49 years (2007). With this prevalence, the country was ranked the seventh among the most affected countries in the world (UNAIDS) in 2008. Estimates put about one million Zambians are affected by HIV and AIDS in 2011. Approximate 200,000 people infected with HIV are on ART. The human immuno-deficiency virus prevalence has reduced from 15.6 % to 14.3 % over a period of six years.

The primary modes of HIV transmission are through hetero-sexual sex, Mother-to-Child Transmission, and others such as low and inconsistent condom use. HIV prevalence varies considerably within the country. Infection rates are highest in cities, border towns and those along major transportation routes and lower in rural areas with low population density. People living with HIV and or those showing clinical symptoms of the disease face increased challenges to maintain proper nutrition. Despite development in medical treatment, nutrition remains a key component in managing this condition.

2.2.9 Nutrition related non-communicable diseases

In 2001, non-communicable diseases (NCDs) accounted for 60% of the estimated 56 million deaths globally, and 47% of the global burden of disease. While NCDs were initially mainly limited to higher socio-economic groups in low and middle-income countries, recent evidence shows that the unhealthy behaviours associated with these diseases are becoming increasingly prevalent in poor communities or developing countries with parallel increases in the prevalence of NCDs.

Despite the actual trends not being known and the fact that NCDs are the second leading cause of death and disabilities in African region, these diseases are surprisingly neglected elements on the nutrition and health agenda. Current estimates indicate that Zambia may be one of the countries with a high prevalence of NCDs. The results from the 2008 study conducted by the Ministry of Health and WHO shows that 70,000 people had suffered from Diabetes mellitus in Zambia in 2000. This number is expected to increase to 186, 000 by 2030. Hypertension was estimated around 608,034 from the same population. These are only estimates which may not represent the actual prevalence of hypertension and Diabetes mellitus.

2.3 Emergencies and Food and Nutrition Security

According to the World Bank, developing countries suffer greater costs resulting from disasters than industrialized countries. Observed changes in climate, such as global warming,

⁷ NAC, 2011, National Monitoring and Evaluation Plan, p. 2

are contributing factors to the increased incidences of droughts and floods in Zambia and other Southern African countries. According to Parry, et al.⁹ between 75 and 250 million people in Africa are projected to be exposed to increased water stress due to climate change by 2020. In some countries on the continent, yields from rain-fed agriculture may be reduced by up to 50%. The impact on food security is obvious and ominous.

Although Zambia has a vast agriculture potential, it has progressively declined during the last three decades from a middle income country to a nation afflicted by persistent food insecurity, poverty recurrent shocks of droughts and HIV. For example in 2008/2009 rainfall season, the post floods survey conducted in twenty (20) districts revealed that a total of 499,359 people representing 83,227 HHs were negatively impacted by the floods (ZVAC, 2009).

2.4 Decentralization

Zambia is committed to the devolution of Government functions as one of the key elements of its decentralization policy. While line ministries continue to approve major programmes to be carried out at provincial and districts level, these programmes are managed by district level officers and there is a growing emphasis on community participation and community level health and other sector activities.

The National Food and Nutrition Strategic Plan also puts a major emphasis on government policy on decentralized program development and management. Particular significance is with regard to multi-sector efforts with major community level emphasis such as the prevention of stunting. Similarly, beyond protocols, guidelines and some supplies and resources provided by central level, many of the SDs in the NFNSP require active commitment, adaptation and innovation from district and lower level authorities, commitment and initiative from community level workers and community participation. Significant efforts to effectively reduce malnutrition will be depended upon the extent possible to which both nutrition specific and sensitive interventions are efficiently combined to address immediate and underlying causes of malnutrition at the district and community levels.

Major elements of each SD take advantage of decentralisation, particularly at district levels that allow an effective level of coordination and collaboration across sectors and have the potential to bring together technical expertise and monitoring for the benefit of improving food and nutrition programmes and activities.

As the programmes and interventions that move the NFNSP forward are initiated, strengthened or expanded, a substantial level of the effort and success will come from innovative activities and designs that result from working close to the community implementation levels, knowing the program recipients and having them take active roles in modifying activities to become more appropriate, effective and sustainable.

M. L. Parry et al. 2004. *Global Environmental Change* 14 (2004) 53–67

CHAPTER 3

SCALING UP AS NUTRITION GAINS A HIGHER POSITION ON THE NATIONAL DEVELOPMENT AGENDA AND IN DONOR PRIORITIES

3.1 National Leadership Supporting Nutrition as a Regional Issue

High level advocacy and a higher position for nutrition improvement on national development agendas have gained momentum during the last decade. The African Union (AU) developed an African Regional Nutrition Strategy that several member states used as the basis for upgrading national nutrition policies, strategies and action plans. The Comprehensive African Agriculture Development Programme (CAADP) developed by the New Partnership for African's Development (NEPAD), has been endorsed by African Heads of State and Governments as a blueprint for revitalizing the agricultural growth, food and nutrition security, and rural development in Africa¹⁰. CAADP focuses its investment portfolios into integrated and harmonized four pillars. Pillar III of this investment advocates for increased investments in nutrition through such options as increasing food supply, reducing hunger and improving responses to food emergency crises.

Some countries have completed adaptation of CAADP using the Framework for African Food Security (FAFS), through country "Compacts" and Zambia signed its "compact" in January 2011, while others continue to work in this area. The Pan-African Nutrition Initiative (PANI) of NEPAD advocates that countries fast track interventions known to be low cost and highly effective and that a "nutrition lens" be applied to work on national development agendas.

The Eastern, Central, and Southern Africa Health Community (ECSA-HC) is another regional agency promoting health and nutrition care interventions and advocating strong links with agriculture and other sectors that support health and nutrition. The Southern Africa Development Community (SADC) has developed a mechanism to translate and adapt regional initiatives to country specific situations. Although malnutrition problems persist in the country, Zambia has made progress in strengthening or developing national programmes aligned with global, international and regional forums such as 1992 International Conference on Nutrition and the World Food Summit (1995), and Scale Up Nutrition Movement (2010).

Despite the international efforts aimed at generating greater recognition of nutrition as an essential and cost effective priority area of investment, stronger and better planned national efforts are still needed in many countries to successfully convince governments of the

¹⁰4th Conference of African Union Ministers of Agriculture Member State Expert's Meeting February 26-27, 200, Addis Ababa, Ethiopia.

importance in investing in nutrition interventions known to improve health and productivity, and national economic growth. While moving higher on many national development agendas, high impact nutrition interventions still need to be mainstreamed to spur economic growth and poverty alleviation.

3.2 National Commitment to Food and Nutrition Policies, Strategies, and Programmes

Political commitment toward improving nutrition is demonstrated in Zambia by the NFNC Act of Parliament (1967). The NFNP was launched in 2006. Food and nutrition objectives and broad actions were moved onto the national development agenda through the Fifth National Development Plan (2005-2010), the Sixth National Development Plan (2011-2015), and Zambia's Vision 2030. This latest development of the strategy for the period 2011-2015 demonstrates government commitment to provide the needed political leadership in addressing the challenges of food and nutrition in the country through an effective and well-coordinated multi-sectoral response.

3.3 National Action Requires Evidence-based Priority Setting and Greater Commitment for Programme and Operational Resources to Improve Nutrition

To fully implement the national food and nutrition policy and the operational framework, there are a number of nutrition advocacy challenges to be overcome in attempting to incorporate nutrition initiatives more centrally into national development policies. Many high level government officials perceive nutrition exclusively as an output, rather than also as an input into development. The concept of "nutrition as an 'Output'" is widespread despite the overwhelming scientific evidence that has identified and, in some cases, quantified direct costs of various malnutrition problems in terms of lower productivity, lost earnings and the medical care required for treatment of malnutrition and associated diseases.

Advocacy is required to generate greater leadership and operational commitment, better cross sector collaboration and greater levels of resource commitment from both Government and international partners. Such advocacy needs to be evidence-based, drawing primarily on information gained through improved monitoring of programmes and strategically targeted, planned, and implemented on an on-going basis. The responsibility for such strategic advocacy rests with each stakeholder responsible for and committed to improving nutrition in Zambia with the primary role of coordination and monitoring resting with the NFNC.

3.4 Operational Level Advocacy

At more operational levels many of the challenges facing those working toward improved nutrition relate to the fact that many nutrition problems are complex and require a "package of interventions" with individual components having main implementation responsibilities in various sectors. The following areas call for strengthened commitment, coordination and, in some cases, technical expertise to successfully implement single and multiple nutrition

intervention programmes at national scale:

1. More robust legal and institutional frameworks to back up multi-sector leadership and coordination. Better within sector, cross sector (and in many cases, civil society and private sector involvement) in planning and collaboration on implementing major national scale nutrition initiatives. Greater emphasis on human resources commitment and technical skills at all levels with greater attention given to the formal and informal in-service and pre-service training needed;
2. Substantially greater emphasis on and attention to costing and assuring that necessary funding resources are available and committed within and across the sectors involved in the nutrition programmes. This requirement is also linked to considerations of both start up and sustainable funding for programmes where new cohorts of beneficiaries need to be continually addressed;
3. Major nutrition initiatives that require direct and indirect participation and support from multiple sectors need to successfully generate ownership and commitment from respective partners. Interaction among key players needed to inform, plan, implement, monitor and adjust major nutrition initiatives, often need orientation so that nutrition initiatives that are not viewed as “their” problem and responsibility. Targets for advocacy or participatory programme orientation may include sector leaders and technical officers, academics, NGOs, political leaders and decision makers at national and lower levels. Lobbying for the establishment of a pool funding for nutrition supported by government, partners, and the civil society is an innovative initiative that require pursuing and implementing to ensure programme sustainability;
4. Key stakeholders in major nutrition programmes need to participate in defining their roles and developing the linkages between their programme activities and the outcomes of the nutrition programmes. They also need clear guidelines for each relevant organizational level as to who and how these roles will be carried out. For example, some food and nutrition programmes have roles for agriculture, (crops, large and small livestock, home economics) health, education, and community development;
5. Non-traditional nutrition allies, such as private sector companies, religious leaders, the media, traditional leaders, etc. are only recently being better recognized to have potentially important roles in improving nutrition. More effort is needed to gain needed experience in and documentation on how to engage and bring these stakeholders into programmes, especially when the commitment to working together by the traditional partners is low.

3.5 Communication Support for Food and Nutrition Programmes and Interventions

While some food and nutrition programmes and interventions focus on policy change (mandatory food fortification, food subsidies for PLHIV, etc.) and others on important services (growth monitoring and promotion, vitamin and mineral supplementation for women and children, etc.), these and many others have varying requirements related to

generation of demand by the population. Important aspects of many nutrition improvements also come from changes in knowledge and/or behaviours on the part of the public. Ultimately, many interventions in nutrition seek to have consumers eat a diverse diet of foods that provide them with the nutrients needed for a healthy growth and development as children and healthy productive adults.

Programmes to achieve these general objectives often require planned and systematic use of communication models that aim toward informing and persuading to adopt attitudes and practices that result in healthy eating and healthy feeding of themselves and their families. Communication strategies in support of nutrition programmes may also be multi-staged targeting those who are known to have influence and the respect of others as a way of reinforcing carrying or direct messages. Communication activities and products may also target those who produce, market, and process foods with an objective of increasing the accessibility and availability of a diverse set of foods so that consumers find themselves able to act on their knowledge and decisions to provide healthy meals for their families.

Additional areas as planned and professional communication are essential elements of major nutrition interventions. These may range from work to strategic advocacy, activities to generate program resources, skills, and commitment of those providing services. The use of multiple channels and credible sources to reach communities, families/individuals with new and persuasive information, effectively designed to facilitate and generate behaviour change, is also essential.

For these reasons nutrition communication support is a key supporting element of all major nutrition programmes and is given major attention along with strategic advocacy and monitoring and evaluation in this National Food and Nutrition Strategic Plan for the period 2011-2015.

3.6 Monitoring and Evaluation: Stronger Linkage to Programme Decision Making and Generating Evidence for Advocacy

3.6.1 Monitoring frameworks relevant to food and nutrition

Following a series of droughts and floods and the food price crisis of 2008, national systems for monitoring of food security in many countries were strengthened. Monitoring of food security at national levels is now well-linked into international monitoring systems and reporting frameworks such as FewsNet.

Regional efforts to monitor food and nutrition programmes include Regional Vulnerability Assessment Analysis, Regional Early Warning System (REWS) for Food Security (SADC; 2007) and reports of the International Food Policy Research Institute (IFPRI) /Regional Network on AIDS, Livelihoods and Food Security (RENEWAL), and others.

Regarding national monitoring of nutrition, a number of important nutrition indicators, gained through national surveys such as DHS and MICS are now shared at global levels, complementing other national and sub national studies conducted by Government institutions, national universities and NGOs often with support from various United Nations

organizations (WHO, UNICEF, WFP, World Bank, UNDP, FAO) bilateral donors (USAID, CIDA, DFID), and international NGOs (Save the Children, World Vision, Micronutrient Initiative, Helen Keller International, and others).

The Health Management Information System (HMIS) also tracks progress on some nutrition indicators. In 2006, Zambia began to develop an integrated food security and nutrition monitoring and evaluation system to track progress on food and nutrition programmes implemented by key stakeholders. Additional nutritional indicators need to be included in the HMIS to provide for quick access of information for planning and directing immediate response.

3.6.2 Monitoring and evaluation challenges

Despite progress on monitoring and evaluation of nutrition related programmes, there is need for substantial improvement and better linkage with decision making by those sector-based programme leaders and those responsible for cross sector coordination.

While the basic framework for monitoring and evaluation is in place in each of the main ministries working on food and nutrition and in the NFNC, most of these units need to be strengthened and/or expanded. Nutrition related programmes require higher priority among monitoring and evaluation activities..

A consolidated and more robust M&E which integrates across sectors needs to be seriously considered and designed and aligned to the NFNSP. Furthermore, comprehensive monitoring mechanisms specifically focused on nutrition issues and nutrition related interventions are needed to fill current gaps in the programme intervention areas, in food and nutrition surveillance, and in the agricultural information data system. Information from new and relatively unused indicators need to be brought into strengthened monitoring systems, analyzed and used to guide policies and programmes.

Increased coordination is needed across monitoring and evaluation sections of the relevant ministries, NGOs and survey coordinators on food and nutrition related indicators and how data for such indicators can be consolidated, shared and effectively used by all those participating in major food and nutrition programmes.

3.6.3 Problem-based research agenda and promotion of high priority nutrition research

In addition to improved monitoring and evaluation, a more coordinated, problem-based research agenda is needed to set priorities for research and avoid duplication and allocation of limited resources on low priority studies. A strategy is needed to secure improved funding and other resources for monitoring and evaluation and food and nutrition research.

3.6.4 Dissemination and use of national monitoring and evaluation information and results of surveys and other food and nutrition related research

Dissemination of information obtained through monitoring and evaluation activities and from food and nutrition related surveys and research often lacks systematic and strategic

dissemination to important audiences. There is currently insufficient use of potentially powerful channels such as website postings, dissemination meetings, and targeted report distribution.

Advocacy focused research in the area of nutrition including that generated through use of Profiles software and related reports, is periodically used for advocacy but the impact of this evidence-based tool and similar information based on surveys and other research has greater potential to bolster nutrition policies and programmes if strategically packaged and used.

A practical nutrition research communication strategy is missing from the tools of the NFNC and is needed to assure better sharing and use of information gained through monitoring, evaluation and research by the NFNC and others. A nutrition research communication strategy framework needs strategically identified target audiences including those who can use such information for improving interventions and operations, for policy development and revision, and for mobilizing and generating resources. To address this gap, research communication planning is included in this new National Food and Nutrition Strategic Plan.

CHAPTER 4

NATIONAL FOOD AND NUTRITION STRATEGIC PLAN 2011-2015

4.1 Strategy Development

The national requirement for a new nutrition strategic plan (2011 to 2015) provided an opportunity to review the past five-year plan and activities, and to develop a new National Food and Nutrition Strategic Plan aligned with the overall Sixth National Development Plan (SNDP) 2011-2015. This document lays out the new National Food and Nutrition Strategic Plan including links with strategies in the sectors of agriculture, health, education, hygiene and water and sanitation, community development, and social services. A detailed plan for communication and advocacy support of the major SDs for nutrition is incorporated.

The foundations of the new strategic plan are the NFNP of 2006, and on-going review of progress, problems and constraints in achieving good nutrition for the Zambian population. Taken into consideration are current international priorities related to food security and nutrition. The plan also aligns with national goals and the Zambia's Vision 2030 aspirations.

Mechanisms are outlined for the cross sector coordination with active and full participation of key stakeholders and for mobilization of resources needed to assure successful implementation. The National Food and Nutrition Strategic Plan is intended to guide the programme planning and implementation operations of food and nutrition stakeholders during the five year period.

4.2 Strategic Planning Process

The policy framework for improving the nutrition of the Zambian population is the 2006 National Food and Nutrition Policy (NFNP) adopted by the Government. The NFNP Implementation Plan (2006-2011), although not fully implemented was intended to guide work on food and nutrition was developed through a multi-sector effort led by the NFNC under the Ministry of Health with active participation of the cooperating partners.

Box 1: Forums contribution to development of the National Food and Nutrition Strategy 2011-2015

- Lusaka, National Food and Nutrition Symposium, May 2009.
- Lusaka. Golf View Hotel workshop December 2010.
- Livingstone Meeting, February 2011.
- Lusaka, Blue Nile Inn Meeting, March 2011.
- Lusaka, Final review meeting, June 2011 .

In keeping with the planning of new implementation strategies by each sector in support of the SNDP 2011-2015, consensus was formed among stakeholders that a national strategy was needed for the new national plan period in the multi-sector area of food and nutrition.

Several processes were undertaken in order to design the current strategy (Box 1.). A national Food and Nutrition Symposium in May 2009 reviewed progress, problems, and challenges in many of the food and nutrition policy and implementation areas and provided initial recommendations for development of the new plan.

The NFNC Research and Planning Unit (RPU) under the overall supervision of the Executive Director's Office was charged with leading the new National Food and Nutrition Strategic Plan development process. Initial steps included development of the concept note, collection of relevant information, preliminary review and analysis of the current nutrition issues and resources and preparation of an initial strategic framework. A "zero" draft of National Food and Nutrition Strategic Plan was developed for presentation and discussion in a consultative workshop with nutrition related stakeholders in December 2010. A second meeting was convened by the NFNC in Livingstone (February 2011) to present and raise the profile of key nutrition challenges to be addressed in the new strategy, to obtain the opinions of key, high level stakeholders and to build consensus. Following the Livingstone meeting and further revisions, a third meeting of key Ministries and other national and international stakeholders was held in March 2011 to maintain consensus around key elements of the strategy and gain additional feedback.

At the March 2011 meeting, stronger consensus formed around the importance of giving special priority to solving the problem of stunting which has remained persistently high in children less than two years of age (59% ZDHS 2007). Consensus on this issue was based, in part, on the permanent negative implications of stunting in this age group on healthy growth, cognitive development, and human productivity across the full lifecycle with related impact on national social and economic development. The consensus on making the prevention of stunting a high strategic priority was also based on the fact that many areas in the National Nutrition Policy cited for priority intervention are directly related to the prevention of stunting, but had previously not been viewed in relation to an integrated, cross sector effort. In addition to the priority area of stunting prevention, seven additional operational and four supportive SDs are included in the strategic plan.

A revised draft of the National Food and Nutrition Strategic Plan was completed by the NFNC in June 2011, and presented for additional comments at another stakeholder meeting. Further work on the costing to complement the strategy in terms of the financial envelope required to implement it will be done separately with possible financial and technical support from the NCPG. A near final version of the strategy was presented to major stakeholders in July 2011 for final consensus. The final National Food and Nutrition Strategic Plan was finalised and approved by the Minister of Health in November 2011.

Progress and the effectiveness of the strategic plan in implementing outlined activities and achieving objectives defined will be monitored and periodically reviewed by stakeholders throughout the plan period with guidance from the NFNC as mandated institution responsible for coordination and monitoring food and nutrition interventions in the country.

4.3 Alignment - A special Priority and Recognition of Previous Constraints

This new NFNSP aligns with the country's efforts to meet and sustain the Millennium Development Goals (MDGs) and the national aspirations as stated in Vision 2030. The new plan also aligns with objectives of sector strategic plans from the Ministries of Agriculture and Livestock; Health; Education, Science and Vocational Training; Community Development Mother and Child Health, and Local Government and Housing.

Special priority is given to multi-sector collaboration on the national food and nutrition objective of preventing stunting in children less than two years of age as stated in the SNDP.

In order to enhance the operational potential of the new strategy, a realistic view is taken regarding the constraints on implementation of previous plans including insufficient resource allocations, unsuccessful advocacy, and a lack of effective coordination and focused leadership, particularly from the NFNC. Insufficient strategic advocacy, inadequate communication support and irregular and inconsistent monitoring during the 2006-2010 period are also recognized. In addition to this, the inability of the NFNC to influence increased budgetary allocation as well as food and nutrition agendas across relevant ministries due to its location within the mother Ministry of Health is recognised.

The use of existing budgetary allocations is taken into consideration in costing as is the potential to mobilize additional funding from international and national sources for new or expanded initiatives. There is also recognition of the human resources required and the capacity building area needed at different levels of management and technical skills. Constraints in funding or human resources will require a phased approach in some strategic areas that include resource mobilization, additional planning and training in a first phase and scale up in the subsequent phases through learning and modifications of approaches for impact.

4.4 Mission Statement

The mission statement of the National Food and Nutrition Strategic Plan is to achieve sustainable food and nutrition security and to eliminate all forms of malnutrition in order to have a well-nourished and healthy population that can contribute optimally to national economic development.

4.5 Vision Statement

The vision of the National Food and Nutrition Strategic Plan is to achieve optimum nutritional status of the Zambian population.

4.6 Outline of Strategic Directions

The overall priorities of the NFNSP during its operational period 2011-2015 comprise 11 strategic directions (SDs). These SDs are further sub-divided into a set of eight operational and three supportive SDs, each with specific strategies to guide activities (Table 4-1). These

SDs were identified during a highly participative, cross sector planning process reflected current evidence, contributions and consensus among stakeholders, and anticipated trends in food and nutrition that affect Zambia. These SDs are laid out in thematic areas that will be addressed over the five year period of the strategic plan.

Table 4-1: Strategic Directions (SDs) and Strategies of the National Food and Nutrition Strategic Plan 2011-2015

Operational Strategic Directions and Strategies

1. *SD 1: Prevention of Stunting in Children Under-Two Years of Age: First 1000 Most Critical Days*

SD 1 Strategies

- a) Expansion and enhancing integration of high impact maternal and child nutrition interventions focusing on the First 1000 Most Critical Days. This will involve development of a nation -wide programme to be designed with broad cross sector and civil society participation and rapid but phased implementation supported by well-designed monitoring and communication support elements.
- b) Develop a costed funding strategy seeking resources from multiple sectors, and substantial funds from international sources committed to Scale up Nutrition (SUN).
- c) Plan, generate necessary buy-in from leadership, sector ministries and other stakeholders at national and sub national levels and begin implementation of a national "First 1000 Most Critical Days Programme (MCDP)" to Prevent Stunting in Children Less than two Years of Age.

2. *SD 2: Increasing Micronutrient and Macronutrient Availability, Accessibility and Utilization through Improving Food and Nutrition Security.*

SD 2 Strategies

- a) Promote sustainable production, processing, preservation, storage, consumption and marketing of variety of food crops (especially legumes, vegetables, and fruits), fish, and livestock.
- b) Increase production and use of fortified and bio-fortified foods including home fortification to improve micronutrient nutrition.
- c) Strengthen Public –Private Partnerships and support for food fortification.
- d) Promote and expand micronutrient supplementation innovations to complement food-based approaches for increasing micronutrients availability, accessibility, and utilization.

3. *SD 3: Early Identification, Treatment, and Follow -up of Severe Acute Malnutrition.*

SD 3 Strategies

- a) Finalization and implementation of new national protocols for the management of severe acute malnutrition at hospital, clinic and community levels.
- b) Strengthen Community Groups (e.g. Community health workers, Nutrition groups etc.) roles regarding acute malnutrition in children.
- c) Increase resources to support community level resources for management of moderate and severe acute malnutrition.

4. *SD 4: Improving Nutrition Education and Nutritious Feeding through School*

SD 4 Strategies

- a) Review, expand , and strengthen school health nutrition programme interventions countrywide.
- b) Institutionalize home-grown school feeding program.
- c) Strengthen nutrition education in schools.
- d) Advocate for the improvement of appropriate water and sanitation facilities in all schools to cater for all learners including those with special needs and girls.
- e) Strengthen school feeding and nutrition education.

5. *SD 5: Increase Linkages among Hygiene, Sanitation, Infection Control, and Nutrition*

SD 5 Strategies

- a) Develop and provide sustainable water supply and sanitation services in rural, urban and peri-urban areas.
- b) Enhance capacity in effective planning, implementation and monitoring of programmes for water supply and sanitation service delivery.
- c) Strengthen human, technical and financial capacity of institutions for improved water supply and sanitation service delivery in the rural, urban and peri-urban areas.
- d) Enhance communication and advocacy for improved sanitation and hygiene practices.

6. *SD 6: Food and Nutrition to Mitigate HIV and AIDS*

SD 6 Strategies

- a) Advocacy for mainstreaming of food and nutrition as an integral part of comprehensive HIV management and support for those infected and affected by HIV and AIDS.
- b) Strengthen community-clinic linkage on nutrition support for PLHIV and affected families.
- c) Strengthening the community HIV programmes nutrition support capacity.

7. *SD 7: Nutrition Related Control and Prevention Measures of Diet Related Non Communicable Diseases*

SD 7 Strategies

- a) Strengthening nutrition related aspects of non-communicable diseases' national control programme.

8. *SD 8: Food and Nutrition Preparedness and Response to Emergencies*

SD 8 Strategies

- a) Develop and implement training in key areas of food and nutrition in the context of emergency preparedness and disaster risk reduction and response.

Supportive Strategic Directions

9. *SD 9: Strengthening Governance, Capacity Building and Partnerships in Support of Food and Nutrition Interventions at All Levels*

SD 9 Strategies

- a) Position food and nutrition on the national development agenda.
- b) Build institutional and human capacity for the effective delivery of nutrition services, including the design, development and implementation of relevant nutrition programmes, projects and interventions.
- c) Establish strategic and operational partnerships and alliances with private, public and civil society organizations in food and nutrition.

10. *SD 10: Monitoring and Evaluating Food and Nutrition Situation, Interventions and Research to Support their Improvement and Expansion*

SD 10 Strategies

- a) Use of evidence based information for nutrition programme design.
- b) Strengthen food and nutrition results-oriented monitoring and evaluation system.

11. *SD 11: Expanding and Developing Communication and Advocacy Support for Food and Nutrition Interventions at Various Levels.*

SD 11 Strategies

- a) Create platforms for information sharing and networking for decision and policy formulation aimed at promoting availability, accessibility and utilization of micronutrient and macronutrient among the public.
- b) Increase knowledge and awareness among mothers and other stakeholders in Zambia on the prevention of stunting in children less than two years of age.
- c) Advocate for effective implementation of policies that promote food and nutrition component in care, treatment and support services for PLHIV.
- d) Advocate for the strengthening of existing policies and their implementation aimed at promoting early identification, treatment and follow-up of acute malnutrition.
- e) Advocate for effective implementation of policy that support food and nutrition emergency preparedness and response.
- f) Advocate for the development of policies and programmes that promote prevention and control of dietary related NCDs.
- g) Promote practices that enhance sustainable availability, accessibility and consumption of a variety of foods at household level.
- h) Advocate for improved investment in food and nutrition interventions.

CHAPTER 5

STRATEGIC DIRECTIONS, OBJECTIVES, STRATEGIES, ACTIVITIES, OUTPUTS, AND OUTCOMES.

For each SD, an overview and rationale outlines the major issues and background leading to its inclusion in the National Food and Nutrition Strategic Plan and a listing of the “overall key strategies” to be carried out within that SD. Under each key strategy, there is a description that includes an overview, SOs, key strategies and activities, outputs and outcomes, a basic monitoring framework and an initial outline for required strategic communication and advocacy support. A sub-section on the proposed resource allocation and generation is also provided within the section. In addition, SDs outlined in sections 5.1 through 5.8 are defined as operational SDs and those appearing under sections 5.9 through 5.11 are referred to as supportive SDs.

5.1 Strategic Direction 1

Prevention of Stunting in Children Under-Two Years of Age: First 1000 Most Critical Days

5.1.1 Rationale

This SD 1 is given special priority in the National Food and Nutrition Strategic Plan in order to achieve substantial progress in preventing stunting in young children. Stunting of young children has a negative impact on learning bringing substantial additional costs to the education sector; and results in poorer health throughout life adding burden to the health sector, and resulting in lower individual productivity. Beyond human rights issues, the small but significant costs of stunting at individual level are multiplied by high stunting rates in each cohort of children brings a substantial and serious negative impact on national social and economic development.

Prevention of stunting is also given special priority in the NFNSP because there is now an agreement that the problem is solvable at an acceptable cost. A “package” of interventions needed to prevent the problem has been clearly delineated and backed up with research on potential effectiveness and affordable costs.

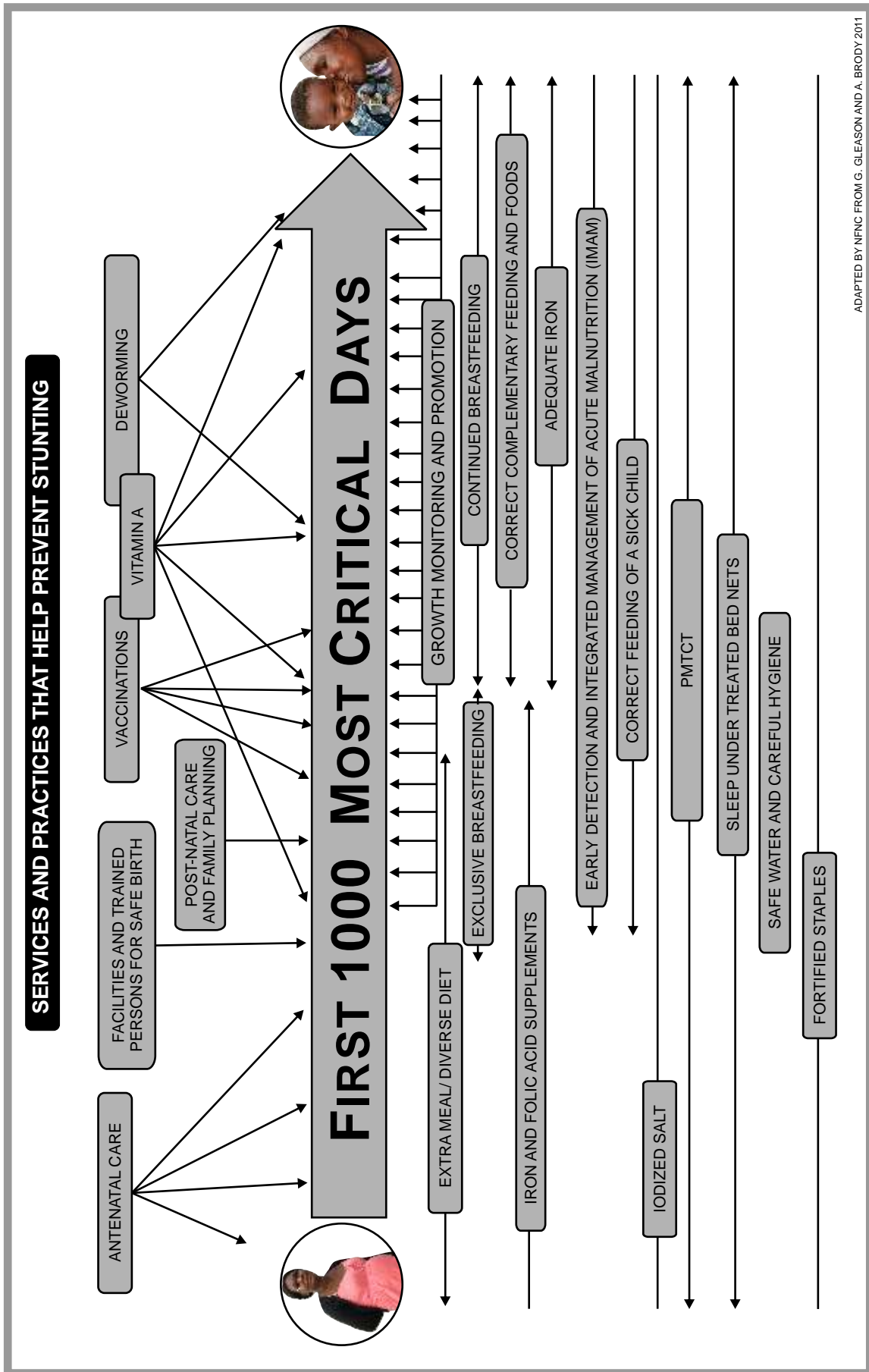
There is also strong national and international consensus that a major factor constraining progress on reducing stunting has been a tendency to focus on individual interventions or projects often undertaken by single sectors or groups rather than on the overall package of interventions that can be effective when applied in a coordinated manner and supported by integrated monitoring and evaluation and collaborative, mutually reinforcing communication activities.

The National Strategic Plan for Food and Nutrition priority on stunting prevention includes interventions focusing primarily on the period of the first 1,000 days that start with the beginning of pregnancy and continue through foetal growth and development, birth and infancy and through the second year of life. The interventions needed to protect and assure healthy foetal growth and safe birth relate to maternal nutrition, good antenatal care and a safe birth with early initiation of breastfeeding. The interventions and family practices that need to be effective to protect the child's growth and development for the first two years include not only basic health services, but assurance of adequate foods needed for quality breastfeeding and complementary feeding but also access to and use of services that prevent infections and continual monitoring and guidance of the child's growth (See Figure 1: Services and practices that help prevent Stunting).

The development, implementation and monitoring responsibilities of the required intervention package cuts across multiple sectors and also requires active participation of community, NGOs, civil society, and the private sector. Stunting prevalence demands a coordinated and committed response from these organizational groups and effective promotion of sustained interest and actions by families and communities.

Different tasks will need to be planned, coordinated and carried out at different organizational and social levels from national to that of province, district, community, and families. In this regard, the National Strategic Plan for Food and Nutrition priority on stunting prevention will draw upon the national commitment to decentralization and also on good governance.

The potential for success is increased by the fact that most of the interventions needed to prevent stunting among children in the country are already being developed and implemented, primarily by the Ministry of Health in Zambia with the coordination function provided by the National Food and Nutrition Commission. The implementation, monitoring and evaluation including the communication and advocacy matrices with respect to the SD1 are indicated in Annex 5-1 through 5-4.



There is consensus among the key sectors and a wide range of national and international stakeholders that the problem of stunting should be urgently addressed. This will require greater collaboration and development and application of cross sector solutions.

The strong national and international commitments towards reduction of stunting should help in securing resources needed to address this problem. The establishment of the NCPG within the development cooperating partners' group interested in nutrition will also help to coordinate mobilization of funds to support the scaling up of highly cost-effective nutrition interventions in reducing stunting.

The NFNSP calls for some of those interventions currently carried out on a project basis in specific areas to be strengthened where necessary and adapted to allow effective expansion toward national scale implementation. The strategy recognizes that there will be a major need for additional training and capacity building in some areas, significantly increased collaboration among sectors and organizations, better monitoring, and enhanced support from NGOs and all forms of formal and non-formal media. The strategy also recognizes the need for greater participation by the community.

5.1.2 Strategic objective

Strategic objective 1: By 2015 stunting among children less than two years of age will have been reduced from 45% to 30% (SNDP target) nationally.

5.1.3 Strategies

- 1) Expansion and enhancing integration of high impact maternal and child nutrition interventions focusing on the First 1000 Most Critical Days. This will likely involve development of a nation-wide programme to be designed with broad cross sector and civil society participation and rapid but phased implementation supported by well-designed monitoring and communication support elements.
- 2) Develop a costed funding strategy seeking resources from multiple sectors, and substantial funds from international sources committed to Scale up Nutrition (SUN).
- 3) Plan, generate necessary buy-in from leadership, sector ministries and other stakeholders at national and sub national levels and begin implementation of a national "First 1000 MCDP to Prevent Stunting in Children Less than two Years of Age". To encourage national buy-in of the programme, efforts will be made to widely disseminate and build capacity on the implementation of the First 1000 Most Critical Days national programme.

5.1.4 Activities

- 1) Map national and sub-national stakeholders and interventions relevant to prevention of stunting in children less than two years of age with special emphasis on effectiveness and potential for scale up if currently at project level.

- 2) Develop a First 1000 Most Critical Days promotional programme
- 3) Disseminate and promote knowledge at all levels to the family and mothers of the set of behaviors and services that complement each other in preventing stunting and having a child reach two years of age with proper growth and development.
- 4) Promote nutritionally adequate meals and a diverse diet for pregnant women as well as supplements of iron and folic acid.
- 5) Develop information, education, and communication (IEC) package to promote compliance to iron and folic acid supplements by pregnant women as a means of better assuring good foetal development for a healthy birth and early child development and health.
- 6) Scale up Baby Friendly Hospital Initiatives
- 7) Strengthen and expand services related to growth monitoring and promotion activities until the child reaches at least 24 months of age.
- 8) Promote and assure appropriate training and counseling needed for optimal infant and young child feeding practices in the general population and in the context of HIV at facility, community, and household level.
- 9) Promote optimal feeding practices for children 6-24 months according to specific age nutrient requirement.
- 10) Assure children 0-5 months who do not breastfeed, 6-24 months and postnatal mothers (within 8 weeks after delivery) receive vitamin A supplements to promote health, survival and development.
- 11) Assure promotion of use of treated bed nets during pregnancy and for the first 24 months of life including presumptive treatment of malaria.

5.1.5 Expected outputs

- 1) National and sub-national stakeholders and interventions relevant to prevention of stunting in children less than less than two years of age with special emphasis on effectiveness and potential for scale up if currently at project level mapped.
- 2) First 1000 Most Critical Days promotional programme developed and implemented
- 3) Knowledge at all levels to the family and mothers of the set of behaviours and services that complement each other in preventing stunting and having a child reach two years of age with proper growth and development disseminated and promoted.
- 4) Nutritionally adequate meals and a diverse diet for pregnant women as well as supplements of iron and folic acid promoted.
- 5) IEC package to promote compliance to iron and folic acid supplements by pregnant women as a means of better assuring good foetal development for a healthy birth and early child development and health developed.
- 6) Baby Friendly Hospital Initiatives scaled up.
- 7) Services related to growth monitoring and promotion activities until the child reaches at least 24 months of age strengthened and expanded.
- 8) Appropriate training and counseling needed for optimal infant and young child feeding practices in the context of HIV and AIDS at facility, community and household level promoted and assured.
- 9) Optimal feeding practices for children 6-24 months according to specific age nutrient requirement promoted.
- 10) Children 6-24 months and postnatal mothers (within 8 weeks after delivery)

- receiving vitamin A supplements to promote health and development assured.
- 11) Promotion of use of treated bed nets during pregnancy and for the first 24 months of life assured.

5.1.6 Expected outcomes

- 1) Improvement in maternal nutrition (micro and macro) during pregnancy and lactation.
- 2) Reduction in LBW babies.
- 3) Improvement in micronutrient status in children 6-24 months of age.
- 4) Substantial reduction in acute malnutrition prevalence among children 0-24 months of age.
- 5) Substantial reduction in disease prevalence among children 0-24 months.

5.1.7 Communication and advocacy support

The communication objective supporting this SD is aimed at increasing knowledge and awareness among mothers and other stakeholders in Zambia on the prevention of stunting in children less than two years of age.

Proper childhood development is based on the understanding that when the child is provided with basic resources and facilities that support a good life, the child is likely to grow into a healthy human being. Therefore, 'family support and responsive care in the early stages of life is essential for a child's cognitive development. The interventions under this SD are aimed at assuring a healthy foetal growth during pregnancy, good maternal nutrition, safe child birth, good antenatal care and early initiation of breastfeeding.

Stunting levels among children less than two years of age in Zambia is very high, but can be prevented within the critical 1,000 days period, if major players like stakeholders and partners, as well as mothers and families who are directly responsible for raising children, are armed with the necessary information.

The communication messages supporting the Prevention of Stunting in Children less than two years of Age – First 1000 Most Critical Days seek to stir them into adopting positive behaviours that will reverse the trend and enhance national development. The messages will among other issues, encourage women toward good nutrition intake including consumption of iron and folic acid tablets during pregnancy, to breastfeed their infants exclusively during the first six months including appropriate complementary feeding up to 24 months or beyond if feasible, to ensure infant sleeps under insecticide treated bed-net with the mother and presumptive treatment of malaria in pregnancy to avoid malaria, to attend pre and post natal health clinics and participate in breastfeeding and promotion during the First 1000 Most Critical Days. Specific details of the SD 1 in terms of communication and advocacy matrices on implementation and M&E are presented in Annexes 5-3 and 5-4.

5.1.8 Resource allocation and generation

A major funding proposal will be developed to operationalize the First 1000 MCDP to Prevent Stunting in children less than two years of age. Additional funding will be needed to

supplement the resources allocated for at least 20 interventions (services and practices) as illustrated in Fig. 1 that will come together within this SD so that they can be strengthened, better consolidated where appropriate and, in some cases, scaled up. New funding will be needed for communication support to introduce and bring to national consciousness and national scale the First 1000 Most Critical Days and for the cross sector and community level activities needed to make that programme effective in delivering the expected results.

5.2 Strategic Direction 2

Increasing Micronutrient and Macronutrient Availability, Accessibility and Utilization through Improving Food and Nutrition Security

5.2.1 Rationale

The National Food and Nutrition Strategic Plan recognizes that household food and nutrition security are cardinal to national development. One set of efforts within this SD will focus on improving household food security among HHs, especially the poor and chronically food insecure. Emphasis in these food-insecure HHs will be placed on assuring that adequate foods needed for a healthy pregnancy and lactation and children during the periods of complementary feeding from 6 to 24 months of age. More efforts will be made in harnessing the potential of agriculture to contribute much more to tackling malnutrition. This will require concerted efforts to make food systems more robust and resilient to shocks while focussing more on improving quality, availability, utilization, and affordability of and access to food.

Regarding micronutrients of greatest concern (iron, iodine, vitamin A, folic acid and zinc) deficiencies are common in some groups. Specific strategies, often to be used in combination, include promotion of micronutrient rich meals, fortification of staples, in-home fortification of complementary foods, and use of vitamin and mineral supplements for specific groups. These interventions will target not only women during pregnancy and children during their complementary feeding period but also older children, children of school age, adolescents, women throughout their reproductive years and all Zambians.

Additional work is required to add micronutrients to additional staples produced at commercial scale while new technologies and products are further explored for use in smaller mills in HHs and in institutions such as schools and hospitals.

Improvements in food diversification in terms of production, processing, preservation, storage and consumption are essential in achieving this SD. Also encompassed is value addition of food through a variety of means such as bio-fortification¹¹ and food fortification.

Families and especially pregnant women and young children need meals that have nutrients beyond those in Zambia's predominant staples of maize and cassava. Needed as well for a

¹¹Bio-fortification is the development of improved crops that are rich in micronutrients through conventional agriculture breeding practices which transform plant foods more nutritious when they are grown e.g. provitamin A maize and orange-fleshed sweet potato (OFSP), rich in β -carotene.

balanced diet are nutrients from other food groups such as animal source foods (poultry, fish, meat, dairy products), legumes, fruits and vegetables, as well as other roots, tubers and grains.

To make this necessary variety affordable and accessible requires that products be produced in adequate quantities at low costs, with cost saving techniques and technologies that improve yields in marginal environmental conditions. Better and more effective food storage and preservation techniques are also required at household level. These improvements should increase accessibility to foods that can provide a diverse diet throughout the seasons.

Current and new projects focused on introducing or increasing production and promoting use of a wider range of foods in each of the major food groups in the diets of more Zambians is supported in the NFNSP 2011-2015. The current plan emphasizes and facilitates more active and on-going documentation of projects strategies, results and lessons learned that can then be applied as widely as appropriate and possible.

In addition, the use of plant breeding and other techniques to develop new and improved varieties with desirable nutritional and growing characteristics and their multiplication and promotion is also an important focus of this SD for increasing micronutrient and macronutrient availability, accessibility and utilization through improving dietary quality and diversity. The implementation, monitoring and evaluation including the communication and advocacy matrices with respect to the SD 2 are indicated in Annexes 5-5 through 5-8.

The National Food and Nutrition Strategic Plan also strongly endorse an increase in production and use of animal and fish source products to improve nutrition. To support this, the strategy calls for strengthening existing and development of new operational linkages among health planners and extension staff, education specialists and specialists from the Ministry of Agriculture and Livestock; the Ministry of Health; and the Ministry of Community Development. Thus, this direction focuses attention on the wide-spread promotion of the production, consumption and marketing of animal foods, field crops, and other nutrient dense crops.

Issues of equity, gender and including women empowerment and the use of the rights based approach have also been identified as catalysts to the enhancement of household food security.

5.2.2 Strategic objectives

Strategic objective 1: By 2015, production, access and consumption of food crops, fish and livestock will have been broadened contributing to improved household food and nutrition security and more diverse diets for the Zambian population especially the most vulnerable groups.

Strategic objective 2: By 2015, micronutrient deficiencies of iodine, Vitamin A, iron and zinc will be reduced to below public health levels among women of reproductive age, pregnant women and children under the age of two years.

5.2.3 Strategies

- 1) Promote sustainable production, processing, preservation, storage, consumption and marketing of variety of food crops (especially legumes, vegetables, and fruits), fish, and livestock.
- 2) Increase production and use of fortified and bio-fortified foods including home fortification to improve micronutrient nutrition.
- 3) Strengthen Public –Private Partnerships and support for food fortification.
- 4) Promote and expand micronutrient supplementation innovations to complement food-based approaches for increasing micronutrients availability, accessibility, and utilization.

5.2.4 Activities

- 1) Lobby for inclusion of legumes, vegetables, bio-fortified food crops and fish and small livestock in the Farmer Input Support Programme (FISP) package provided by line ministries and NGOs.
- 2) Pilot home fortification interventions to increase micronutrient access and intake in selected targets areas.
- 3) Assure breeding of food crops, livestock and fish for better nutrition.
- 4) Assure expanding multiplication initiatives, including vegetable & legume seeds, fruit tree saplings, fish fingerlings, and livestock.
- 5) Assure strengthening extension services to include issues related to food diversification.
- 6) Expand fish farming.
- 7) Improve management of capture fisheries.
- 8) Expand small livestock production initiatives at household and community level.
- 9) Promote utilization of appropriate food production and processing technologies.
- 10) Strengthen Public –Private partnerships and support for food fortification.
- 11) Conduct consultative meetings with the private sector, government and other stakeholders to develop a comprehensive national fortification plan.
- 12) Engage the private sector to increase household access and use of bio-fortified food crops (maize, beans, sweet potatoes) as these products become widely available.
- 13) Advocate and negotiate with private sector to expand production of fortified staple foods and condiments beyond sugar (vitamin A) and salt (iodine) to wheat flour, maize meal, and cooking oil and also targeted fortified products for use in complementary feeding.
- 14) Increase consumer and decision maker awareness of the benefits of bio-fortified crops and fortified foods.
- 15) Develop standards for fortified foods (wheat flour, maize flour and cooking oil and complementary foods).
- 16) Train law enforcement officers and provide necessary enforcement kit to reinforce food safety regulations.
- 17) Monitoring and strengthen compliance of food fortification standards and regulations.

5.2.5 Expected outputs

- 1) Increased production of nutritious foods such as vegetables, legumes, fruits, fish and small livestock.
- 2) Increased on-farm processing, preservation, storage, consumption and marketing of vegetables, legumes, fruits, fish and small livestock
- 3) Increased breeding and multiplication of food crops, livestock and fish for better nutrition
- 4) Expanded production initiatives for small livestock at community levels.
- 5) Substantial increase in production and consumption of commercially fortified and bio and fortified foods.
- 6) Food diversifications issues strengthened in extension services.
- 7) Increased number of food products that are fortified.
- 8) Increased private sector involvement in production, processing, preservation, storage, and marketing of vegetables, legumes, fruits, fish and small livestock
- 9) Comprehensive national fortification plan developed and operationalized
- 10) Increased support, monitoring and enforcement of food fortification standards and regulations.

5.2.6 Expected outcomes

- 1) Increased private sector involvement and participation in food diversification such as seed and small livestock and fish farming.
- 2) More than 50 percent of HHs with improved household dietary diversity score (HDDS)¹² of at least greater than 5.0.
- 3) Increased number of food crops that are fortified (targeted and those that are not targeted).
- 4) Increased consumption of commercially fortified foods.
- 5) Food-based approaches to improving dietary quality and diversity are increased among the vulnerable population in enhancing their nutrition status.

5.2.7 Communication and advocacy support

The communication objectives under this SD seek to promote practices that enhance sustainable availability, accessibility and consumption of a variety of foods at household level. The objectives also seek to influence decision and policy formulation aimed at promoting availability, accessibility and utilization of micronutrient and macronutrient among the general public including the vulnerable populations.

The messages under SD 2 will encourage people to consume a variety of foods rich in proteins, energy, vitamins and minerals. Mothers will be persuaded to ensure that young children get adequate food with sufficient nutrients for them to grow healthy. The messages will also teach people to keep and preserve foods properly in order to retain nutrients and avoid losses. Additionally, the messages will also inform people on the importance of

¹²Household dietary score (HDDS) is a summing up (using 24 hours recall) of how many of a common list of 12 food groups were consumed by members of the household: Cereals, Fish and seafood, Root and tubers, Pulses/legumes/nuts, Vegetables, Milk and milk products, Fruits, Oil/fats, Meat, poultry, offal, Sugar/honey, Eggs, Miscellaneous

consuming fortified foods to increase intake of essential vitamins and minerals to keep healthy.

5.2.8 Resource allocation and generation

Resource allocations and funding plans for promoting sustainable production, processing, preservation, storage, consumption and marketing of legumes, fruits and vegetables, fish and livestock will be reviewed and proposals developed for shortfalls in terms of assuring related activities can be carried out on a large scale basis. Similarly for micronutrient fortification, an overall national consolidated plan on food fortification (targeted and non-targeted) will be developed with a view toward accessing relevant donor funds and major private sector collaboration. Bio-fortification, home fortification, and other innovative programmes will be evaluated for efficacy and potential ones earmarked for expansion. Determination of the resources with a view toward identifying any gaps in order to take the new crops to wide scale cultivation and use will be made in the feasible and technically possible time.

5.3 Strategic Direction 3:

Early Identification, Treatment, and Follow-up of Severe Acute Malnutrition.

5.3.1 Rationale

Early identification and referral, treatment and follow-up of cases of severe acute malnutrition (SAM) is a SD of the NFNSP which is aimed at reducing child mortality and mitigating stunting. The integration of relevant strategies into a campaign to prevent SAM should have a major impact on the prevention of stunting in young children. One sub-strategy having a major and direct effect will most likely be broad scale improvement of monthly growth monitoring and promotion of young children and successful organization and promotion of high participation in these activities by all mothers and caregivers with children less than two years of age.¹³ Growth monitoring and promotion (GM & P), if correctly and regularly carried out prevents growth faltering and early identification of potential cases of SAM. Except in extreme cases of rapidly developing acute illnesses, children moving toward condition of severe acute malnutrition should be picked up early enough for prevention to be feasible. Where SAM does occur, cases should be picked up while the condition is still in the mild or moderate stages and such cases can be treated or referred when necessary. These functions of growth monitoring and promotion are directly related to the prevention of SAM and stunting and should serve as a major strategic element in the GM & P package.

However, despite a well-functioning GM & P programme, some cases of SAM will occur especially among families who do not regularly participate in GM & P monthly activities or who do not have the resources to carry out the practices they learn through the growth

¹³The current national GM & P programme targets children under five years of or up to 59 months of age. Although the First 1,000 Most Critical Days Programme will target children up to 24 months of age, parents with children from 24-60 months of age will be encouraged to continue to actively participate as long as the current policy stands.

promotion elements of GM & P. Therefore, it is important that community health workers and their community based groups be aware of families with young children who are not participating in GM & P activities and encourage them to do so while monitoring the health and nutrition of their children using alternative approaches (e.g. social protection programmes). When a case is identified, effective treatment of SAM children depends on a complex of activities and resources that extend from the community to international procurement of specialized therapeutic foods and supplementary rations. Several aspects of this system need to be improved in terms of planning, coordination of procurement, logistics, supply monitoring, effective use of various products, different levels and types of training and overall monitoring and reporting. The other important aspects that needs to be strengthened in the GM & P programme is availability of salter scales and weighing bags as well as training of community volunteers to conduct the GM & P package at the community level.

A supportive strategy element in this area is the effective mobilization of adequate resources to assure that cases of SAM can be effectively treated in all areas of the country on a sustained basis. Activities may include targeting both appropriate sources of government funding for these supplies and, if necessary, international donors. Ideally, a plan will be worked out that includes a phased shift from internationally and nationally sourced supplies for treatment of moderate and SAM in phases that results in solely national procurement after a specified period. Such a plan will need to consider, progress in decentralization that may result in procurement of some supplies at provincial or district level.

Effective hospital management of SAM with complications and effective health centre and community level management of moderate and SAM without complications depend on a well-planned, logistically sophisticated system of therapeutic supplies and well trained and committed personnel at different levels. At the base, effectively trained and committed health workers including community workers and volunteers are an essential element. The other thrust of the SD on early identification and referral, treatment and follow up of SAM is community mobilisation and sensitisation. The community must be fully involved in case of identification and referral of children with SAM within their communities to health facilities for further management either as inpatient (IP) or outpatient (OP). The communities need to be empowered with knowledge and skill in early case identification of SAM within their communities using the mid-upper arm circumference (MUAC) tape and by screening for bilateral pitting oedema.

More work is also needed to improve case follow-ups. This may include assuring a healthy feeding regime is sustained to avoid relapse and move the child away from SAM and/or, in the worst case scenario, a spiral of acute malnutrition, infection and eventual death. The implementation, monitoring and evaluation matrices with respect to the SD 3 are indicated in Annexes 5-9 through 5-10.

5.3.2 Strategic objectives

Strategic objective 1: By 2015, access to timely and effective management of severe acute malnutrition cases through health facility and community therapeutic care will be expanded.

5.3.3 Strategies

- 1) Finalization and implementation of new national guidelines for Integrated Management of Acute Malnutrition (IMAM).
- 2) Strengthen Community Groups (e.g. Community health workers, Nutrition groups etc.) roles regarding Integrated Management of Acute Malnutrition.
- 3) Increase resources to support Integrated Management of Acute Malnutrition at community level.

5.3.4 Activities

- 1) Finalize the new national guidelines for the Integrated Management of Acute Malnutrition.
- 2) Disseminate the new national guidelines for Integrated Management of Acute Malnutrition to all appropriate personnel and groups.
- 3) Plan and carry out orientation and training under the new guidelines for Integrated Management of Acute Malnutrition down to community health workers and including pre-service training of health workers and allied personnel or nutritionists.
- 4) Lobby for the inclusion of Integrated Management of Acute Malnutrition in the pre-service curricula.
- 5) Provide training and support for community health workers or volunteers to conduct regular and correct growth monitoring and promotion that includes the ability to identify children with moderate and SAM.
- 6) Provide training and support for community health workers or volunteers to conduct early case identification and referral of SAM using MUAC and by screening for bilateral pitting oedema within their communities.
- 7) Strengthen the existing referral arrangements for children suffering from complicated forms of SAM and other infections that have an effect on nutritional status to health facilities.
- 8) Strengthen and expand services for early identification and referral of the acutely malnourished child and assure responsive and appropriate services for community based treatment, care and follow-up to avoid repeat cases.
- 9) Ensure all health facilities and the community centers have adequate anthropometric equipment such as scales, MUAC tapes etc. for the identification of SAM.
- 10) Establish /strengthen community groups that provide continued counseling and growth monitoring of the children discharged from malnutrition treatment.
- 11) Link families with malnourished children to farmer groups where they could learn various techniques on food production, storage, processing and utilization.
- 12) Establish a well-coordinated supply, logistic and monitoring mechanism for therapeutic foods and other fortified nutrition products.
- 13) Develop a system to ensure that RUTF and supplementary foods or other extra locally available foods are available to families to bring the child to normal nutrition status.
- 14) Strengthen mechanisms to link HHs with acute malnutrition cases (severe and moderate) to other community social support networks including farmer groups.
- 15) Print and distribute new guidelines for Integrated Management of Acute

- Malnutrition at all levels of implementation.
- 16) Conduct annual reviews for Integrated Management of Acute Malnutrition program.
 - 17) Strengthen the monitoring and reporting systems of Integrated Management of Acute Malnutrition Program.
 - 18) Develop a strong system of mentoring health workers and community volunteers implementing the Integrated Management of Acute Malnutrition.

5.3.5 Expected outputs

- 1) New national guidelines for Integrated Management of Acute Malnutrition printed and distributed to all levels of implementation.
- 2) New national guidelines for Integrated Management of Acute Malnutrition available and in use at all the health facilities and communities.
- 3) National guidelines for Integrated Management of Acute Malnutrition available in all government and non-government health facilities and health and allied pre-service training institutions.
- 4) Pre-service training institutions include IMAM program in their curricula.
- 5) All health workers and those in pre-services training are familiar with the new guidelines.
- 6) Increased numbers of acutely malnourished children are identified and managed at community levels.
- 7) Improvement in appropriate management of acutely malnourished children at all levels including the community.
- 8) Increased recovery and reduce relapses rates of acutely malnourished children at health facility and community levels.
- 9) Reduced defaulter rates of acutely malnourished children at both health facility and community levels
- 10) Increased number of families on social support networks.
- 11) Availability of therapeutic nutrition products for management of acutely malnourished children at all levels.
- 12) Increase in growth monitoring contacts for children after treatment.
- 13) Monitoring and reporting system of IMAM program strengthened.
- 14) Joint Annual IMAM program undertaken and reviewed

5.3.6 Expected outcomes

- 1) Severe Acute malnutrition cases managed according to the Integrated Management of Acute Malnutrition guidelines.
- 2) Reduced mortality due to SAM malnutrition at all management levels.
- 3) Effective case identification and referral of SAM at community level and early management.
- 4) Reduction in number of relapse cases of acute malnutrition in children.
- 5) Increased resources to support community level resources for Integrated Management of Acute Malnutrition.

5.3.7 Communication and advocacy support

The communication objectives and strategies under this SD will contribute to remedying the problems related to timely case identification and referral, treatment and follow up of cases of SAM

The messages will persuade parents to seek early treatment of malnutrition to prevent death of children. Families will be educated to consider ready to use therapeutic foods (RUTF) as medication for sick children only and not to be shared by all members of the family. Health workers will be urged to immediately refer acute malnutrition cases to health facilities and to provide appropriate information on prevention of malnutrition. Details on the objectives including messages with reference to the communication and advocacy support are presented in Annexes 5-11 and 5-12.

5.3.8 Resource allocation and generation

As currently organized, resource allocations for therapeutic foods are often tied closely to donor proposals and the international and national logistical arrangements are suboptimal resulting in shortages and lack of predictable supplies at the levels of use (hospitals for F100/F75 and clinics and communities for RUTF. Supplies of High Energy Protein Supplements (HEPS) useful for treating moderate cases of acute malnutrition are even less predictable. Additional resources will be needed for production, dissemination, and orientation (in-service and pre-service) of the new national revised guidelines on the Integrated Management of Acute Malnutrition. A costing exercise will be carried out and a resource and funding plan developed that will include a phased shift from donor to national resources for recurrent expenditures and development of a permanent and effective logistics system that will assure appropriate and necessary supplies are available for treatment of severe acute malnutrition at each level where they are needed.

5.4 Strategic Direction 4

Improving Nutrition Education and Nutritious Feeding through Schools

5.4.1 Rationale

Improving the health and nutrition of school children through school-based programmes is not a new concept. School health and nutrition (SHN) programmes are ubiquitous in high-income countries and most middle-income countries. This situation is changing as new policies and partnerships are being formulated to help ensure that programmes focus on promoting health and nutrition and improving the educational outcomes of children, as well as being socially progressive and specifically targeting the poor, girls, and other disadvantaged children. This evolution reflects key changes in our understanding of the role of these programmes in child development and has fundamental implications for effective school feeding and nutrition programme design.

Ensuring good health at school age requires a life cycle approach to intervention, starting in

utero and continuing throughout child development. In programmatic terms, this requirement implies a sequence of programmes to promote maternal and reproductive health, management of childhood illness, and early childhood care and development. Promoting good health and nutrition before and during school age is essential to effective growth and development.

Operational research shows that the current set up of the educational system can often offer a more cost-effective route for delivery of simple health interventions and health promotion than can the health system. Low-income countries typically have more teachers than nurses and more schools than clinics, often by an order of magnitude. This model should be considered in development of nutrition education and nutritious school feeding programmes as well.

Empirical evidence shows that good health and nutrition are prerequisites for effective learning. This finding is not simply the utopian aspiration for children to have healthy bodies and healthy minds, but also the demonstration of a systemic link between specific physical insults and specific cognitive and learning deficits, grounded in a new multi-sectoral approach to research involving public health and epidemiology, as well as cognitive and educational psychology.

The provision of quality schools, textbooks, and teachers can result in effective education only if the child is present, ready, and able to learn. This perception has additional political momentum as countries and agencies seek to achieve Education for All (EFA) by 2015 and address the Millennium Development Goals of universal basic education and gender equality in education. If every girl and boy is to be able to complete a basic education of good quality, then ensuring that the poorest children, who suffer the most malnutrition and ill health, are able to attend and stay in school and to learn effectively is essential.

After initiation in 2003, by 2008 Zambia's School Health and Nutrition (SHN) programme had expanded to all provinces and districts in the country. While it is not yet operating in all schools, plans are for universal implementation by 2015.

Despite its on-going expansion, SHN programme implementation structures were weak at national, provincial, and district levels resulting in less than full benefits for learners. Weak linkages with implementing partners like the MOH further contributed to lower than planned impact. The School Health and Nutrition Month was introduced in 2009 to help raise the programme's profile. This has since become an annual event on the Ministry of Education calendar and is the basis of activities throughout the country during July.

The schools' feeding programme which has been constrained by major dependency on limited or external funding used non-local foods. Beginning in 2011 this programme is being transformed into a Home Grown School Feeding Programme (HGFSF), the essence of which is that school meals should contribute to improved nutrition for learners which will in turn enhance learning and teaching. Other additional benefits of HGFSF are that it should help improve local household economies by providing ready market for local agriculture produces thus reducing rural poverty. The HGFSF programme was launched in June 2011 in pilot form and a policy body and a programme management unit were anticipated to oversee

wide scale implementation.

Past efforts to include SHN into both the learners and pre-service teacher curriculum needed strengthening so that the School Health and Nutrition is reflected in all learning areas and subjects and avoids the common perception that it is an extra curriculum.

School gardens and orchards offer opportunity for learners to acquire practical skills in production of vegetables and fruits. This compliments their knowledge acquired in class through tripartite nutrition education approach. Learners can be encouraged to be involved in vegetable gardening and fruit tree planting in their homes and communities. An essential element of these activities and all others that involve schools children's participation on food and agriculture production is to assure that learning is a major component of the activities involved and that learners are never viewed primarily as a source of labour for production including production that will help feed themselves. Innovative food and nutrition activities are well outlined in materials produced by the Food and Agricultural Organization (FAO) and several NGOs including projects that can be carried out in almost any urban school facility or classroom. Learning more about the linkages between food and nutrition and the foods that make up the essential groups needed, for example by young children, can be demonstrated even in a small setting when creativity and ingenuity on the part of schools, teachers and learners are applied.

Details of various matrices with respect to implementation, M&E, and communication support frameworks are presented in the respective Annexes 5-13 through Annex 5-16.

5.4.2 Strategic objectives

Strategic objective 1: Contribute to improvements in learners' health and nutrition status, attendance, education achievements and through life skills reduce and prevent stunting in their current and future families by 2015.

5.4.3 Strategies

- 1) Review, expand and strengthen SHN programme interventions countrywide.
- 2) Institutionalize HGSP program.
- 3) Strengthen nutrition education in schools.
- 4) Advocate for the improvement of appropriate water and sanitation facilities in all schools to cater for all learners including those with special needs and girls.
- 5) Strengthen school feeding and nutrition education.

5.4.4 Activities

- 1) Incorporate School Health and Nutrition into the pre-service teacher training and basic school curricula.
- 2) Advocate for the setting up of School Health and Nutrition implementing structures at all levels.
- 3) Establish sustainable mechanism for sourcing anti-helminthic and micronutrients.
- 4) Promote support for maintenance of water points for all basic schools.
- 5) Promote adequate sanitary facilities including hand washing points as guided

- under the MOESVT standards on availability and use of latrines for boys and girls including those with special needs.
- 6) Promote adequate and use of safe water, sanitary latrines and hand washing in all schools.
 - 7) Hold quarterly consultative meetings with stakeholders to improve collaboration for the School Health and Nutrition programme.
 - 8) Formation of the programme management unit.
 - 9) Set up the inter-ministerial steering committee.
 - 10) Advocate for sustainable source of funding.
 - 11) Hold regular consultative meetings to enhance stakeholders collaboration for the School Health and Nutrition programme
 - 12) Incorporate tripartite nutrition education approach i.e. school, classroom and home/community) in pre-service and in-service teacher training.
 - 13) Reproduce and distribute nutrition education teaching and learning materials to all SHN schools.
 - 14) Introduce “nutrition gardens” in support of nutrition education (and other curricular activities) in peri-urban and urban schools.

5.4.5 Expected outputs

- 1) School Health and Nutrition implemented in 1,500 basic schools.
- 2) More than 60% of learners in the target SHN schools treated with antihelmintic.
- 3) More than 80% learners supplemented with iron in targeted SHN schools.
- 4) More than 1500 basic schools implementing HGSF programme.
- 5) Funding for HGSF programme from Government of the Republic of Zambia (GRZ) and partners improved.
- 6) Nutrition Education learning and teaching materials available in all SHN schools.
- 7) Increased number of basic and community schools with nutrition gardens and orchards for skills learning.
- 8) Improved school attendance and education achievements.
- 9) Basic schools provided with adequate water and sanitary facilities.
- 10) Increased use of safe water and sanitary latrines and improved hand washing in schools.

5.4.6 Expected outcomes

- 1) Improved learners' health and nutrition status.
- 2) Improved nutrition education for children and teachers, enrolments, attendance and participation in class.
- 3) Improvement of appropriate water and sanitation facilities in all schools.
- 4) Reduction in water borne and faecal to mouth diseases among school going children.

5.4.7 Communication and advocacy support

The communication objective intends to increase teachers' and school children's knowledge in nutrition to help promote good nutrition practices for themselves and their families. The objective will further help to promote behaviours among learners of eating before going to school or carrying nutritious food to eat at school so that they concentrate in class. The

messages will be directed at school authorities to implement school feeding programmes and at teachers to teach appropriate nutrition information in order to increase the learners' knowledge on nutrition. Furthermore, the learners will be persuaded to demand more nutrition information.

5.4.8 Resource allocation and generation

Resources for the implementation of this SD on improving nutrition education and nutritious feeding through schools will come from the national budgetary allocation and donor funds will be used to support gaps identified in the implementation. The Sectoral Advisory Group (SAG) for education will play a major role in the alignment of support and resources to support improving nutrition in schools. Additional funds will be required to effectively administer and improve linkages among implementing partners such as MOH with regard to SHN and MAL with respect to Home Grown School Feeding (HGFS) Programme. The NFNC will make proposals to access additional funds from cooperating partners to support wide-scale implementation in order to improve in learners' health and nutrition status, attendance, education achievements and through life skills to reduce and prevent stunting in their current and future families.

5.5 Strategic Direction 5

Increase Linkages among Hygiene, Sanitation, Infection Control and Nutrition

5.5.1 Rationale

Water and sanitation improvements, in association with positive behavioural change, can have significant effects on population and health through reduction of related disease burden such as diarrhoea, intestinal helminths, guinea worm, and skin diseases. These improvements in health can, in turn, lead to reduced morbidity and mortality and improved nutritional status.

Unsafe drinking water and poor sanitation are among the major causes of child deaths, illnesses and malnutrition. Studies have shown that improvements in safe water supply, and particularly in sanitation and hygiene, can reduce the incidence of diarrhoea by 22% and resulting deaths by 65%. A similar impact is likely on cholera, typhoid, hepatitis, parasitic worm infections and trachoma¹⁴. The faecal–oral mechanism, in which some of the faeces of an infected individual are transmitted to the mouth of the new host through fingers, fluids, flies and fields/floors and food are is by far the most significant transmission mechanism. Therefore, safe handling and disposal of children's faecal matter needs special consideration in prevention of child stunting. The objectives and strategies are implemented through the National Rural Water Supply and Sanitation Programme (NRWSSP) and the National Urban Water Supply and Sanitation Programme (NUWSSP). Details of various matrices with

¹⁴ UNICEF, 2006, Human Resource Development

respect to implementation, M&E, and communication support frameworks are presented in the respective Annexes 5-17 through Annex 5-19.

5.5.2 Strategic objective

Strategic objective 1: To provide adequate, safe and cost-effective water supply, sanitation and hygiene services to HHs by 2015.

5.5.3 Strategies

- 1) Enhance the implementation of the national rural and urban water supply and sanitation programmes through, Infrastructure development for sustainable water supply and sanitation services delivery and protection of the environment:
 - a) Develop and provide sustainable water supply and sanitation services in rural, urban and peri-urban areas;
 - b) Enhance capacity in effective planning, implementation and monitoring of programmes for water supply and sanitation services delivery;
 - c) Strengthen human, technical and financial capacity of institutions for improved water supply and sanitation service delivery in the rural, urban and peri-urban areas;
- 2) Enhance communication and advocacy for improved sanitation and hygiene practices.

5.5.4 Activities

- 1) Constructing and rehabilitating water sources.
- 2) Constructing and rehabilitating of sanitation infrastructure.
- 3) Training of local authorities (as in decentralization approach) and communities in effective planning, implementation and monitoring of programmes for water supply and sanitation services delivery.
- 4) Providing relevant material and financial resources to communities and local authorities.
- 5) Promoting hand washing with soap/ash.
- 6) Promoting water treatment and safe storage at household level.
- 7) Promoting improved hygiene practices (including personal and environmental).
- 8) Promoting of community wide sanitation (including safe handling and disposal of infant faeces and solid waste management).
- 9) Promoting (demonstrating) of improved food hygiene and handling practices.

5.5.5 Expected outputs

- 1) Increased access to safe water and sanitation services.
- 2) Appropriate IEC materials produced and disseminated.
- 3) Increased resources at the implementation levels.
- 4) Improved hygiene practices.
- 5) Human, technical and financial capacity of institutions strengthened for improved water supply and sanitation service delivery in the rural, urban and peri-urban areas.

5.5.6 Expected outcomes

- 1) Reduction in water sanitation and hygiene related diseases (specifically diarrhoeal diseases and helminthes infestation).

5.5.7 Communication and advocacy support

Under this SD, communication objectives seek to help families to utilize appropriate sanitary facilities, have access to safe and clean water and adapt appropriate hygiene practices to reduce on disease burden associated with it. Community leaders and local authorities will be encouraged and equipped with appropriate knowledge to inform, sensitize, educate communities and enforce by-laws where appropriate on safe water supply and sanitation. Teachers will be advised to teach learners to always use safe and clean water and adapt hygiene practices that help to prevent infections. Policy makers will be reminded that directing more resources to the provision of safe water and sanitation promotes good health and reduces cost related to treating the diseases associated with it. This objective will help increase awareness on the importance of controlling some infectious diseases. This will in turn enhance healthy practices among families and communities to prevent diseases such as diarrhoea that may compromise people's nutrition and health status. Specific details of the objectives and messages with reference to the communication and advocacy support are presented in Annex 5-17.

5.5.8 Resource allocation and generation

Funding responsibilities for improving water supply and sanitation including hygiene promotion, rests primarily with the Ministry of Local Government and Housing in collaboration with bilateral and multilateral cooperating partners and NGOs who support both the National NRWSSP and NUWSS Programmes. Part of the resource mobilization will be linked to support the national movement to prevent stunting among children 0–24 months.

5.6 Strategic Direction 6

Food and Nutrition to Mitigate HIV and AIDS

5.6.1 Rationale

Food and nutrition interventions are critical in HIV and AIDS continuum of care as they contribute to enhancement of the quality of life, prolong the survival rates of those infected and improve productivity. HIV causes or aggravates malnutrition through reduced food intake and poor nutrient absorption which increases susceptibility to opportunistic infections. Poor nutrition also reduces adherence to and the effectiveness of ART. By and large, nutrition is recognized as an important element in the comprehensive ART programme as articulated in the HIV and AIDS strategic framework. In Zambia, there is insufficient information on the nutritional status for PLHIV and this constraints providing proper guidance. However, its integration in HIV treatment, care and support is merely seen as optional rather than mandatory part of the package. In addition, treatment strategies are rapidly changing with new studies pointing to recommendations by WHO that ART

treatment be started as soon as HIV infection is confirmed based on research that shows this to be a highly effective strategy to prevent transmission. If this research leads to new national protocols, then many more persons will be on ART. Their nutritional requirements for maximizing the effectiveness of the drug and reducing side effects while maintaining overall health will as well change. This example points to the need for the nutrition strategies related to PLHIV and transmission prevention to be well founded in current research and national protocols and for the need for on-going monitoring and communication support in this area. Detailed log-frames with respect to this operational SD 6 are shown in respective Annexes 5-20 through Annex 5-22.

5.6.2 Strategic objectives

Strategic objective 1: By 2015, the food and nutrition component in HIV treatment, care and support will have been integrated and strengthened, with special focus on HIV positive pregnant and lactating women and HIV-positive infants and children.

5.6.3 Strategies

- 1) Advocacy for mainstreaming of food and nutrition as an integral part of comprehensive HIV management and support for those infected and affected by HIV and AIDS.
- 2) Strengthen community-clinic linkage on nutrition support for PLHIV and affected families.
- 3) Review and assess gaps for nutrition and HIV-related IEC materials and job aids/tools for use by community volunteers.
- 4) Strengthening the community HIV programmes nutrition support capacity.

5.6.4 Activities

- 1) Revitalize the HIV and nutrition sub-committee at National level.
- 2) Incorporate food and nutrition considerations in HIV and AIDS clinical assessment and counseling protocol with special focus on HIV positive women in reproductive age and infants and young children.
- 3) Orient health care providers from health facilities on Nutrition Assessment, Care and Support (NACS) for PLHIV in line with national guidelines.
- 4) Provide health facilities with the appropriate equipment and materials for NACS.
- 5) Finalize and disseminate new national nutrition guidelines for PLHIV.
- 6) Support joint plans and nutrition care and support programmes linkages to social protection and nutrition strategies.
- 7) Carry out staff trainings on nutrition and HIV/AIDS at various levels.
- 8) Mainstreaming of nutrition in community – clinic HIV programmes and annual work plans.
- 9) Train health care providers on the use of NACS tools.
- 10) Integrate updated WHO recommendations on infant feeding and HIV into existing infant and young child feeding (IYCF) operational guidelines.

5.6.5 Expected outputs

- 1) Food and nutrition concerns integrated into key elements of HIV management

- and support.
- 2) Nutrition Assessment, Care and Support expanded to care and support contact points.
 - 3) New National nutrition guidelines for PLHIV finalized and disseminated at various levels.
 - 4) Joint plans and programmes linkages to social protection strategies in place.
 - 5) Staff trainings conducted at various levels.
 - 6) Nutrition sub-committees operational at National level.
 - 7) Sufficient integration of nutrition into community and clinic based HIV programmes and annual work plans.
 - 8) Appropriate Information, education and communication support products and jobs aids developed and distributed to contact points in community.
 - 9) Increase community level capacity to provide integrated food and nutrition support to PLHIV.

5.6.6 Expected outcomes

- 1) Improved nutrition care and support for PLHIV.
- 2) Improved coordination of support for PLHIV.
- 3) Improved community level nutrition support for PLHIV.

5.6.7 Communication and advocacy support

The HIV/AIDs strategic direction will be targeted at families to help with vital information that will awaken them to address the nutritional needs of PLHIV. The objectives will help dispel the popularly held myth that PLHIV need special diets as opposed to eating variety of ordinary wholesome foods.

The messages will inform people on the importance of eating nutritious food that lessens the progression of HIV and AIDS. The public will also be informed that seeking medical advice helps to make correct decisions on which foods to eat when people have specific opportunistic infections. Health workers will be urged to constantly pass correct information on nutrition and HIV to affected people including referrals for social protection. Details on the objectives including messages with reference to the communication and advocacy support are presented in Annexes 5-21 and 5-22.

5.6.8 Resource allocation and generation

In collaboration with the National HIV/AIDS/STI/TB Council (NAC), the NFNC will assist in reviewing and mapping resource needs for nutrition promotion, education, and support of PLHIV and persons affected by HIV and AIDS. The NFNC will also collaborate with NAC on funding proposals aimed at better assuring resources are available for nutritional support for PLHIV, and for promoting the most up to date nutrition guideline aligned with national treatment and care programmes and for programmes oriented toward those affected by HIV and AIDS as well. If needed, a funding proposal will be written to the NAC to assure appropriate nutrition related training is included in pre-service and in-service training of

those providing treatment, care and support for PLHIV. An advocacy strategy will be developed and costing completed on the issue of reactivating or strengthening the Nutrition Subcommittee of the NAC and having guidelines for closer linkages between clinics and communities and within communities for better care and nutrition support for PLHIV.

5.7 Strategic Direction 7:

Nutrition Related Control and Prevention

In collaboration with the National HIV/AIDS/STI/TB Council (NAC), the NFNC will assist in reviewing and mapping resource needs for nutrition promotion, education, and support of PLHIV and persons affected by HIV and AIDS. The NFNC will also collaborate with NAC on funding proposals aimed at better assuring resources are available for nutritional support for PLHIV, and for promoting the most up to date nutrition guideline aligned with national treatment and care programmes and for programmes oriented toward those affected by HIV and AIDS as well. If needed, a funding proposal will be written to the NAC to assure appropriate nutrition related training is included in pre-service and in-service training of those providing treatment, care and support for PLHIV. An advocacy strategy will be developed and costing completed on the issue of reactivating or strengthening the Nutrition Subcommittee of the NAC and having guidelines for closer linkages between clinics and communities and within communities for better care and nutrition support for PLHIV.

5.7 Strategic Direction 7: Nutrition Related Control and Prevention Measures of Diet Related Non-Communicable Diseases

5.7.1 Rationale

Non-Communicable Diseases (NCDs) are an emerging public health problem in Zambia and have become a substantial focus of the Ministry of Health. The relation of diet and physical activity to several NCDs (obesity, hypertension, cardiovascular disease, Type I diabetes, some forms of cancer) is well known but there is limited country based epidemiological evidence on the actual situation in the country. There is also limited well gathered and analysed information on changes in diet among various population groups. Despite the lack of systematic national information and wide acknowledgement of changes in dietary patterns known to be related to NCDs, appropriate policies and programmes have not yet been fully developed to protect various vulnerable populations in the country. Detailed log-frames for the SD 7 are shown in respective Annexes 5-23 through 5-26.

5.7.2 Strategic objective

Strategic objective 1: By 2013, in collaboration with the Ministry of Health and other stakeholders, the major nutrition-related aspects of NCDs will be developed into a roadmap that will complement and integrate with NCD national control programmes where appropriate.

5.7.3 Strategy

Through cooperation with the overall NCD National Control Programme, review and refine strategies related to prevention and control of diet-related NCDs to ensure that they are inclusive of clearly articulated, evidence-based nutrition strategies and approaches.

- 1) Strengthening nutrition related aspects of NCDs national control programme.

5.7.4 Activities

- 1) Conduct desk review of specific studies and documentation in Zambia on diet-related chronic diseases such as diabetes, obesity, and hypertension.
- 2) Conduct targeted sub-national baseline assessments on specific high-prevalence diet-related NCDs. (e.g. diabetes, hypertension and obesity).
- 3) Develop a Conceptual Framework for nutrition-related aspects of NCDs in Zambia, which will be inclusive of nutritional root causes of NCDs and looks at the life cycle approach.
- 4) Promote consistent measurement of BMI by health providers and incorporate reporting of BMI data into HMIS.
- 5) Facilitate broad participation in the development of food and nutrition policies and programmes to prevent and control diet-related NCDs.

5.7.5 Expected outputs

- 1) Active collaboration between MOH and NFNC (and others) in developing the roadmap for the designing of a full-fledged NCD management and control programme.
- 2) Diet related NCD research agenda developed.
- 3) New IEC materials designed to support diet-related NCD prevention developed.
- 4) Sub-national baseline assessments on diet-related NCDs conducted.
- 5) Conceptual Framework on the NCD in Zambia developed.
- 6) Advocacy for prevention and control of diet-related NCDs done.
- 7) Biomass Mass index incorporated in HMIS and regularly reported.
- 8) Participation in food and nutrition policy development and prevention approaches broadened.

5.7.6 Expected outcome

- 1) Comprehensive, informed and effective inclusion of food and nutrition related issues in NCDs prevention, treatment and control.

5.7.7 Communication and advocacy support

Diet related NCDs such as diabetes, heart diseases, hypertension, obesity and some cancers are on the rise. One of the causes is that the general population lack information on the risk

¹⁵ A Road Map for Scaling-Up Nutrition (SUN) September 2010

factors for diet related NCDs such as consuming high fat diets, low consumption of high fibre foods, and lack of exercise. This strategic direction will ensure that the population is provided with adequate information on the risk factors associated with diet related NCDs provide suggestions that help them change their lifestyle. Its success depends on the joint functioning of health care, agriculture and social protection services - at the community level. This is critical for sustainable improvements in the nutrition of all and – at the same time – preventing obesity or other food-related diseases.¹⁵

Details on the objectives including messages with reference to the communication and advocacy support are presented in Annexes 5-25 and 5-26.

5.7.8 Resource allocation and generation

As noted, many of the most serious and prevalent NCDs are diet related and can be prevented and managed through diverse meals with appropriate amounts of different types of food. Resources are needed to better document this aspect of NCD prevention and control for current and future guidelines, NCD related pre-service and in-service training of health professionals and volunteers and for families. In close collaboration with the MOH sub directorate for NCD, the NFNC will assist in reviewing existing and potential sources of funding and resource for the activities noted under this strategic direction, developing appropriate proposals and advocacy strategy to obtain what is needed to begin strengthening this strategic area of food and nutrition.

5.9.7 Expected outcomes

- 1) Improved coordination in food and nutrition response.
- 2) Food and nutrition prioritized as key to National Development Agenda as measured by the number and types of National Development Agenda prioritizing food and nutrition and the levels and types of investment in food and nutrition.
- 3) Well-equipped institutions with efficient management systems in place.
- 4) Increased participation of private and Civil Society Organization in Food and Nutrition programmes as measured by the number and type of programmes that involve private and Civil Society Organizations.
- 5) Appropriate competencies to manage food and nutrition services at National, Provincial, District and Community levels are strengthened and delivering the intended results.

5.8 Strategic Direction 8

Food and Nutrition Preparedness and Response to Emergencies

5.8.1 Rationale

Disaster preparedness and mitigation is a broad concept that describes a set of measures that minimizes the adverse effects of a hazard including loss of life and property and disruption of livelihoods. Disaster preparedness is achieved partially through readiness measures that expedite emergency response, rehabilitation and recovery and result in rapid, timely and targeted assistance. Several areas of Zambia are prone to disasters such as floods and droughts leading to crop failure, food losses, high livestock mortality and internal

displacement of people (IDPs), hence aggravates food insecurity and malnutrition. Therefore, there is need to incorporate activities in the existing Emergency Preparedness and Response Plan (EPRP) in Zambia that will effectively and efficiently tackle food insecurity and acute malnutrition during such emergencies. In addition, improvement of stakeholders' coordination in emergency preparedness and response is required so as to mitigate food and nutrition related impact of the disasters. The implementation, M&E, and communication support matrices for the operation strategic direction 8 are presented in respective Annexes 5-27 through 5-30.

5.8.2 Strategic objectives

Strategic objective 1: By the year 2015 technical capacity in food and nutrition emergency preparedness and response will have been enhanced.

5.8.3 Strategy

- 1) Develop and implement training in key areas of food and nutrition in the context of emergency preparedness and disaster risk reduction and response.

5.8.4 Activities

- 1) Conduct food and nutrition training in the context of emergency preparedness and disaster for key Government departments at National, Provincial and districts level.
- 2) Strengthen coordination and collaboration with ZVAC in food and nutrition emergency preparedness and response.
- 3) Strengthen multi-sector database and reporting mechanism of food and nutrition situations in emergencies to promote quick action.
- 4) Identify and map emergency food and nutrition hotspot areas in the country.
- 5) Timely provision of the necessary food and nutrition supplies and logistics in emergencies to affected populations.
- 6) International food and nutrition emergency technical guidelines adapted to the Zambian situation.

5.8.5 Expected outputs

- 1) Food and nutrition training in the context of emergency preparedness and disaster conducted for key Government departments at National, Provincial and District level.
- 2) Coordination and collaboration with ZVAC in food and nutrition emergency preparedness and response strengthened.
- 3) Multi-sector database and reporting mechanism of food and nutrition situations in emergencies to promote quick action strengthened.
- 4) Mapping of emergency food and nutrition hotspot areas in the country conducted.
- 5) Food and nutrition supplies and logistics in emergencies to affected populations provided on time.
- 6) International food and nutrition emergency technical guidelines adapted.

5.8.6 Expected outcomes

- 1) Effective nutrition response at all levels in emergency situations.
- 2) Framework for coordination of food and nutrition in emergency preparedness and response established.

5.8.7 Communication and advocacy support

The strategic objective with respect to the communication and advocacy support seeks to contribute to addressing nutrition issues in emergency situations. This communication objective is intended to advocate for the development and usage of guidelines that will help stakeholders and partners to effectively plan and implement food and nutrition activities during and after emergency situations. Professional and technical staff and NGOs involved in emergency response will be urged to seek appropriate nutrition information to respond correctly to emergencies. Community Leaders will be reminded of their role to organize communities to be prepared for food emergency situations. Details on the objectives including messages with reference to the communication and advocacy support are presented in Annexes 5-29 and 5-30.

5.8.8 Resource allocations and generation

Strengthening food and nutrition emergency preparedness will require resources for detailed review of the current situation and carrying out activities to strengthen nutrition and food aspects of both emergency preparedness and emergency response. Negotiations will be held with the Disaster Management and Mitigation Unit under the Office of the Vice President regarding increased collaboration with the NFNC in this area and costing and proposals for required activities will be developed jointly if needed.

5.9 Strategic Direction 9

Strengthening Governance, Capacity Building and Partnerships in Support of Food and Nutrition Interventions at All Levels

5.9.1 Rationale

Nutrition governance in Zambia is anchored in the NFNC Act CAP 308 of the Laws of Zambia which gives the NFNC the mandate to spearhead and coordinate the food and nutrition sector. The government adopted the NFNP in 2006 which has articulated the need for multi-sector approach to food and nutrition issues in the country.

The existence of other sector policies and strategic plans such as health, agriculture, and education also provides an opportunity to integrate food and nutrition. The NGOs, communities and non-traditional cooperating partners though not fully integrated offer opportunities to broaden and strengthen nutrition initiatives.

Effective response to food and nutrition challenges requires adequate institutional capacities by the wide array of actors in both public and private sectors. In Zambia, the persistent high

levels of malnutrition are attributed to inadequate institutional and technical capacities to plan, implement, monitor and evaluate food and nutrition at all levels including poor and unpredictable national budgetary allocation to support food and nutrition programmes at all levels. Therefore, there is need to establish robust plans to build national capacities including predictable resources to adequately respond to food and nutrition challenges facing the country taking advantage of national, regional, and global initiatives. This strategic direction aims at lobbying for significant and sizeable budget allocation to food and nutrition sub-sector to be able to demonstrate impact on reducing malnutrition at all levels.

This strategic direction offers an opportunity to mobilize and leverage the resources for implementation of food and nutrition programmes. New Global initiatives in food and nutrition such as SUN and CAADP have further moved the food and nutrition agenda to the centre of national development and increased the potential of national and international support for large scale food and nutrition programmes.

Detailed log-frames with respect to this supportive strategic direction 9 are presented in Annexes 5-31 and 5-32.

5.9.2 Strategic objective

Strategic objective 1: By 2013, the framework and modalities for a multi-sector approach to food and nutrition will have been strengthened both at policy and operational levels.

5.9.3 Strategies

- 1) Establish food and nutrition multi-sector steering committees at national level.
- 2) Advocate for high level advocacy to advance food and nutrition agenda.
- 3) Strengthened appropriate legislative / legal framework that support implementation of food and nutrition programs.
- 4) Mainstream appropriate food and nutrition issues in relevant sector policies and strategies.
- 5) Strengthen coordination mechanisms in key sector for the implementation of the NFNP and Strategic Plan at all levels.
- 6) Implement advocacy strategies with heads of government ministries, departments and institutions, national, district and local leaders on solutions to major nutrition problems.
- 7) Build institutional and human capacity for the effective delivery of nutrition services, including the design, development and implementation of relevant nutrition programmes, projects and interventions targeting relevant service delivery systems.
- 8) Increase pre-service and in-service training opportunities for food and nutrition services providers at National, Provincial, District and Community levels.
- 9) Lobby Public Service Management Division for the establishment of position for food and nutrition officers in key ministries i.e. Ministry of Community Development, Mother and Child Health (MCDMCH), MCTI, MOESVTEE, MAL and MLGH).
- 10) Facilitate institutional capacity building in NFNC and key sector departments involved in food and Nutrition i.e. MCDMCH, MCTI, MOESVTEE, MOH, MAL and

MLGH.

- 11) Facilitate the establishment of a Business Coalition for Nutrition with clear terms of reference and feedback mechanisms.
- 12) Undertake joint programme planning, financing, implementation and reviews.
- 13) Facilitate formation of civil society coalitions to Champion food and nutrition issues.

5.9.4 Activities

- 1) Establish food and nutrition multi-sector steering committees at national level.
- 2) Hold advocacy meetings to advance food and nutrition agenda at National, Provincial and District levels.
- 3) Review appropriate legislative / legal framework that support implementation of food and nutrition programmes and advocate for higher placement of the NFNC to effectively execute its mandate and to lead a multi-sectoral response.
- 4) Mainstream appropriate food and nutrition issues in relevant sector policies and strategies.
- 5) Strengthen coordination mechanisms in key sector for the implementation of the NFNP and Strategic Plan at all levels.
- 6) Increase pre-service and in-service training opportunities for food and nutrition services providers at National, Provincial, District and Community levels.
- 7) Lobby Public Service Management Division for the establishment of position for food and nutrition officers in key ministries i.e. MCDMCH, MCTI, MOESVT, and MLGH).
- 8) Facilitate institutional capacity building in NFNC and key sector departments involved in food and Nutrition i.e. MCDMCH, MCTI, MOESVT, MOH, MAL and MLGH including academic and other relevant institutions.

5.9.5 Expected outputs

- 1) Food and nutrition multi-sector steering committees established at national level.
- 2) Advocacy meetings are held to advance food and nutrition agenda at National, Provincial and District level.
- 3) Appropriate food and nutrition issues in relevant sector policies and strategies mainstreamed.
- 4) Strengthened coordination mechanisms in key sector for the implementation of the NFNP and Strategic Plan at all levels.
- 5) Pre-service and in-service training opportunities for food and nutrition services providers at National, Provincial, District and Community levels increased.
- 6) Position for food and nutrition officers' advisors and or focal points in key ministries, and local government established.
- 7) Institutional capacity enhanced in NFNC and key sector departments involved in food and Nutrition.
- 8) Business Coalition for Food and Nutrition established and functional.
- 9) Joint programme planning, financing, implementation and reviews undertaken.
- 10) Civil society coalitions to Champion food and nutrition issues formed.

- 11) Strategy to Establish strategic and operational partnerships and alliances with private, public and civil society organizations in food and nutrition.

5.9.6 Expected outcomes

- 1) Improved coordination in food and nutrition response.
 - 2) Food and nutrition prioritized as key to National Development Agenda as measured by the number and types of National Development Agenda prioritizing food and nutrition and the levels and types of investment in food and nutrition.
 - 3) Well-equipped institutions with efficient management systems in place.
 - 4) Increased participation of private and Civil Society Organization in Food and Nutrition programmes as measured by the number and type of programmes that involve private and Civil Society Organizations.
 - 5) Appropriate competencies to manage food and nutrition services at National, Provincial, District and Community levels are strengthened and delivering the intended results.

5.9.7 Resource allocation and generation

Capacity development in food and nutrition in terms of skills development at different levels, leadership, coordination, communication support, monitoring and evaluation and research are often discussed in terms of need but seldom acted upon in an organized manner. To move in this strategic direction as outlined in the current strategy, the NFNC will begin with an internal review that will then extend to work with key Government partners and stakeholders working in areas of the Food and Nutrition Strategic Plan. They will need to identify in detail areas where greater levels of skills or improve coordination mechanisms and other resources are needed to effectively move forward with the strategic plan. Based on this, an overall multi-sector food and nutrition capacity development building plan will be developed, costed and used as the basis for negotiation for resources from concerned institutions and developing supplementary funding proposals for cross sector capacity development, training and scholarships and related needs at national and sub-national levels.

5.10 Strategic Direction 10:

Monitoring and Evaluating Food and Nutrition Situation,

5.10.1 Rationale

The research, monitoring and evaluation system for the food and nutrition sector is vital for informing policy and programming. However, despite this importance, an integrated monitoring and evaluation systems for the sector is not adequately developed. In addition, the food and nutrition research agenda is not well developed. In order for the country to derive full benefits from the food and nutrition research, monitoring and evaluation systems need to be strengthened and information generated through such activities effectively and strategically disseminated to promote effective use among stakeholders. Detailed log-frames with respect to this supportive strategic direction 10 are presented in Annexes 5-33 and 5-34.

5.10.2 Strategic objectives

Strategic objective 1: By the year 2015 policy formulation and programming using evidence based information from research will have been strengthened.

Strategic objective 2: By the year 2015, monitoring and evaluation of the implementation of the food and nutrition programmes in the strategic plan will have been strengthened

5.10.3 Strategies

- 1) Use of evidence based information for nutrition programme design.
- 2) Strengthen food and nutrition results-oriented monitoring and evaluation system.

5.10.4 Activities

- 1) Develop a food and nutrition research agenda and protocols to generate evidence based information.
- 2) Build capacities for conducting research, monitoring and evaluation at National, Provincial and Districts.
- 3) Strengthen nutrition surveillance system.
- 4) Develop dissemination mechanism for research results.
- 5) Re-design the implementation of a national Monitoring and Evaluation Framework incorporating appropriate indicators and data sources.
- 6) Strengthen the food and nutrition data base (Zambia Nutrition Information System).
- 7) Procure and distribute the necessary equipment, materials and supplies to implement the nutrition information system.

5.10.5 Expected outputs

- 1) Food and nutrition research agenda and protocols developed.
- 2) Research, monitoring and evaluation capacities built at National, Provincial and Districts.
- 3) Nutrition surveillance system strengthened.
- 4) Dissemination mechanism for research results developed.
- 5) A national Monitoring and Evaluation Framework re- designed, strengthened and implemented.
- 6) Food and nutrition data base (Zambia Nutrition Information System) strengthened.
- 7) Equipment, materials and supplies to implement the nutrition information system procured and distributed.

5.10.6 Expected outcomes

- 1) Food and nutrition programme designed based on evidence based information.
- 2) Monitoring and evaluation capacity (equipment and human resource) is built at all levels.

5.10.7 Resource allocation and generation

The resources required for monitoring and evaluation of nutrition intervention should normally be built into the cost of the intervention programmes. However, to develop appropriate costing levels the programmes themselves need a clear monitoring and evaluation framework, budget and support from programme leaders. Too often, this has not been the case in the past and programme monitoring was carried out on an ad hoc basis, and in some cases with only a weak feedback link that allowed the programme to benefit the monitoring information obtained.

Many of the strategic directions outlined in the current NFNSP encompass multi-sector activities that include and require collaboration among different Ministries and other partners, many of which will provide inputs and conduct activities using their own resources. This can easily lead to piecemeal monitoring with no resources for monitoring the important interaction among the various inputs or an overall view of multi-sector programme activities such as the First 1000 Most Critical Days; improving micronutrient nutrient nutrition; improving nutrition support for HIV/AIDS and others. To effectively monitor and evaluate such programmes requires an appropriate, cross sector approach that may use resources from multiple partners and allies but is also likely to require additional funding to cover additional overall requirements. These will include overall programme monitoring design, consolidation of information inputs from different ministries and sources, collection and analysis of information related to the interactions among activities from different organizations, dissemination strategy design and dissemination activities costs. A funding proposal will be developed for cross sector and cross intervention monitoring coordinated by the NFNC and will cover such costs and for activities aimed at building capacities to improve monitoring of food and nutrition and use such information for programme improvement as well as allow learning from the experience.

Monitoring and Evaluation activities will also include development and implementation of a food and nutrition sentinel site surveillance system throughout the country. Costing and funding proposals will be developed targeting for resources from ministries, donor organizations and NGOs and others will benefit from such information in their planning, programming and intervention design. This system is expected to replace or supplement several other more costly information gathering activities currently being carried out.

The NFNC will also seek to identify resources to organize and carry out the exercises needed to develop a problem based nutrition research agenda and better link together all national institutions that are conducting food and nutrition related research. This activity will be followed up with a national workshop on food and nutrition research management and communication. The funding proposal for this activity and for subsequent high priority research on the agenda will be submitted to the Science and Technology Council and other national and international organizations for consideration. The NFNC will also use funds from the nutrition fund created by the NCPG and other stakeholders to support evidence-based information, identifying new solutions to undernutrition, undertaking joint monitoring and evaluation activities as well as supporting community-based innovative responses to undernutrition.

5.11 Strategic Direction 11

Expanding and Developing Communication and Advocacy Support for Food and Nutrition Interventions at Various Levels.

5.11.1 Rationale

Nutrition education and communication programmes have been found to be effective if the delivery of information is well coordinated and harmonized with the implementation of food and nutrition programmes. Acting effectively to address the determinants of nutrition behaviour and increased investment for the food and nutrition sector is vital. However, in order to increase investment and raise the profile of food and nutrition, policy makers and other key players would need to be sensitized on the role of food and nutrition in social and economic development of the country through advocacy activities. During the strategic plan implementation period, increasing food and nutritional knowledge and promoting desirable nutrition behaviours through nutrition education and behaviour change communication across the country will be emphasized. Details on the strategies as outlined in this section including respective activities are addressed in the specific communication and advocacy implementation matrices for each strategic direction.

5.11.2 Strategic objectives

Strategic objective 1: By 2015 food and nutrition profile will have been raised among policy makers and cooperating partners.

Strategic objective 2: By 2015 food and nutrition positive behaviours will have been adopted by various population groups.

Strategic objective 3: By 2012 a mechanism to coordinate communication for social change activities will have been fully developed.

5.11.3 Strategies¹⁶

- 1) Create platforms for information sharing and networking for decision and policy formulation aimed at promoting availability, accessibility and utilization of micronutrient and macronutrient among the public.
- 2) Increase knowledge and awareness among mothers and other stakeholders in Zambia on the prevention of stunting in children less than two years of age.
- 3) Advocate for effective implementation of policies that promote food and nutrition component in care, treatment and support services for PLHIV.
- 4) Advocate for the strengthening of existing policies and their implementation aimed at promoting early identification, treatment and follow-up of acute malnutrition.
- 5) Advocate for effective implementation of policy that support food and nutrition emergency preparedness and response.
- 6) Advocate for the development of policies and programmes that promote prevention and control of dietary related NCDs.

¹⁶Details on the strategies as outlined in this section including respective activities are addressed in the specific communication and advocacy implementation matrices for each strategic direction.

- 7) Promote practices that enhance sustainable availability, accessibility and consumption of a variety of foods at household level.
- 8) Advocate for improved investment in food and nutrition interventions.

5.11.4 Resource allocation and generation

Similar to Monitoring and Evaluation, communication and advocacy support activities are most often costed and resourced as a component of individual programmes and interventions. In the case of this National Food and Nutrition Strategic Plan, there are multi-sector and cross sector programmes that will require a communication strategy that is integrated across interventions and by multiple sectors and organizations.

Funding will be required for strategic advocacy aimed at supporting the programmes, including, in some cases, gaining leadership support and buy in and integrated communication strategies for bringing about social and behavior changes in many areas outlined in the strategic directions of the plan. Funding will also be required to support production and dissemination of communication support materials through multiple channels. Funding for communication support will be built into the various costing exercises and programme proposals. These proposals will be supplemented by a separate funding strategy that will seek funds for overall capacity building in communication with a focus on the strategic directions in the plan.

ANNEXES

Annex 5-1: Implementation Matrix for the Strategic Direction #1: Prevention of Stunting in Children less than Two Years of Age: The First 1000 Most Critical Days.

SO1: By 2015 stunting among children less than two years of age will have been reduced from 45% to 30% (Sixth National Development Plan [SNDP] target) nationally.											
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' billions
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary	
Expansion and enhancing integration of high impact maternal and child nutrition interventions focusing on the First 1000 Most Critical Days	Map national and sub-national stakeholders and interventions relevant to prevention of stunting in children less than two years of age with special emphasis on effectiveness and potential for scale up if currently at project level.	National and sub-national stakeholders and interventions mapped	Availability of a comprehensive mapping report.	Milestone achieved						NFNC	WHO MOH Nutrition CPs Private sector
				Milestone achieved							NFNC MOH

¹⁷ Nutrition cooperating partners currently consist of UNICEF, DFID, WFP, USAID, Irish Aid, and World Bank.

SO1: By 2015 stunting among children less than two years of age will have been reduced from 45% to 30% (Sixth National Development Plan [SNDDP] target) nationally.											
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K. billions
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary	
		First 1000 Most Critical Days national programme launched by high profile government officials.	Launch of the First 1000 MCDP		Milestone achieved				NFNC MOH	MOESVT MAL MCDMCH CSOs NGOs CPs Private sector	
	Promote adequate consumption of a diverse diet for pregnant women as well as supplements of iron and folic acid.	Package on the promotion of consumption of adequate and diverse diet developed.	# and type of nutrition promotion packages.		Milestone achieved				NFNC MOH	MOESVT MAL MCDMCH CSOs NGOs CPs	
	Promote compliance to iron and folic acid supplements by pregnant women.	IEC Package on compliance to iron and folic acid supplements available.	Number and type of IEC materials developed for various levels. Number and type of materials distributed at various levels. Number and types of materials utilized at various levels. Proportion of		Milestone achieved annually				NFNC MOH	MCDMCH CSOs NGOs CPs	

SO1: By 2015 stunting among children less than two years of age will have been reduced from 45% to 30% (Sixth National Development Plan [SNDP] target) nationally.											
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K. billions
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary	
	at facility, community and household levels.	Health facilities having community volunteers trained in IYCF community package in 70 districts.	% health facilities with community volunteers trained in IYCF community package.	10	15	20	15	10	MOH NFNC	NGOs CPs	
		Proportion of Mothers/Care givers adopting the optimal feeding practices.	Proportion of Mothers/Care givers adopting the optimal feeding practices.	10	15	20	15	10	MOH NFNC		
	Assure children 6-24 months receive Vitamin A supplements to promote health and development and post-natal mothers (within 8 weeks after delivery)	Children 6-24 months receive vitamin A Supplementation in all the districts. All post-natal mothers receive Vitamin A Supplementation within 8 weeks after delivery.	% children 6-24 months reached with Vitamin A Supplementation. # districts with coverage of 95% and above	Milestone achieved annually: 95% of children 6-24 months Vitamin A Supplementation Coverage in all the 73 districts.					MOH NFNC		
	Promote use of treated bed nets during pregnancy and for the first 24 months of the child's life.	Pregnant women and children up to the age of 24 months sleep under treated bed nets.	Proportion of pregnant women sleeping under bed nets. Proportion of children less than 24 months sleeping under bed nets.	Milestone achieved annually: All post-natal mothers delivering in health facilities receive Vitamin A Supplementation on delivery.					MOH	UNICEF Local and international NGOs	
				Milestone achieved annually: 80% of pregnant women and children less than 24 months sleep under treated bed nets.					MOH National Malaria Control Centre		

Annex 5-2: Monitoring and Evaluation Framework for Strategic Direction #1: Prevention of Stunting in Children Under-Two Years of Age: First 1000 Most Critical Days.

SO1: By 2015 stunting among children less than two years of age will have been reduced from 45% to 30% (Sixth National Development Plan [SNDP] target) nationally.									
Strategies	Expected Outcome	Indicators	Timeframe					Source of Data	Responsibility
			Y1	Y2	Y3	Y4	Y5		
Expansion and enhancing integration of high impact maternal and child nutrition interventions focusing on the First 1000 Most Critical Days	Improvement in maternal nutrition during pregnancy and lactation	% women in child bearing age with BMI less than 18.5.						Surveillance DHS HMIS	NFNC CSO MoH
		% women in child bearing age with or MUAC less 21.5cm.						DHS	MOH
		Average # of ante-natal visits per pregnancy.						Surveillance Surveys	NFNC
	Reduction in LBW babies	% pregnant women receiving iron and folic acid supplements						HMIS DHS surveillance	MOH CSO NFNC
		% pregnant women complying with iron and folic acid supplementation intake.						HMIS DHS Surveillance	MOH CSO NFNC
		% neonates with LBW (<2.5kg)						HMIS	MOH
Increased vitamin A supplementation coverage	% children 6-24 months supplemented with vitamin A.						HMIS	MOH	
	% women supplemented with Vitamin A within 8 weeks after delivery.						HMIS	MOH	
Improvement in micronutrient status in children 6-24 months of age and pregnant women.	% children 6-24 months with low serum retinol levels i.e. <0.70 µmol/L or <20g/dl.						Surveys	NFNC	
	% women with low serum retinol levels.								

SO1: By 2015 stunting among children less than two years of age will have been reduced from 45% to 30% (Sixth National Development Plan [SNDP] target) nationally.									
Strategies	Expected Outcome	Indicators	Timeframe					Source of Data	Responsibility
			Y1	Y2	Y3	Y4	Y5		
		% children 6-24 months with low haemoglobin levels (<11gµ/dl) % women with low haemoglobin level.						HMS DHS Surveillance	MOH CSO NFNC
Develop a resource mobilization plan.	Sufficient resources committed by both Local and international agencies to support First 1000 Most Critical Days Programme.	# partners committing resources to support the First 1000 Most Critical Days Programme.						Sector budgets and reports CP reports	MoFNP MOH and other Ministries DFID and other CPs NGOs
		% resources received from partners to First 1000 Most Critical Days Programme.							
Advocate among various partners at all levels for implementation of the First 1000 MCDP to Prevent Stunting in Children less than 2 years of age.	First 1000 MCDP mainstreamed in various partners annual work plans	# partner plans incorporating First 1000 Most Critical Days Programme activities.						Sector Plans Provincial; District plans and reports	MoFNP

Annex 5-3: Implementation Matrix for Communication and Advocacy Support for the Strategic Direction #1: Prevention of Stunting in Children Under-Two Years of Age: First 1000 Most Critical Days.

SO1: By 2015 stunting among children less than two years of age will have been reduced from 45% to 30% (Sixth National Development Plan [SNDP] target) nationally.											
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost in K' Billions
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary	
Promote the First 1000 Most Critical Days to prevent stunting	Hold meetings to review existing nutrition education campaigns	Reviews held & First 1000 Most Critical Days incorporated	# review meetings held annually.	5	5	5	5	2	NFNC MOH	UNICEF WHO Local and international NGOs	

SO1: By 2015 stunting among children less than two years of age will have been reduced from 45% to 30% (Sixth National Development Plan [SNDDP] target) nationally.												
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost in K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
in children aged 0 to 24 months among the general public particularly women in childbearing age.	(Child Health weeks, Breast-feeding weeks, nutrition days and other campaigns)	in the campaigns								Private Sector MCDMCH		
	Hold nutrition education campaigns	Education campaigns held	# education campaigns held.	2	2	2	2	2	NFNC, MOH	UNICEF, LOCAL AND INTERNATIONAL NGOs, , MCDMCH		
	Produce IEC materials for the First 1000 Most Critical Days	IEC materials produced & distributed	# IEC materials produced Type of IEC materials produced # IEC distributed Type of IEC materials distributed	10000	10000	10000	10000	10000	10000	NFNC, MOH	UNICEF, Local & international NGOs, MCDMCH	
	Hold meetings with Stakeholders to plan national and provincial launches of the First 1000 Most Critical Days Campaign	Meetings held to plan national & provincial launches	# planning meetings held in each province.	10	20					NFNC, MOH	UNICEF, Local & international NGOs, , MCDMCH Provincial/District Health offices	

S01: By 2015 stunting among children less than two years of age will have been reduced from 45% to 30% (Sixth National Development Plan [SNDDP] target) nationally.												
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost in K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
	National Launch the First 1000 Most Critical Days Campaign at national, provincial, district and community levels.	Campaigns launched at national, Provincial & district levels	Campaigns launched at national, Provincial & district levels							NFNC, MOH	UNICEF, LOCAL AND INTERNATIONAL NGOs, MCDMCH, Provincial/District Health offices	
	Use cell broadcasts to send key messages on the First 1000 Most Critical Days to subscribers	Key messages sent to the public mobile subscribers	# key messages sent to subscribers on all networks	6	6	6	4	2		NFNC, MOH	UNICEF, Local & international NGOs, MCDMCH	
	Hold training workshops for 80 media personnel on First 1000 Most Critical Days	Workshops held and Journalists trained to report on First 1000 Most Critical Days	# workshops held # media personnel trained	2	2	2				NFNC, MOH	UNICEF, Local & international NGOs, MCDMCH	
Intensify advocacy to promote First 1000 Most Critical Days	Conduct advocacy meetings with stakeholders.	Advocacy meetings held with various interest groups	# advocacy meetings held.	4	4	2		2		NFNC, UNICEF	MOH, Ministry of Tradition and Chiefs Affairs, NGOCC, Media	

SO1: By 2015 stunting among children less than two years of age will have been reduced from 45% to 30% (Sixth National Development Plan [SNDP] target) nationally.												
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost in K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
for prevention of stunting as a cornerstone to national development.	Produce policy briefs	Policy briefs produced	# Policy briefs on key nutrition topics produced and distributed	4	2	2			NFNC, MOH	UNICEF, Local & international NGOs		
	Hold advocacy meetings with decision makers & parliamentarians to highlight the negative impact of stunting on national development	Meetings held (#)	# meetings held	2	4	2			NFNC, MOH	UNICEF, Local and international NGOs Parliament		
Develop and disseminate behaviour change communication (BCC) materials to prevent stunting	Identify Ambassadors to champion First 1000 Most Critical Days at various levels	Ambassadors identified	# Ambassadors engaged	5					NFNC, MOH	UNICEF, Local & international NGOs, MCDMCH		
	Produce radio programmes with key messages on First 1000 MCDP	Radio programmes produced	# radio programmes produced. # radio programmes aired.	26	26	26			NFNC	UNICEF, Local & international NGOs MCDMCH, MOH		
	Produce TV programmes with key messages on First 1000 MCDP.	TV programmes produced	# TV programmes produced. # TV programmes aired.	13	7	7	Review	5	NFNC	UNICEF, Local & international NGOs MCDMCH, MOH CPS		

SO1: By 2015 stunting among children less than two years of age will have been reduced from 45% to 30% (Sixth National Development Plan [SNDP] target) nationally.												
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost in K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
	Post articles that promote First 1000 MCDP on the Internet, such as NFNC and Partners Web-sites	Articles produced and posted on websites	# articles produced # articles posted on web-sites.	4	4	4	2	2		NFNC	Various partners	
	Use cell broadcasts to send key messages on First 1000 Most Critical Days to subscribers	Messages sent and audiences access them	# messages sent to subscribers on all networks	5	5	5	3	3		NFNC	UNICEF, Local & international NGOs, MCDMCH	
	Print posters, brochures, stickers, and T-shirts with messages promoting essential practices for the First 1000 Most Critical Days	Materials printed and messages sent	# materials printed. Type of materials printed. #. materials Distributed. Type of materials printed.		10000	50000				NFNC	UNICEF, Local and international NGOs, MCDMCH	
	Conduct community sensitization using drama performances on	Drama performances conducted	# dramas performances conducted in various locations	30	30	30	20	20		MOH/NFNC	UNICEF, Local and international NGOs, MCDMCH and other Nutrition	

SO1: By 2015 stunting among children less than two years of age will have been reduced from 45% to 30% (Sixth National Development Plan [SNDP] target) nationally.												
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost in K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
	1000 MCDP											
	Develop counseling tools/job aids for community nutrition and health agents	Tools developed and utilized	Types of tools developed # tools distributed. # communities utilizing the tools.	4	4	4	Review	Review	NFNC	UNICEF, Local and international NGOs, MCDMCH		
	Conduct Healthy Baby shows/competitions	Baby shows conducted	# baby-shows conducted	20	20	15	Review	5	MOH/NFNC	UNICEF, Local and international NGOs, MCDMCH		

Annex 5-4: Monitoring and Evaluation Framework for Communication and Advocacy Support for the Strategic Direction #1: Prevention of Stunting in Children Under-Two Years of Age: First 1000 Most Critical Days.

Communication Objectives:	1. Increase knowledge and awareness among mothers and other stakeholders in Zambia on the prevention of stunting in children under two years of age.							Source of Data	Responsibility
	2. Increase knowledge and awareness among policy makers and other stakeholders in Zambia on the prevention of stunting in children under two years of age								
	3. Promote better and sustainable nutritional and health practices among mothers and families								
Strategies	Expected Outcomes	Indicators	Timeframe						
			Y1	Y2	Y3	Y4	Y5		
Promote the First 1000 Most Critical Days to prevent stunting in children aged 0 to 24 months among the general public particularly women in child bearing age.	Improved knowledge on prevention of stunting among the general public especially women of child bearing age.	%adult women and men aged between 15-55 years of age with increased knowledge on prevention of stunting.						Survey	NFNC/MOH
Intensify advocacy to promote First 1000 Most Critical Days for prevention of stunting as a cornerstone to national development.	Increased knowledge among Policy makers and other stakeholders on prevention of stunting	%policy makers influencing positive decisions on preventing stunting in children 0 to 24 months.						MOH	MOH
Develop and disseminate behavioural change and communications (BCC) materials to prevent stunting	Improved behaviours and practices for prevention of stunting among children 0 to 24 months.	%women adopting new behaviours and practices for prevention of stunting.						Survey	NFNC

Annex 5-5: Implementation Matrix for the Strategic Direction #2: Increasing Accessibility and Availability of Micronutrients and Macronutrients.

Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary	
Promote sustainable production, processing, preservation, storage, consumption and marketing of variety of food crops (especially legumes, vegetables, and fruits), fish, and small livestock.	Lobby for inclusion of legumes, vegetables, bio-fortified food crops and fish and small livestock in the Food Input Support Programme (FISP) package provided by lines Ministries and NGOs.	A FISP Policy reform to include legumes, vegetables, bio-fortified food crops, fish and small livestock.	# and types of inputs included in FISP	Milestone achieved					MAL MCDMCH	NGOs and Private Companies NFNC	
	Assure breeding of food crops, livestock and fish for better nutrition	Research initiated on breeding of food crops, livestock and fish.	# researches initiated. No. and types of breeds developed	Milestone achieved					MAL	MCDMCH Private Companies & NGOs NFNC	
	Assure expansion of multiplication initiatives. (Vegetable & legume seeds, fruit tree saplings, fish fingerlings, and livestock).	Expansion programmes for improved varieties/breeds initiated	# beneficiaries participating in the expansion programmes. Type of expansion programme initiated.	Milestone achieved annually					MAL, MCDMCH	NGOs & Private Companies	

SO1: By 2015 production, access and consumption of food crops, fish and livestock will have been broadened contributing to improved household food and nutrition security and more diverse diets for the Zambian population especially the most vulnerable groups.

SO2: By 2015 micronutrient deficiencies of iodine, Vitamin A, iron and zinc will be reduced to below public health levels among women of reproductive age, pregnant women and children under the age of two years.

SO1: By 2015 production, access and consumption of food crops, fish and livestock will have been broadened contributing to improved household food and nutrition security and more diverse diets for the Zambian population especially the most vulnerable groups.												
SO2: By 2015 micronutrient deficiencies of iodine, Vitamin A, iron and zinc will be reduced to below public health levels among women of reproductive age, pregnant women and children under the age of two years.												
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
			% districts with food diversification focus extension services.									
	Strengthening of extension services to include issues related to food diversification.	Districts having improved extension services in food diversification.	Proportion of extension officers trained in food diversification.	5	10	10	5	6		MAL, MCDMCH	NFNC, NGOs & Private sector (private companies and others)	
	Assure expanding fish farming.	Fish farming expanded in the districts	% districts with fish farming expansion programme.		5	10	10	5		MAL	MAL, MCDMCH, NFNC, MEWD, FAO, World Fish Center, NGOs, & companies	
	Improve management of capture fisheries.	Major fishing bodies enforcing appropriate fish capture methods and regulations in 20	% fishing bodies enforcing appropriate fish capture methods	4	4	4	4	4		MAL	MLGH MAL	

S01: By 2015 production, access and consumption of food crops, fish and livestock will have been broadened contributing to improved household food and nutrition security and more diverse diets for the Zambian population especially the most vulnerable groups.												
S02: By 2015 micronutrient deficiencies of iodine, Vitamin A, iron and zinc will be reduced to below public health levels among women of reproductive age, pregnant women and children under the age of two years.												
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
		districts.	% fishing bodies enforcing appropriate regulations.									
	Expand small livestock production initiatives at household and community levels	Districts implementing small livestock expansion initiatives	% districts implementing small livestock expansion initiatives	5	10	10	5	6		MAL	NFNC, MOESVT, Heifer, MCDMC, Private companies	
	Promote utilization of appropriate food production and processing technologies	District utilizing food production and processing technologies	% districts utilizing food production and processing technologies	5		10	10	5		MAL	NFNC, NGOs and Private Companies	
Strengthen Public ±Private alliances and support for food fortification	Conduct consultative meetings with the private sector, Government and other stakeholders to develop a comprehensive	Comprehensive national fortification plan developed	Availability of comprehensive national fortification plan	Milestone achieved						NFNC	MCTI, MOH, Private companies, MLGH	

<p>S01: By 2015 production, access and consumption of food crops, fish and livestock will have been broadened contributing to improved household food and nutrition security and more diverse diets for the Zambian population especially the most vulnerable groups.</p>												
<p>S02: By 2015 micronutrient deficiencies of iodine, Vitamin A, iron and zinc will be reduced to below public health levels among women of reproductive age, pregnant women and children under the age of two years.</p>												
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
	Increase consumer and decision maker awareness of the benefits of bio-fortified crops and fortified foods	Increase awareness for bio-fortified crops and fortified foods	Increase demand for bio-fortified crops. Increase demand for fortified foods	Milestones achieved					NFNC	UNICEF, CSH, NFA, MOH, MAL		
	Develop standards for fortified foods (wheat flour, maize flour and cooking oil and complementary foods).	Fortification standards for fortified foods (wheat flour, maize cooking oil, maize flour and complementary foods) developed.	Types of food fortification standards developed	Milestone achieved					MOH MLGH	Private companies ZABS		
	Train law enforcement	Districts having Food	% districts with	# of Districts					MOH/ MLGH	NFNC		

<p><u>SO1:</u> By 2015 production, access and consumption of food crops, fish and livestock will have been broadened contributing to improved household food and nutrition security and more diverse diets for the Zambian population especially the most vulnerable groups.</p>											
<p><u>SO2:</u> By 2015 micronutrient deficiencies of iodine, Vitamin A, iron and zinc will be reduced to below public health levels among women of reproductive age, pregnant women and children under the age of two years.</p>											
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary	
	officers and provide necessary enforcement kit to reinforce food safety regulations.	safety law enforcement officers re-trained and provided with necessary enforcement kits.	trained law enforcement officers in food safety.								
			# trained law enforcement officers in food safety per district.	15		25	10	10		MOH	
			# enforcement kits distributed.								
			Type of enforcement kits distributed.								
	Monitor and strengthen compliance of food fortification standards and regula-	Fortified food manufactures comply to fortification standards and	# fortified food samples collected and tested.	Milestone achieved annually					MOH MLGH ZABS	NFNC	

<p><u>SO1:</u> By 2015 production, access and consumption of food crops, fish and livestock will have been broadened contributing to improved household food and nutrition security and more diverse diets for the Zambian population especially the most vulnerable groups.</p>											
<p><u>SO2:</u> By 2015 micronutrient deficiencies of iodine, Vitamin A, iron and zinc will be reduced to below public health levels among women of reproductive age, pregnant women and children under the age of two years.</p>											
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary	
	ations.	regulations..	Types of fortified food samples collected and tested. # fortified food manufacturers complying to standards and regulation.								

Annex 5-6: Monitoring and Evaluation Framework for the Strategic Direction #2: Increasing Accessibility and Availability of Micronutrients and Macronutrients.

Strategies		Expected Outcome	Indicators	Timeframe					Source of Data	Responsibility
				Y1	Y2	Y3	Y4	Y5		
Promote sustainable production, processing, preservation, storage, consumption and marketing of variety of food crops (especially legumes, vegetables, and fruits), fish, and livestock.	Increased private sector participation in food diversification such as seed and small livestock and fish farming.	# private sector organizations producing vegetable and legume seed, small breeding livestock, and fingerlings.						MAL Agri-business Database	MAL,	
		Levels of inputs in the Farmer Support input Programme.						Farmer input support programme (FISP) report	MAL	
		# commodities being supported (vegetable and legume seed, small breeding livestock, and fingerlings)						MAL returns, Reports, Statistics	MAL	
	More than 50 % HHs with improved HDDS above 5.0	% HHs with HDDS above 5.0.						Nutrition Surveillance	NFNC	
	Nutritionally improved food crops, fish and livestock varieties and breeds multiplied for wider coverage.	# improved food crop varieties, fish and small livestock breeds re-leased.						Reports	MAL MCDMCH	
		# HHs acquiring improved food crops varieties, fish, and small livestock breeds.						MCDMCH and MAL REPORTS Quarterly and Annual)	MAL MCDMCH	
		# HHs consuming improved food crops varie-						MAL Reports Central Statistical	MAL NFNC	

<p><u>S01:</u> By 2015 production, access and consumption of food crops, fish and livestock will have been broadened contributing to improved household food and nutrition security and more diverse diets for the Zambian population especially the most vulnerable groups.</p>									
<p><u>S02:</u> By 2015 micronutrient deficiencies of iodine, Vitamin A, iron and zinc will be reduced to below public health levels among women of reproductive age, pregnant women and children under the age of two years.</p>									
Strategies	Expected Outcome	Indicators	Timeframe					Source of Data	Responsibility
			Y1	Y2	Y3	Y4	Y5		
<p>Increase production and use of fortified and bio-fortified foods to improve micronutrient nutrition</p>	<p>Crop, livestock and fish production and processing technologies for improved nutrition developed, disseminated and adopted.</p>	<p>ties, fish, and small livestock breeds</p>						Office NNSS	Central Statistical Office
	<p>Increase # of food products that are fortified (targeted and untargeted)</p>	<p># technologies adopted by type.</p>						Reports on entrepreneurship.	MAL MCDMCH
	<p>Increase in consumption of commercially fortified foods.</p>	<p># new fortified staple and other food products by type.</p>						Fortification Alliance Reports	Private sector
	<p>Increase bio fortified crops.</p>	<p>% HHs consuming commercially fortified foods by type.</p>						CSO reports NNSS	NFNC/CSO
	<p>Increase in consumption of bio fortified foods.</p>	<p># bio fortified crops ready for farmer production.</p>						ZARI Reports	MAL, NFNC
		<p>% HHs consuming bio fortified foods.</p>						Survey	NFNC, MAL

Annex 5-7: Implementation Matrix for Communication and Advocacy Support for the Strategic Direction #2: Increasing Accessibility and Availability of Micronutrients and Macronutrients.

Communication Objective:	Create platforms for information sharing and networking for decision and policy formulation aimed at promoting availability, accessibility and utilization of nutrient dense foods among the public.													
	Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions		
Y1					Y2	Y3	Y4	Y5	Primary	Secondary				
Develop and disseminate messages to increase the production, accessibility and utilization of micronutrient dense foods.	Produce and broadcast radio programmes	Radio Programmes produced and aired	# radio programmes produced annually	26	52	52	26	26		MAL	NFNC NGOs			
			# radio programmes aired annually.											
			% of HHs producing, nutrient dense food											
			% HHs accessing nutrient dense foods.								MAL	NFNC NGOs		
			% HHs utilizing nutrient dense foods											
			# TV programmes produced annually	13	13	13	13	7				MAL	NFNC Partners NGOs	
Conduct community drama performances Publish newspaper features Print and distribute posters with nutrition messages	Drama shows produced & shown Newspaper features produced. Posters produced.	Drama shows produced annually # newspaper features produced annually # posters produced. # posters distributed annually	# drama shows produced annually	50	50	50	50	50		MAL	NFNC Partners NGOs			
			# newspaper features produced annually	26	26	26	26	26						
			# posters produced.											
			# posters distributed annually	25000		25000		25000			MAL	NFNC Partners NGOs		

Communication Objective:		Create platforms for information sharing and networking for decision and policy formulation aimed at promoting availability, accessibility and utilization of nutrient dense foods among the public.										
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
Engaging the private sector in fortifying complementary foods	Hold consultative meetings/discussion foras	Consultative meetings held.	# meetings held annually	4	4	4	4	2	NFNC	MOH MAL		
	Produce policy briefs	Policy briefs produced.	# policy briefs produced annually	3	3	3	3		MAL	NFNC Partners		
	Produce and broadcast radio Jingles	Jingles produced	# jingles produced	4	4	2			MAL	NFNC Partners		
	Produce and air radio programmes	Radio programmes produced and aired	# programmes produced # programmes aired	13	13	review	13	13	NAIS NFNC	Partners		
Mass education on the importance of consumption of a variety of foods	Produce and air TV programmes	TV programmes produced over 5 years	# TV programmes produced and aired annually	7	7	7		13	NFNC	Partners		
	Produce and distribute newsletters	newsletters produced and distributed over 5 years	# newsletters produced and distributed annually	2	2	2	2		NFNC	Partners		
	Publish newspaper features,	Features produced over 5 years	# features produced annually	26	26	26	26	26	MAL	NFNC NGOs		
Mass education on the importance of consumption of a variety of foods	Print and distribute posters and brochures	Posters and brochures produced and distributed over 5 years	# posters and brochures produced and distributed annually	20000	10000	review	10000	10000	MAL NFNC	Partners		

Communication Objective:		Create platforms for information sharing and networking for decision and policy formulation aimed at promoting availability, accessibility and utilization of nutrient dense foods among the public.										Cost K' Billions	
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility			Cost K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary			
	Produce and distribute nutrition newsletter	newsletters produced over 5 years	# newsletters produced annually	2	2	2	2	2		MAL NFNC	Partners		
	Conduct community Drama	Drama shows produced over 5 years	# drama shows produced annually	50	50	50	50	50		MAL	NFNC Partners		
	Produce and screen mobile video shows	Video shows produced and screened over 5 years	# video shows produced and screened annually	3	2	1	2	2		MAL/ NFNC	Partners		
Mass education on the importance of consumption of a variety of foods	Form and support radio listening groups	Radio listening groups formed	# radio listening groups formed	60	100	60	Review	review		MAL NFNC	Partners		
	Hold workshops with targeted audiences	Workshops held	# workshops held.	2	2	2	1	1		MAL NFNC	Partners		
	Conduct demonstrations with targeted audiences	Demonstrations held.	# demonstrations held.	2	2	2	1	1		MAL NFNC	Partners		
	Hold training of trainers (TOT) workshops	TOTS held	# TOTS trained	2	2	Review	1	1		MAL NFNC	Partners		

Communication Objective:		Create platforms for information sharing and networking for decision and policy formulation aimed at promoting availability, accessibility and utilization of nutrient dense foods among the public.										
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
Disseminate information on good home storage practices for food crops, livestock and fisheries.	Produce and broadcast radio Jingles	Radio jingles produced and aired	# radio jingles produced.	3	2 produced & aired	5 types aired	5 types aired	review	MAL	Private sector		
			Type of radio jingles produced and aired annually									
			# radio jingles aired.									
			# radio jingles produced and aired annually									
				% HHs utilizing nutrient dense foods.						MAL	NFNC Partners	
				% HHs adopting good food storage practices.							MAL NFNC	Partners
		Produce and distribute nutrition newsletter	Newsletters produced and distributed	# newsletters produced	2	2	2	2	2	MAL NFNC	Partners	
				# newsletters distributed								
		Produce and air radio programmes	Radio programmes produced	# radio programmes produced	52	52	52	52	52	MAL	NFNC	
				Type of radio programmes produced								
	Produce and air TV programmes	TV programmes produced	# TV programmes produced annually	13	13	review	13	13	NFNC	MAL		
			#materials produced	20000	10000	100000	10000	100000	MAL NFNC	MAL		

Communication Objective:		Create platforms for information sharing and networking for decision and policy formulation aimed at promoting availability, accessibility and utilization of nutrient dense foods among the public.													Cost K' Billions	
		Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Secondary			
Y1	Y2					Y3	Y4	Y5	Primary	Secondary						
	ute posters and brochures	duced and distributed	# materials distributed													
Disseminate information on good home storage practices for food crops, livestock and fisheries.	Hold training workshops for community nutrition agents.	Workshops held	# workshops held.	2	2	2	2				MAL	Partners				
	Translate publications into local languages.	Publications translated into local languages.	# publications translated into local languages annually.	4	4	2	2		1		MAL	Partners				

Annex 5-8: Monitoring and Evaluation Framework for Communication and advocacy Support for the Strategic Direction #2: Increasing Accessibility and Availability of Micronutrients and Macronutrients.

Communication Objective:	1. Promote practices that enhance sustainable availability, accessibility and utilization of a variety of foods and breeds of livestock and fisheries at household level							Source of Data	Responsibility			
	Strategies	Expected Outcomes	Indicators	Y1	Y2	Y3	Y4			Y5		
Develop and disseminate messages to increase the production accessibility and utilization of micronutrient dense foods.	Increased knowledge on production accessibility and utilization at household level.	% increase of HHs producing and accessing nutrient dense foods.	Survey	MAL CSO NFNC								
					Improved HDDS among HHs.	% HHs with improved household dietary score. #HHs consuming a greater HHDS of nutritious foods.	Sector reports CSO reports Surveillance	MAL NFNC CSO				
Create platforms for information sharing and networking for decision and policy formulation aimed at promoting availability, accessibility and utilization of nutrient dense foods among the public.	Formulation of policies for value addition chains of nutrient dense foods.	Adequate Policies to support value addition of nutrient dense foods.	Sector reports CSO reports Surveillance	MAL NFNC CSO								
Mass education on the importance of consumption of a variety of foods	Involvement of private Sector in the production and utilization of foods.	Increased participation of the private sector in production and utilization of foods.	Survey	MAL CSO NFNC								
Disseminate information on good home storage practices for food crops, livestock and fisheries.	Enhanced usage of nutrient dense foods among HHs.	% HHs utilizing nutrient dense foods.	Survey	MAL CSO NFNC								
					Increased HHs practicing good storage of foods.	% HHs adopting good food storage practices.	Reports	NFNC				

Annex 5-9: Implementation Matrix for the Strategic Direction #3: Early Identification and Referrals, Treatment, and Follow-up of Severe Acute Malnutrition.

SO1: By 2015 access to timely and effective management of severe acute malnutrition cases through health facility and community therapeutic care will be expanded.													
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions		
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary			
Finalization and implementation of new national protocols for the management of severe acute malnutrition at hospital, clinic and community levels	Finalize the new national protocols for the management of severe acute malnutrition at hospital, clinic and community levels.	New National Protocols available in all the health facilities country wide.	# health facilities with new National Protocols.	Milestone achieved						MOH	NFNC, Private health facilities and NGOs		
			# communities with new National Protocols.										
	Disseminate the new national protocols to all appropriate personnel and groups.	Health workers in health facilities receive information on new national Protocols	% health staff in health facilities with information on new National Protocols.	# new districts achieving milestone							MOH	NFNC, Private health facilities and NGOs	
			# districts with health facilities having new national protocols.	5	15	20	5	5			MOH	NFNC, Private health facilities and NGOs	
	Plan and carry out orientation and training under the new protocols down to community health workers and including pre-service training of health workers.	Community health workers receive information on new national Protocols	% Community health workers with information on new National Protocols.	15	15	20	5	5			MOH	NFNC, and NGOs	
			# districts with community health workers with information new national protocols.								MOH	NFNC, and NGOs	
	Health facilities having trained health workers on the new national Protocols	Health facilities with trained health staff on new National Protocols.	# health facilities with trained health staff on new National Protocols.								MOH	NFNC, Private health facilities and NGOs	
			# districts with trained health facility staff on new national protocols.	15	15	25	10	10			MOH	NFNC, Private health facilities and NGOs	

SO1: By 2015 access to timely and effective management of severe acute malnutrition cases through health facility and community therapeutic care will be expanded.													
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions		
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary			
Strengthen Community Groups (e.g. Community health workers, Nutrition groups etc.) roles regarding acute malnutrition in children.	Provide training and support for community health workers or volunteers to conduct regular and correct growth monitoring and promotion that includes the ability to identify children with moderate and severe acute malnutrition.	Health facilities having trained community health workers on the new national Protocols	% health facilities with trained community health workers on new National Protocols.										
			# districts with trained community health worker on new national protocols.	15	25	10	10	MOH	NFNC, Private health facilities and NGOs				
		Pre-service training institutions integrate new protocols.	# pre-service training institutions integrate new protocols.										
			# graduates trained in the use of new protocols.		Milestones achieved annually					MOH	NFNC, Private health facilities and NGOs		
		Community health workers correctly conducting GM & P sessions.	Community health workers correctly conducting GM & P sessions.	% community health worker (CHW) correctly conducting GM & P Sessions.									
				# districts with trained CHW in correctly carrying out GM & P sessions									
Community health workers correctly identifying children with moderate and severe acute malnutrition.	Community health workers correctly identifying children with moderate and severe acute malnutrition.	% CHW correctly identifying children with moderate and severe acute malnutrition.											
		# districts with trained CHW in identifying	15	25	10	10	MOH	NFNC, Private health facilities and NGOs					

SO1: By 2015 access to timely and effective management of severe acute malnutrition cases through health facility and community therapeutic care will be expanded.												
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
	Strengthen the existing referral arrangements for children suffering from severe malnutrition and other infections that have an effect on nutritional status to next level of care.	Children with severe malnutrition and other infections are referred to appropriate facilities for treatment.	moderate and severe acute malnutrition % children with severe acute malnutrition and other infections being referred.									
	Ensure all health facilities and the community centres have adequate equipment such as scales, MUAC tapes etc for the identification of acute malnutrition.	Health facilities and community centres supplied with and using necessary equipment for the identification of acute malnutrition.	% health facilities supplied with equipment. % community centres supplied with equipment % health facilities using the supplied equipment for identification of acute malnutrition. % community centres using the supplied equipment for identification of acute malnutrition.	Milestone achieved annually					MOH	NFNC, Private health facilities and NGOs		
	Establish /strengthen community groups (e.g. PD/H, CBGM & P) that	Health facilities having community groups providing	% health facilities with community groups	# new districts achieving milestone					MOH	NFNC, Private health facilities and NGOs		
				15 districts	25	10	10	10	10	MOH	NFNC, and NGOs	

SO1: By 2015 access to timely and effective management of severe acute malnutrition cases through health facility and community therapeutic care will be expanded.												
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
Increase resources to support communities to manage moderate and severe acute malnutrition	provide continued counseling and growth monitoring of the children discharged from treatment of malnutrition.	continued counseling and growth monitoring of the children discharged from treatment of malnutrition.	providing continued counseling and support after discharge. # districts with health facilities having community support groups									
	Link families with malnourished children to farmer groups where they could learn various techniques on food production, storage, processing and utilization.	.Families linked to community systems	# districts with systems linking families of malnourished children to farmer groups. % HHs with discharged malnourished children linked to farmer groups.	10	10	10	20	10	MAL/MCD MCH	NFNC, MOH, MAL and NGOs		
	Establish a well-coordinated supply, logistic and monitoring mechanism for therapeutic food and other fortified nutrition products.	Well-coordinated Therapeutic food and fortified nutrition products supply system.in place. . .	% health facilities with adequate and consistent supply system of therapeutic food and fortified nutrition products. # districts with health facilities having adequate and consistent supplies of therapeutic foods and fortified products.	10	10	15	10		MOH	NFNC, Private health facilities and NGOs		
	Develop a system to ensure that RUTF and supplementary foods or	Families with acute malnourished children receiving	% families with acutely malnourished children at community receiving	Milestone achieved annually					MOH	NFNC, Private health facilities and		

Annex 5-10: Monitoring and Evaluation Framework for the Strategic Direction #3: Early Identification, Treatment, and Follow-up of Acute Malnutrition.

SO1: By 2015 access to timely and effective management of severe acute malnutrition cases through health facility and community therapeutic care will be expanded.									
Strategies	Expected outcomes	Indicators	Timeframe					Source of Data	Responsibility
			Y1	Y2	Y3	Y4	Y5		
Finalization and implementation of new national protocols for the management of severe acute malnutrition at hospital, clinic and community levels.	Severe malnutrition managed according to the protocol.	Availability of new protocol at health facility and community levels. # health workers and community workers trained in the new protocol						Reports	MOH NFNC
	Reduced mortality due to severe malnutrition at all management levels.	Under five mortality rates due to malnutrition. %children <24 months regularly participating in GM & P. % community volunteers trained in early management of uncomplicated acute malnutrition cases per site.						HIMIS Surveillance	MOH NFNC
Strengthen Community Groups (e.g. Community health workers, Nutrition groups etc.) roles regarding acute malnutrition in children	Effective identification of severe acute malnutrition at community level and early management.	%children <24 months with complicated acute malnutrition referred to health centres for treatment # repeated cases of acute malnutrition						HIMIS	MOH
	Increased resources to support management of severe acute malnutrition	% health facilities with supplementary and therapeutic foods available at national provincial, district, facility and community level.						HIMIS Surveillance	MOH NFNC

Annex 5-11: Implementation Matrix for Communication and Advocacy Support for the Strategic Direction #3: Early Identification, Treatment, and Follow-up of Acute Malnutrition.

Communication Objective:		1. Advocate for the strengthening of existing policies and their implementation aimed at promoting early identification, treatment and follow-up of acute malnutrition											Cost in 'K' Billions
		2. To enhance early identification, treatment and follow up of acute malnutrition											
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Primary	Responsibility		Cost in 'K' Billions	
				Y1	Y2	Y3	Y4	Y5		Secondary			
Social mobilization on early identification, treatment and follow up of acute malnutrition	Hold community sensitization meetings on identification, treatment and follow up of acute malnutrition.	Meetings held	# meetings held	20	30	30	10	10	10	MOH	NFNC, CDCSS, NGOs, Partners		
		% HHs that have knowledge on early identification of acute malnutrition.	% HHs that have knowledge on early identification of acute malnutrition.	5%	5%	5%	5%	5%	5%	MOH	NFNC, CDCSS, NGOs, Partners		
		# children referred for early treatment.	# children referred for early treatment.							MOH	NFNC, CDCSS, NGOs, Partners		
Produce counselling tools and other job aids.	Produce counselling tools and other job aids.	Tools and job aids produced	# tools and job aids produced	3	2	2	0	2	2	MOH	NFNC, CDCSS, NGOs Partners		
	Hold refresher workshops with health providers.	Refresher workshops held.	# refresher workshops held	2	2	2	1			MOH	NFNC, CDCSS, NGOs, Partners		
Strengthening communication and counseling skills for health care providers at all level	Produce counselling and communication tools and other job aids.	Communication tools and other job aids produced.	Availability of Communication tools and job aids produced	3	3	2	2	2	re-view	MOH	NFNC, CDCSS, NGOs, Partners		
		# health care providers correctly conducting nutrition counselling and support sessions.	# health care providers correctly conducting nutrition counselling and support sessions.		20 districts	20 districts	10 districts	15 districts		MOH	NFNC, CDCSS, NGOs		
	Conduct training workshops for health care providers on counselling and communication skills.	Training workshops conducted	# training workshops conducted	2	2	2	2	2	2	MOH	NFNC, CDCSS, NGOs,		

Communication Objective:	1. Advocate for the strengthening of existing policies and their implementation aimed at promoting early identification, treatment and follow-up of acute malnutrition											
	2. To enhance early identification, treatment and follow up of acute malnutrition											
	Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost in 'K' Billions
Y1					Y2	Y3	Y4	Y5	Primary	Secondary		
	Hold meetings with policy makers in health sector.	Meetings with Policy makers held	# meetings held .	2	2	2	1	1	1	MOH	NFNC, CDCSS, NGOs,	
	Produce policy briefs	Policy briefs Produced	# policy briefs produced	2	2	2	2	2	2	NFNC	MOH, NGOs ,partners	
	Produce updates on nutrition	Nutrition Up-dates produced	# Nutrition updates produced .	2	2	2	2	2	2	MOH	NFNC, CDCSS, NGOs ,partners	

Annex 5-12: Monitoring and Evaluation Framework for the Communication and Advocacy Support for the Strategic Direction #3: Early Identification, Treatment, and Follow-up of Acute Malnutrition.

Communication Objectives:	1. To enhance early identification, treatment and follow up of acute malnutrition							Source of Data	Responsibility		
	Expected Outcomes		Indicators		Timeframe						
Strategies					Y1	Y2	Y3	Y4	Y5		
Social mobilization on early identification, treatment and follow up of acute malnutrition/	Increased knowledge among mothers and community members on early identification of acute malnutrition	% HHs that have knowledge on early identification of malnutrition								Reports	MOH NFNC MCDMCH
	Increased # of children referred for early treatment	# children referred for early treatment								Survey, Surveillance	NFNC MOH CSO
Strengthening communication and counselling skills for health care providers at all level	Improved communication on nutrition counselling and support among health care providers at all levels.	# health care providers correctly conducting nutrition counselling and support sessions.								Performance Assessment Reports	MOH NFNC
	Improved health seeking behaviours among caregivers for early identification, treatment and support for malnourished children.	# health care providers correctly identifying early acute malnutrition.								Performance Assessment Reports	MOH MAL MCDMCH
Advocacy on strengthening of policy guidelines and decision -makers on early identification, treatment and follow-up of acute malnutrition	Comprehensive policy guidelines that promote early identification and treatment of acute malnutrition.	Availability of comprehensive guidelines								Survey	MOH NFNC
										Reports	MOH and other sectors

Annex 5-13: Implementation Matrix for the Strategic Direction #4: Improving Nutrition Education and Nutritious Feeding through Schools.

SO1: Contribute to improvements in learners' health and nutrition status, attendance, education achievements and through life skills reduce and prevent stunting in their current and future families by 2015.												
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
Expand and strengthen SHN program interventions countrywide	Incorporate SHN into the pre-service teacher training and basic school curriculum.	SHN integrated in basic teacher training curriculum.	Availability of teacher training curriculum with SHN component.		SHN integrated in basic teacher training curriculum.					MOESVT, CDC	NFNC, UNICEF, MAL, MLGH	
	Advocate for the setting up of SHN implementing structures at all levels.	Districts implementing SHN having implementation structures.	% districts having SHN implementation structures.		Milestone achieved annually					MOESVT	PDC, DDCC	
	Establish sustainable mechanism for sourcing anthelmintics and micronutrients	Anthelmintics and micronutrients supply system in place in all SHN implementing districts.	% schools with adequate and consistent supplies of anthelmintics and micronutrient		Milestone achieved annually					MOH, MOESVT	MOH, UNICEF	
			% districts with adequate and consistent supplies of anthelmintics and micronutrients		Milestone achieved annually					MOH, MOESVT	NGOs, UNICEF	

SO1: Contribute to improvements in learners' health and nutrition status, attendance, education achievements and through life skills reduce and prevent stunting in their current and future families by 2015.												
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
Institutionalize HGSP program	Hold quarterly consultative meeting with stakeholders to improve collaboration for the SHN programme.	SHN stakeholder consultative meetings with stakeholder held at National level.	# SHN stakeholder meetings held at national level.		# annual meetings held					MOESVT	All stakeholders	
	Setting up of the inter-ministerial steering committee for HGSP.	National inter-ministerial steering committee in place.	National inter-ministerial committee established	Milestone achieved	4	4	4			MOESVT	Cabinet Office	
Advocate for sustainable source of funding	Formation of the programme management structures for HGSP.	Operational Programme management structures in place and at national to school level.	Availability of programme management structures at national level.							MOESVT	Cabinet Office, PDCC, DDCC	
			Availability of programme management structures at provincial level									
			Availability of programme management structures at district level									
		Availability of programme management structures at school level										
		Established HGSP budget line in the MOESVT budget.	HGSP budget line in the MOESVT budget in place.	Milestone achieved						MOESVT	MoFNP	

SO1: Contribute to improvements in learners' health and nutrition status, attendance, education achievements and through life skills reduce and prevent stunting in their current and future families by 2015.											
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary	
Strengthen nutrition education in schools	Development and market the investment plan for HGSP	Development and investment plan for HGSP	Availability of investment plan for HGSP.						MOESVT	All stakeholders	
	Hold bi-annual consultative meeting to enhance stakeholders collaboration for the HGSP at provincial and district levels	HGSP stakeholder consultative meetings with stakeholder held at provincial and district levels.	# stakeholder consultative meetings with stakeholder held at provincial levels # stakeholder consultative meetings with stakeholder held at district levels	Milestone achieved annually					MOESVT	PDCC, DDCC	
Strengthen nutrition education in schools	Incorporate tripartite nutrition education approach i.e. school, classroom and home/community) in pre-service and in-service teacher training	Pre-service and in-service teachers training integrating tripartite nutrition education approach.	# pre-service and in-service teacher training integrating the tripartite nutrition education approach.	Milestone achieved annually					MOESVT, CDC	NFNC, UNICEF, MAL, MLGH, MCDMCH	
	Reproduce and distribute nutrition education teaching and learning materials to all SHN schools	SHN schools receive nutrition education and learning materials.	% SHN schools receiving nutrition education and learning materials. # districts receiving nutrition education and learning materials.	Milestone achieved annually					MOESVT	NFNC, UNICEF, MAL, MLGH, MCDMCH, NGOs	
				20	20	20	10	10			

SO1: Contribute to improvements in learners' health and nutrition status, attendance, education achievements and through life skills reduce and prevent stunting in their current and future families by 2015.												
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
	Reintroduce school gardens and orchards in schools where appropriate	SHN schools having school gardens and Orchards	% SHN schools having school gardens % SHN schools having school Orchards	Milestone achieved annually					MOESVT	NFNC, FAO, MAL WFP, MCDMCH, NGOs		
												20
	Introduce 'nutrition gardens' in support of nutrition education (and other curricular activities) in peri-urban and urban schools	Peri-urban schools having nutrition gardens.	% peri-urban schools having nutrition gardens.	Milestone achieved annually					MOESVT	NFNC, FAO, MAL, WFP, MCDMCH, NGOs		
												# districts
Advocate for the improvement of appropriate water and	Promote adequate and safe water points for all basic schools	Basic schools with adequate and safe water points	# basic schools with adequate and safe water points.	# districts				MOESVT, MLGH	UNICEF, other CPs			
												20

SO1: Contribute to improvements in learners' health and nutrition status, attendance, education achievements and through life skills reduce and prevent stunting in their current and future families by 2015.												
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
sanitation facilities in all schools			# districts with basic schools having adequate and safe water points.							MOESVT, MLGH	UNICEF, other CPs	
			% water points in basic schools maintained		Milestone achieved annually					MOESVT, MLGH	UNICEF, other CPs	
	Promote support for maintenance of water points for all basic school	Water points in basic schools maintained	# districts with basic schools having water points maintained		# districts with maintained water points in schools	20	20	10	10	MOESVT, MLGH, MOH	UNICEF, other CPs, NGOs	
	Promote adequate sanitary facilities including hand washing points and latrines for boys, girls and for those with special needs.	Basic schools adhering to MOESVT guidelines on availability and use of latrines.	% basic schools adhering to MOESVT guidelines.		Milestone achieved annually					MOESVT, MLGH, MOH	UNICEF, other CPs, NGOs	
Promotion of use of safe water, sanitary latrines and hand washing in all schools.	Basic schools using safe water and sanitary facilities and hand washing techniques in districts.	% basic schools using safe water and sanitary facilities and hand washing techniques.		Milestone achieved annually					MOESVT, MLGH, MOH	UNICEF, other CPs, NGOs		
			# districts having basic		# districts with promotion activities					MOESVT,	UNICEF,	

SO1: Contribute to improvements in learners' health and nutrition status, attendance, education achievements and through life skills reduce and prevent stunting in their current and future families by 2015.												
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
			schools using safe water and sanitary facilities and hand washing techniques.		20	20	10	10		MLGH MOH	other CPs, NGOs	

Annex 5-14: Monitoring and Evaluation Framework for the Strategic Direction #4: Improving Nutrition Education and Nutritious Feeding through Schools.

SO1: Contribute to improvements learners' health and nutrition status, attendance, education achievements and through life skills reduce and prevent stunting in their current and future families									
Strategies	Expected Outcome	Indicators	Timeframe					Source of Data	Responsibility
			Y1	Y2	Y3	Y4	Y5		
Expand and strengthen SHN program interventions countrywide	Improved learners' health and nutrition status	Wasting						Nutrition Surveillance; DHS	NFNC ;MOH; CSO ;MOESVTE
		Underweight						Nutrition Surveillance; DHS	NFNC; MOH; CSO ;MOESVTE
		BMI						Nutrition Surveillance; DHS	NFNC; MOH; CSO ;MOESVTE
		Prevalence of bilharzia cases						Nutrition Surveillance; DHS	NFNC; MOH; CSO ;MOESVTE
		Prevalence of iron deficiency						Nutrition Surveillance; DHS	NFNC; MOH; CSO ;MOESVTE
Strengthen school feeding and nutrition education (Institutionalize HGFSF program)	Improved enrolments, attendance and in class	# health cases treated						Nutrition Surveillance; DHS	NFNC; MOH; CSO ;MOESVTE
		Enrollment rates						Nutrition Surveillance; DHS	NFNC; MOH; CSO ;MOESVTE
Strengthen nutrition education in schools)	Improved nutrition education for children and teachers Reduction in water borne and fecal to mouth diseases among school going children							Nutrition Surveillance; DHS	NFNC; MOH; CSO ;MOESVTE
		Diarrhoeal cases and Bilharzia cases						Nutrition Surveillance; DHS	NFNC; MOH; CSO ;MOESVTE

Annex 5-15: Implementation Matrix for Communication and Advocacy Support for the Strategic Direction # 4: Improving Nutrition Education and Nutritious Feeding through Schools.

Communication Objective:		1. Promote nutrition education and nutritious feeding in schools across the country											Cost K' Billions
		Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		
Y1	Y2					Y3	Y4	Y5	Primary	Secondary			
Strengthen nutrition education activities in schools	Hold advocacy meetings for the review of curriculum in food and nutrition	Curriculum review meetings held	# schools implementing nutrition education activities at various # meetings held # Food and nutrition curricula reviewed # meetings held	4	4	4	4	4		MOESVT	NFNC UNICEF NRDC partners		
									MOESVT	NFNC, UNICEF, WFP, partners			
				2	2	2	2	2	NFNC				
Hold Orientation workshops of teachers in new nutrition education methodologies	Production of reviewed curriculum. Orientation workshops held Teachers oriented in new nutrition methodologies	# orientation workshops held # teachers oriented	30	60	30	30	30			MOESVT/NFNC	CDC, Partners,		

1. Promote nutrition education and nutritious feeding in schools across the country												
Communication Objective:	1. Promote nutrition education and nutritious feeding in schools across the country											
	Strategies	Activities	Milestones	Output Indicators	Annual Targets						Responsibility	
Y1					Y2	Y3	Y4	Y5	Primary	Secondary		
	Collect nutrition education materials for schools from relevant organizations and compile them into a nutrition resource manual for Zambian Schools	Education materials collected School Resource Manual compiled.	# Education materials collected Availability of School Resource Manual.	50 materials	50	50	50	50		MOESVTEE	NFNC, CDC, MOESVTEE	
	Increase nutrition oriented classroom radio/TV sessions for school children	Radio/TV programme for schools produced	# radio programmes for schools produced # TV programmes for schools produced	13	26	13	13	13		MOESVTEE	NFNC, EBS, Partners	
	Produce nutrition related IEC materials for schools	Nutrition related IEC materials produced for schools.	Availability of nutrition related IEC materials for schools	50000	25000	50000	review	50000		MOESVTEE, SHN	NFNC, EBS, UNESCO, UNICEF	

Communication Objective:		1. Promote nutrition education and nutritious feeding in schools across the country										Cost K' Billions	
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility				
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary			
			Type of nutrition related IEC materials produced										
	Re-introduction of school nutrition gardens for learning purposes	Schools introducing school nutrition gardens	# schools introducing school nutrition gardens	20 schools	25 schools	25 schools	20 schools	20 schools	20 schools	MOESVT, SHN	NFNC, MAL, Private sector		
	Conduct nutrition education tours to farms, markets, shops, factories, hospitals etc.	Nutrition education tours undertaken to farms, markets, shops	# nutrition education tours undertaken to farms, markets, shops	5	5	5	5	5	5	MAL	NFNC, Private sector		
	Popularize school health and nutrition month celebrations	SHN Celebrations held	# celebrations held	1	1	1	1	1	1	MOESVT,	NFNC, WFP, MAL, and Private sector		
Advocate for expansion of school feeding programmes that	Conduct sensitization meetings for parents and teachers on	Sensitization meetings conducted	# sensitization meetings conducted	20 districts	25 districts	30 districts	20 districts	20 districts	20 districts	MOESVT,	MOESVT, MAL, NFNC, UNICEF		

Communication Objective:		1. Promote nutrition education and nutritious feeding in schools across the country										Cost K' Billions	
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility				
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary			
are linked to nutrition learning activities.	importance of providing well balanced and diverse school meals	Schools implementing feeding programmes that are linked to nutrition learning activities.	# schools implementing feeding programmes that are linked to nutrition learning activities	20 districts	25 districts	30 districts	20 districts	20 districts			MOESVTEE	NFNC, UNICEF, Partners	
	Sensitize school children through drama, quizzes and lessons on importance of well balanced and nutritious school meals	Quizzes / drama shows on importance of well balanced and nutritious school meals held	# quizzes held # drama held	5	5	5	5	5			MOESVTEE,	NFNC, UNICEF, Partners	
	Hold meetings with school authorities to put in place	Policies on Nutrition activities and School feeding activities reviewed	Availability of School nutrition feeding policies and practices.								MOESVTEE,	NFNC, UNICEF, Partners	

Annex 5-16: Monitoring and Evaluation Framework for Communication and Advocacy Support for the Strategic Direction # 4: Improving Nutrition Education and Nutritious Feeding through Schools.

Communication Objective:		1. Promote nutrition education and nutritious feeding in schools across the country										Responsibility
		Strategies	Expected Outcomes	Indicators	Timeframe					Source of Data		
Y1	Y2				Y3	Y4	Y5					
Strengthen nutrition education activities in schools	Comprehensive nutrition Education activities in schools	# schools implementing nutrition education activities at various levels.									Reports/Surveys	MOESVT NFNC
Advocate for expansion of school feeding programmes that are linked to nutrition learning activities.	Expanded school feeding programmes that are linked to nutrition learning activities.	# schools implementing feeding programmes that are linked to nutrition learning activities.									Reports and surveys	MOESVT NFNC MAL

Annex 5-17: Implementation Matrix for the Strategic Direction # 5: Increasing Linkages among Hygiene, Sanitation, Infection Control and Nutrition.

SO1: To provide adequate, safe and cost-effective water supply, sanitation and hygiene service to households by 2015.											
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary	
Enhance the implementation of the national rural and urban water supply and sanitation programmes	Constructing and rehabilitating water sources	Safe water sources constructed and rehabilitated	# water sources constructed # water sources rehabilitated						MLGH	NGOs NFNC	
	Constructing and rehabilitating of sanitation infrastructure	safe sanitation infrastructure constructed and rehabilitated	# sanitation infrastructure constructed # sanitation infrastructure rehabilitated						MLGH	NGOs NFNC	
	Training of local authorities (as in decentralization approach) and communities in effective planning, implementation and monitoring of programmes for WSS service delivery	Training materials developed -Staff from local authorities trained in food, nutrition, water, sanitation and hygiene	# training materials developed Type of training materials developed # local authorities staff trained						MLGH	NGOs NFNC	
	Providing relevant material and financial resources to communities and local authorities	Targeted local authorities and communities receive resources	# and type of resources provided to local authorities and communities						MLGH	NGOs NFNC	

SO1: To provide adequate, safe and cost-effective water supply, sanitation and hygiene service to households by 2015.												
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
Enhance communication and advocacy for improved sanitation and hygiene practices	Promoting hand washing with soap / ash	Households practice safe hand washing technics Households with correct hand washing utensils	% HHs adhering to correct hand washing technics. % HHs with correct hand washing utensils				4			MLGH	NGOs NFNC CPS	
	Promoting water treatment and safe storage at household level	Households treat and store water safely	% HHs treating and storing water safely							MLGH	NGOs NFNC CPS	
	Promoting improved hygiene practices (including personal, environmental and	Households adapting improved hygiene practices	% HHs adapting improved hygiene practices							MLGH	NGOs NFNC CPS	
	Promoting of community wide sanitation (including safe handling and disposal of infant faeces and solid waste management)	Households practicing safe sanitation practices	% HH practicing safe sanitation practices							MLGH	NGOs NFNC CPS	
	Promoting (demonstrating) of improved food hygiene and handling practices	Households using good food hygiene and handling practices	% HHs using safe food hygiene and handling technic							MLGH	NGOs NFNC CPS	

Annex 5-18: Implementation Matrix for Communication and Advocacy Support for the Strategic Direction # 5: Increasing Linkages among Nutrition and Infection Control through Hygiene, Sanitation and Infection Control and Nutrition.

Communication Objectives	1. Increase linkages among nutrition and infection control through hygiene, sanitation and safe water												
	Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost 'K' Billions	
					Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
Integrate Food and Nutrition messages in hygiene, sanitation and safe water programmes targeted at HHs, schools and other public places	Hold mass sensitizing campaigns	Mass sensitizations on food, nutrition and water and sanitation held	# campaigns on food, nutrition and water and sanitation held	2	2	2	2	2	2	MLGH	MOH NFNC MCDMCH, NGOs		
										MLGH	MOH NFNC MCDMCH, NGOs		
	Produce IEC materials	Nutrition, water, sanitation and hygiene (NWSH) IEC materials produced	# IEC Materials produced annually	25000	25000	25000			MLGH	MOH NFNC MCDMCH, NGOs			
	Produce and air Radio programmes	NWSH radio programmes produced	# radio programmes produced annually	13	26	13	13	13	MLGH	MOH NFNC MCDMCH, NGOs			
	Produce and air TV programmes	NWSH TV programmes produced	# TV programmes produced annually	7	13	7	7	7	MLGH	MOH NFNC MCDMCH, NGOs			
	Conduct Cleanliness competitions	cleanliness competitions held	# competitions held annually	5	5	5	5	5	MLGH	MOH NFNC MCDMCH, NGOs			

1. Increase linkages among nutrition and infection control through hygiene, sanitation and safe water													
2. Promote good practices on hygiene, sanitation and safe water at HHs, schools and other public places													
Communication Objectives	Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions	
					Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
Advocacy for awareness and increased support on the linkage of food and nutrition to sanitation and safe water supply among policy makers.	Hold meetings with policy makers from health, local government, and environment and education	Build interest among policy makers to attend the meetings.	% policy makers in key sectors providing support to linkages of food and nutrition to sanitation and safe water supply.	2	2	2	1	1		MLGH	MOH,NFNC, MCDMCH, NGOs		
				2	2	2	2	2	MLGH	MOH,NFNC, MCDMCH, NGOs			
	Produce policy briefs	Advocacy meetings held with policy makers	# policy makers attending advocacy meetings							MLGH	MOH,NFNC, MCDMCH, NGOs		
				4	4	4	4	4	MLGH	MOH,NFNC, MCDMCH, NGOs			
	Produce updates on safe water supply and sanitation	Updates on NWSH produced	# updates produced annually							MLGH	MOH,NFNC, MCDMCH, NGOs		
				2	2	2	2	2	MLGH	MOH,NFNC, MCDMCH, NGOs			
Produce and distribute fact sheets	Fact sheets produced and distributed	# fact sheets produced and circulated	4	4	4	4	4	4	MLGH	MOH,NFNC, MCDMCH, NGOs			

1. Increase linkages among nutrition and infection control through hygiene, sanitation and safe water												
2. Promote good practices on hygiene, sanitation and safe water at HHs, schools and other public places												
Communication Objectives	Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost 'K' Billions
					Y1	Y2	Y3	Y4	Y5	Primary	Secondary	
Public awareness to ensure proper disposal and hygiene related to disposal of infant and young child faecal matter.	Produce newspaper articles	NWSH newspaper articles produced	# newspaper articles produced annually	24	24	24	12	12	12	MLGH	MOH,NGOs	
	Hold sensitization meetings with parents and communities	Sensitization meetings held with partners and communities	# sensitization meetings held annually	30	30	25	25	25	25	MLGH	MOH,NGOs	
			% HHs applying appropriate hygienic and disposal methods of infant and child faecal matter.	5%	5%	5%	5%	5%	5%	MLGH	MOH,NGOs	
	Produce IEC materials	IEC materials on NWSH produced	#. and type of IEC materials produced annually	25000	30000	10000	1000			MLGH	MOH,NFNC,NGOs	
	Produce radio programmes	Radio programmes on NWSH produced	# radio programmes produced annually	26	26	26	13	26	26	MLGH	MOH,NFNC,NGOs	
	Produce drama shows	drama shows on NWSH to create awareness produced	# drama shows annually	30	30	30	30	30	30	MLGH	MOH,NGOs	
	Produce and display posters	Posters produced and displayed to create awareness	# posters produced and displayed annually	25000	25000	25000	25000	25000	25000			
	Hold meetings with stakeholders like NAC, MoH and other	Journalists trained	# journalists trained annually	50	50	50	50	50	50	NFNC	MOH,NAC,partners	

Communication Objectives	1. Increase linkages among nutrition and infection control through hygiene, sanitation and safe water										
	2. Promote good practices on hygiene, sanitation and safe water at HHs, schools and other public places										
	Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility	
	CPS			Y1	Y2	Y3	Y4	Y5	Primary	Secondary	
		Meetings held with stakeholders	# meetings held with stakeholders annually.	3	3	2	2	2			

Annex 5-19: Monitoring and Evaluation Framework for Communication and Advocacy Support for the Strategic Direction # 5: Increasing Linkages among Nutrition and Infection Control through Hygiene, Sanitation and Infection Control and Nutrition.

Communication Objectives:	1. Increase linkages among nutrition and infection control through hygiene, sanitation and safe water									
	2. Promote good practices on hygiene, sanitation and safe water at HHs, schools and other public places									
	Strategies	Expected Outcomes	Indicators	Timeframe					Source of Data	Responsibility
			Y1	Y2	Y3	Y4	Y5			
Integrate Food and Nutrition messages in hygiene, sanitation and safe water programmes targeted at HHs, schools and other public places.	Food and nutrition messages integrated in WSH programs	# IEC materials and -# programs with integrated food, nutrition, WSH messages						Reports	NFNC MLGH NWASCO MEWD MOESVT MOH	
Advocacy for awareness and increased support on the linkage of food and nutrition to sanitation and safe water supply among policy makers.	Enhanced support among policy makers on the linkages of food and nutrition to sanitation and safe water supply.	% policy makers in key sectors providing support to linkages of food and nutrition to sanitation and safe water supply.						Reports	NFNC, MOH	
Public awareness to ensure proper disposal and hygiene	Improved knowledge and practices on hygiene and	% HHs applying appropriate hygienic and disposal methods of infant						Media Survey/ Reports	MOH, Water & Sanitation	

Communication Objectives:	1. Increase linkages among nutrition and infection control through hygiene, sanitation and safe water								
	2. Promote good practices on hygiene, sanitation and safe water at HHs, schools and other public places								
Strategies	Expected Outcomes	Indicators	Timeframe					Source of Data	Responsibility
			Y1	Y2	Y3	Y4	Y5		
related to disposal of infant and young child faecal matter.	disposal of infant and young child faecal matter.	and child faecal matter.							

Annex 5-20: Monitoring and Evaluation Framework for the Strategic Direction # 6: Food and Nutrition to Mitigate HIV and AIDS.

Strategies	Expected Outcome	Indicators	Timeframe					Source of Data	Responsibility
			Y1	Y2	Y3	Y4	Y5		
Advocacy for mainstreaming of food and nutrition in comprehensive HIV management and support for PLHIV and affected by HIV and AIDS.	Improved nutrition care and support for PLHIV	Appropriate elements of HIV management and support that include nutrition.						NHSP, NASFP	NFNC, NAC, MOH
		# nutrition assessments conducted						Survey Reports	NFNC, MOH
Strengthen community-clinic linkage on nutrition support for PLHIV and affected families.	Improved coordination of support for PLHIV.	# health facilities having received National nutrition guidelines for distributed.						Annual Plans	NFNC, MOH NAC
		# supported Joint plans and programmes linked to social Protection.						Reports	MCDMCH NAC
Strengthening the community HIV programmes nutrition support capacity.	Improved community level nutrition support for PLHIV.	# staff trained in nutrition and HIV care and support.						Reports	NFNC, NAC, MOH
		# guidelines issued by national nutrition sub-committee per year.						Annual Plans	NFNC, MOH NAC
		# community based work plans and programmes that integrated nutrition.						Reports	NFNC, MOH NAC
		# IEC support products and jobs AIDs developed.						Reports	NFNC, MOH
		# health facilities having received new IEC and Job Aids						Reports	NFNC, MOH NAC
		# communities providing integrated food and nutrition support to PLHIV						NAC reports NFNC reports	NFNC, MOH NAC

Annex 5-21: Implementation Matrix for Communication and Advocacy Support for the Strategic Direction # 6: Food and Nutrition to Mitigate HIV and AIDS.

Communication Objectives	1. Advocate for effective implementation of policies that promote food and nutrition component in care, treatment and support services for PLHIV											
	2. Promote Nutrition Component In Care, Treatment And Support Services for PLHIV											
	Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost In K' Billions
Y1					Y2	Y3	Y4	Y5	Primary	Secondary		
Lobbying key line ministries and other key stakeholders to ensure effective implementation of nutrition and HIV and AIDS policies.	Conduct advocacy meetings with stakeholders.	Line ministries and other key stakeholders effectively implementing food and nutrition and HIV and AIDS policies	# line ministries and other key stakeholders effectively implementing food and nutrition and HIV and AIDS policies	2	2	3	3	2		NAC	NFNC,MOH,C Ps,NGOs	
	Use champions/community influential persons to promote implementation of policies on nutrition care and HIV and AIDS policies.	Campaigns by champions to influence policies on nutrition care and HIV and AIDS conducted	# campaigns by champions to influence policies on nutrition care and HIV and AIDS	3	3	3	2	2		NAC	NFNC,MOH, CPs, NGOs	
Advocate for the strengthening of the implementation of nutrition care and support services in HIV and AIDS programmes.		Existing policies and guidelines on nutrition care and support in PLHIV reviewed.	# meetings held to review existing policies and guidelines on nutrition care and support in PLHIV.									
	Review existing policies/guidelines on nutrition care and support in PLHIV.		# policies on nutrition care and support in PLHIV reviewed # guidelines on nutrition care and support in PLHIV reviewed	3	3	2	2	2		NAC	NFNC, MOH, Partners, NGOs, private sector	

Communication Objectives	1. Advocate for effective implementation of policies that promote food and nutrition component in care, treatment and support services for PLHIV						2. Promote Nutrition Component in Care, Treatment And Support Services for PLHIV							
			Annual Targets		Responsibility				Annual Targets		Responsibility			
Strengthen awareness on Nutrition, HIV and AIDS related issues.	Hold courses/refresh courses on nutrition counseling.	Courses/refresh courses on nutrition counseling held	2	2	2	2	NFNC	NAC,MOH,CP S,NGOs	2	2	2	2	NFNC	NAC,MOH,CP S,NGOs
		Counselors trained	50	50	50	50			50					
	Develop and distribute IEC materials/job aids/counseling tools.	IEC materials/Job aids/counseling tools developed and distributed.	3	3	2	2	NAC	NFNC, MOH,CPs,NG Os	2	2	2	2	NAC	NFNC, MOH,CPs,NG Os
		Type of Nutrition care component integrated in commemorative events	4	4	4	4	NAC	NFNC, MOH,CPs,NG Os	4	4	4	4	NAC	NFNC, MOH,CPs,NG Os
	Produce and broadcast radio programmes.	Radio programmes produced and aired	5	5	5	5	NFNC	NAC,MOH	5	5	5	5	NFNC	NAC,MOH
		# radio programmes produced	5	5	5	5			5	5	5	5		
		# radio programmes aired	13	13	7	7	NFNC	NAC, MOH,CPs	7	7	7	7	NFNC	NAC, MOH,CPs
		# TV Programmes produced	12	12	8	8	NFNC	NAC,MOH, NZP+	8	8	8	8	NFNC	NAC,MOH, NZP+
Produce newspaper articles	Newspapers articles produced					NFNC	NAC,MOH, NZP+					NFNC	NAC,MOH, NZP+	
	# Newspaper articles produced													
		# Newspaper articles distributed				NFNC	NAC,MOH, NZP+					NFNC	NAC,MOH, NZP+	

Communication Objectives	1. Advocate for effective implementation of policies that promote food and nutrition component in care, treatment and support services for PLHIV									
	2. Promote Nutrition Component In Care, Treatment And Support Services for PLHIV									
			Annual Targets					Responsibility		
Produce, translate and distribute leaflets and posters on nutrition and HIV.	Nutrition and HIV posters produced and distributed	Types of nutrition and HIV posters produced.							NFNC	NAC,MOH NZP+
	Newspaper articles produced over 5 years. Leaflets and posters produced and translated over 5 years.	# nutrition and HIV posters distributed. # newspaper articles produced annually. # leaflets produced and translated annually. # nutrition and HIV leaflet distributed.	12	12	12	8	8	8	NFNC	NAC, MOH,NZP+
			4	4	2	2	0	NFNC	NAC, MOH,NZP+	

Annex 5-22: Monitoring and Evaluation Framework for Communication and Advocacy Support for the Strategic Direction # 6: Food and Nutrition to Mitigate HIV and AIDS.

Communication Objectives	Strategies		Expected Outcomes	Indicators	Timeframe					Source of Data	Responsibility
	1. Advocate for effective implementation of policies for PLHIV	2. Promote nutrition component in care, treatment and support services for PLHIVs			Y1	Y2	Y3	Y4	Y5		
Lobbying key line ministries and other key stakeholders to ensure effective implementation of nutrition and HIV and AIDS policies.	Advocate for the strengthening of the implementation of nutrition care and support services in HIV and AIDS programmes.	Effective implementation of food and nutrition and HIV and AIDS policies.	# line ministries and other key stakeholders effectively implementing food and nutrition and HIV and AIDS policies							Reports/ Surveillance	NFNC, MOH/CSO
				% PLHIV with access to improved nutrition care and support.							
Strengthen awareness on Nutrition, HIV and AIDS related issues.		Enhanced implementation of nutrition component in the care and treatment of PLHIVs.	% PLHIV on ART accessing locally available/traditional foods.							Reports	MOH, NFNC
				% the population having correct information between nutrition, HIV and AIDS.							
		Increased nutrition, HIV and AIDS awareness among the general public.	# media organizations effectively reporting on nutrition and HIV issues.							Survey	NFNC

Annex 5-23: Implementation Matrix for the Strategic Direction # 7: Improving Food and Nutrition to Prevent and Control Non-Communicable Diseases.

Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
Establish an active collaboration between MOH and NFNC (and others) on diet-related NCDs	Conduct desk review of specific studies and documentation in Zambia on diet-related NCDs...	Reports documenting diet related NCDs situation in Zambia	Availability of the reports.	Milestone achieved and updated annually						MOH	NFNC, Private sector, NGOs	
	Conduct targeted baseline assessments on specific diet-related NCDs .	Reports on baseline assessment on specific diet-related NCDs.	Availability of reports.	Milestone achieved			Milestone achieved			MOH	NFNC, Private sector, NGOs	
	Develop a Conceptual Framework for nutrition-related aspects of NCDs in Zambia.	Comprehensive Conceptual framework on Food and nutrition related NCD.	Availability of Comprehensive Conceptual framework.	Milestone achieved						MOH	NFNC, Private sector, NGOs	
	Promote consistent measurement of BMI by health providers and incorporate reporting of BMI data into HMIS	Health facilities consistently conducting BMI measurements. BMI indicators incorporated in HMIS.	% health facilities by district consistently reporting BMI indicators into the HMIS. BMI indicators incorporated in HMIS	Milestone achieved each year						MOH	NFNC, Private sector, NGOs	

SO1: By 2013, in collaboration with the Ministry of Health and other stakeholders, the major nutrition-related aspects of NCDs will be developed into a roadmap that will complement and integrate with NCD national control programmes where appropriate

SO1: By 2013, in collaboration with the Ministry of Health and other stakeholders, the major nutrition-related aspects of NCDs will be developed into a roadmap that will complement and integrate with NCD national control programmes where appropriate												
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost 'K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
		BMI indicators incorporated in HMIS	# districts with health facilities consistently conducting BMI. HMIS reports with BMI information.		Milestone achieved annually					MOH	NFNC, Private sector, NGOs	
			Availability of functional multi-sector coordinating mechanism.		Milestone achieved					MOH	NFNC, Private sector, NGOs	
	Facilitate broad participation in the development and review of food and nutrition policies and programmes to prevent and control diet-related NCDs.	Multi-sector coordinating mechanism on diet-related NCDs.	# partners participating in the multi-sector coordinating mechanism. Types of partners participating in the multi-sector coordinating mechanism.	Milestone achieved						MOH	NFNC, Private sector, NGOs	

Annex 5-24: Monitoring and Evaluation Framework for the Strategic Direction # 7: Improving Food and Nutrition to Prevent and Control Non-Communicable Diseases.

SO1: By 2013, in collaboration with the Ministry of Health and other stakeholders, the major nutrition-related aspects of NCDs will be developed into a roadmap that will complement and integrate with NCD national control programmes where appropriate									
Strategies	Expected Outcome	Indicators	Timeframe					Source of Data	Responsibility
			Y1	Y2	Y3	Y4	Y5		
Strengthening nutrition related aspects of NCDs national control programme	Comprehensive, informed and effective inclusion of food and nutrition related issues in NCDs prevention, treatment and control.	Implementation of the food and nutrition related NCDs programme.						MOH - NDC Programme	MOH; NFNC

Annex 5-25: Implementation Matrix for the Strategic Direction # 7: Improving Food and Nutrition to Prevent and Control Non-Communicable Diseases.

Communication Objective: To advocate for the development of policies that promote prevention and control of dietary related NCDs												
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
Lobby for strengthening of food and nutrition guidelines in NCD	Hold advocacy meetings with policy makers from relevant sectors	Production of food and nutrition guidelines in NCD programmes. Advocacy meetings held.	Availability of food and nutrition guidelines in NCD programmes. # advocacy meetings held.	3	3	0	2	0	MOH	NFNC,NGOs,C Ps		
	Produce and distribute	Policy briefs pro-	# policy briefs pro-	2	3	2	3	2	MOH	NFNC,NGOs,C Ps		

Communication Objective:		To advocate for the development of policies that promote prevention and control of dietary related NCDs										Cost K' Billions		
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility					
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary				
	policy briefs.	duced..	duced.											
	Produce and broadcast radio programmes.	Radio programmes produced and aired.	# radio programmes produced and aired.	10	10	10	10	10		NFNC	MOH,NGOs,CPs			
	Produce and broadcast TV programmes.	TV programmes produced and aired.	# TV programmes produced and aired.	6	6	6	6	6		NFNC	MOH,NGOs,CPs			
Lobby for strengthening of food and nutrition guidelines in NCD	Produce newspaper articles.	Newspaper articles produced.	# newspaper articles produced.	14	14	14	14	14		MOH	NFNC,NGOs,C			
Strengthen awareness on prevention and control of diet related NCDs	Conduct sensitization campaigns to the public on diet related NCDs.	Population having correct information and control of diet related NCDs . Media organisations effectively reporting prevention and control of diet related NCDs	% the population having correct information on prevention and control of diet related NCDs	2		2		2		MOH	NFNC,,NGOs,C			
	Conduct sensitization campaigns to the public on diet related NCDs	Leaflets and posters produced.	# leaflets and posters produced.	3	5	5	5	5		MOH	NFNC,,NGOs,C			
	Conduct sensitization campaigns to the public on diet related NCDs	Leaflets and posters produced.	# leaflets and posters produced.	3	3 types of leaflets	0	2 posters	2 posters		MOH	NFNC,,NGOs,C			

Communication Objective:		To advocate for the development of policies that promote prevention and control of dietary related NCDs										
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
	Produce, translate and distribute leaflets and posters									MOH	NFNC., NGOs, CPS	

Annex 5-26: Monitoring and Evaluation Framework for Communication and Advocacy Support for the Strategic Direction # 7: Improving Food and Nutrition to Prevent and Control Non-Communicable Diseases.

Communication Objective:		Advocate for the development of policies and programmes that promote prevention and control of dietary related NCDs.										
Strategies	Expected Outcomes	Indicators	Timeframe					Source of Data	Responsibility			
			Y1	Y2	Y3	Y4	Y5					
Lobby for strengthening of food and nutrition guidelines in NCD programmes.	Adequate Policy guidelines on food and nutrition related NCDs.	Availability of food and nutrition guidelines in NCD programmes.						Reports/ Surveillance/Survey/ DHS	MOH, NFNC/CSO			
Strengthen awareness on prevention and control of diet related NCDs.	Increased awareness on prevention and control of diet related NCDs among the general public.	% the population having correct information prevention and control of diet related NCDs. # media organizations effectively reporting prevention and control of diet related NCDs -						Reports	MOH, NFNC			
								Media Survey	MOH, NFNC			

Annex 5-27: Implementation Matrix for the Strategic Direction # 8: Food and Nutrition Preparedness and Response to Emergencies.

SO1: By the year 2015 technical capacity in food and nutrition emergency preparedness and response will have been enhanced.											
Strategies	Activities	Milestones	Output Indicators	Time Frame					Responsibility		Cost Billions
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary	
Enhance capacity development in food and nutrition related areas of in emergency preparedness and response.	Conduct food and nutrition training in the context of emergency preparedness and disaster for key Government departments at National, Provincial and districts level.	Governments \departments having staff trained in food and nutrition in the context of emergency preparedness and disaster response.	# Government departments having staff trained in food and nutrition in the context of emergency preparedness and disaster response at National, Provincial and district level. # staff from key Government Ministries trained at National, Provincial and district levels. Type of staff from key Government Ministries trained at National, Provincial and district levels.			Milestone achieved each year			Disaster Management and Mitigation Unit (DMMU)	NFNC, MOH, MAL, MCDMCH and other Partners	
						Milestone achieved each year			DMMU	NFNC, MOH, MAL, MCDMCH and other Partners	
	Strengthen coordination and collaboration with ZVAC in food and nutrition emergency preparedness and response.	MOU between ZVAC secretariat and NFNC outlining key roles and responsibilities in the food and nutrition emergency preparedness and response.	Signed MoU between NFNC and ZVAC secretariat.	MOU between ZVAC secretariat and NFNC outlining key roles and responsibilities in the food and nutrition emergency preparedness and response.		Milestone achieved			DMMU and NFNC		

SO1: By the year 2015 technical capacity in food and nutrition emergency preparedness and response will have been enhanced.												
Strategies	Activities	Milestones	Output Indicators	Time Frame					Responsibility		Cost Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
	Strengthen multi-sector database and reporting mechanism for food and nutrition situations in emergencies to promote quick action at National, Provincial and District level.	Develop multi-sector database food and nutrition situations in emergencies in place depicting data at National, Provincial and district levels.	Multi-sector database food and nutrition situations in emergencies	Multi-sector database food and nutrition situations in place at Provincial levels	Multi-sector database food and nutrition situations in place at district levels.	Milestone achieved				DMMU	NFNC, MOH, MAL, MCDMCH and other Partners	
	Identify and map emergency food and nutrition hot-spot areas in	Map of emergency food and nutrition hot-spot areas.	Report on mapping of emergency food and nutrition hot-spot areas available.			Milestone achieved				DMMU	NFNC, MOH, MAL, MCDMCH and other Partners	

SO1: By the year 2015 technical capacity in food and nutrition emergency preparedness and response will have been enhanced.											
Strategies	Activities	Milestones	Output Indicators	Time Frame					Responsibility		Cost Billions
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary	
	the country										
	Timely food and nutrition response to emergency affected populations.	Districts in emergency areas timely receive food and nutrition response...	# districts that receive timely food and nutrition response. # partners supported with timely food and nutrition logistics. Type of response provided.	Milestone achieved each year					DMMU	NFNC, MOH, MAL, MCDMCH and other Partners	
	Adapt and operationalize food and nutrition emergency technical guidelines.	Food and nutrition emergency technical guidelines adapted.	Availability of adapted food and nutrition emergency technical guidelines. Technical guidelines disseminated.	Milestone achieved					DMMU	NFNC, MOH, MAL, MCDMCH and other Partners	

Annex 5-28: Monitoring and Evaluation Framework for the Strategic Direction # 8: Food and Nutrition Preparedness and Response to Emergencies.

SO1: By the year 2015 technical capacity in food and nutrition emergency preparedness and response will have been enhanced.										
Strategies	Outcomes	Indicators	Time frame					Source of Data	Responsibility	
			Y1	Y2	Y3	Y4	Y5			
Develop and implement training in key areas of food and nutrition in the context of emergency preparedness and disaster response.	Effective nutrition response at all levels in emergency situations.	# staff trained in district hotspot areas.						Reports	DMMU, NFNC, MOH	
		# training sessions conducted in hotspot areas or districts.							DMMU, NFNC, MOH	
	Improved resilience of people in the disaster affected areas.	# staff at national level trained in nutrition aspects of emergency response.						Reports	DMMU, NFNC, MOH	
		Wasting						DHS	MOH NFNC	
		Coping Strategies Index						CSO reports	CSO	
	Frame work for coordination of food and nutrition in emergency preparedness established	Time of response (based on set benchmarks)						ZVAC	DMMU	
		Nutrition framework for emergencies in place.						DMMU, NFNC, MOH	DMMU, NFNC, MOH	
			# DMMU meetings attended by nutrition specialists outcome of attendance by specialists.						Minutes from meetings attended	DMMU NFNC MOH
			Agenda items on food and nutrition on DMMU meetings						Annual work plan	

Annex 5-29: Implementation Matrix for Communication and Advocacy Support for the Strategic Direction # 8: Food and Nutrition Preparedness and Response to Emergencies.

Communication Objective:		1. Advocate for effective implementation of policy that support food and nutrition emergency preparedness and response										
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
Advocate for strengthening of guidelines on nutrition in emergency preparedness and mitigation.	Hold stakeholder consultative meetings on the development and dissemination of guidelines.	Meetings held with donors	# meetings held with donors	3	3	3	3	3		NFNC	All stakeholders	
	Print and distribute guidelines to stakeholders.	Guidelines printed and distributed	# stakeholders received guidelines.	25 different partners	25					NFNC	All stakeholders	
	Hold consultative meetings on the integration of guidelines in existing emergency preparedness and mitigation platforms and structures at all levels.	Production of comprehensive guidelines on nutrition in emergency preparedness and mitigation.	Availability of comprehensive guidelines on nutrition in emergency preparedness and mitigation.								NFNC	All stakeholders
Advocate for strengthening of guidelines on nutrition in emergency preparedness and mitigation.	Hold consultative meetings on the integration of guidelines in existing emergency preparedness and mitigation platforms and structures at all levels.	Institutions correctly applying the guidelines.	# institutions correctly applying the guidelines.	10	10	10	10	10		NFNC	All stakeholders	
	Hold community mobilization meeting for community by-in.	Community mobilization meetings held.	# consultative meetings on the integration of guidelines in existing structures held.	3	3	3	2	2		NFNC	All stakeholders	
			# community mobilization meetings held.	10 districts						NFNC	All stakeholders	

Annex 5-30: Monitoring and Evaluation Framework for Communication and Advocacy Support for the Strategic Direction # 8: Food and Nutrition Preparedness and Response to Emergencies.

1. Advocate for effective implementation of policy that support food and nutrition emergency preparedness and response										
Communication Objective	Strategies	Expected Outcomes	Indicators	Timeframe					Source of Data	Responsibility
				Y1	Y2	Y3	Y4	Y5		
Advocate for strengthening of guidelines on nutrition in emergency preparedness and mitigation.	Effective food and nutrition emergency preparedness and mitigation response.	Availability of comprehensive guidelines on nutrition in emergency preparedness and mitigation. # institutions correctly applying the guidelines.							Reports	DMMU NFNC
									Reports	DMMU NFNC

Annex 5-31: Implementation Matrix for the Strategic Direction # 9: Strengthening Governance, Capacity Building and Partnerships in Support of Food and Nutrition Interventions at All Levels.

SO1: By the year 2013 the framework and modalities for a multi-sector approach to food and nutrition will have been strengthened at policy and operational levels											
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary	
Position food and nutrition on the national development agenda	Establish food and nutrition multi-sector steering committees at national level.	Food and nutrition multi-sector steering committee at national level.	Functional food and nutrition multi-sector steering committee at national level. # food and nutrition multi-sector steering committee at national level meetings. Type of partners participating in food and nutrition multi-sector steering committee meetings.	Milestone achieved						NFNC	MAL, MOESVT, MOH, , MCDMCH, MLGH
				Milestone achieved each year							NFNC

SO1: By the year 2013 the framework and modalities for a multi-sector approach to food and nutrition will have been strengthened at policy and operational levels											
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary	
Integrate/mainstream nutrition in the key Sector development programmes.	Review appropriate legislative / legal framework that support implementation of food and nutrition programmes.	Pieces of legislative / legal framework that support implementation of food and nutrition programmes.	Appropriate legislation reviewed.	Milestone achieved					NFNC	MAL, MOESVT, MOH, , MCDMCH, MLGH	
	Mainstream appropriate food and nutrition issues in relevant sector policies and strategies.	Appropriate food and nutrition issues integrated in relevant sector policies and strategies.	# sector policies integrating food and nutrition issues.	Milestone achieved					NFNC	MAL, MOESVT, MOH, , MCDMCH, MLGH	
Build institutional and human capacity for the effective delivery of nutrition	Strengthen coordination mechanisms in key sector for the implementation of the NFNP and Strategic Plan at all levels.	Coordinating committee at each level including National, Provincial and District	# coordinating committees at national, provincial and district levels.	Milestone achieved,					NFNC	MAL, MOESVT, MOH, , MCDMCH, MLGH	
	Increase pre-service and in-service training opportunities for food and nutrition services providers at National, Provincial, District and Community levels.	Increase enrolment in pre-service training for food and nutrition Increased enrolment for in-service training for food and nutrition services at	# students enrolling in food and nutrition training programmes. # staff enrolling for in-service food and nutrition training programmes.	Milestones achieved annually					NFNC	MAL, MOESVT, MOH, , MCDMCH, MLGH	

SO1: By the year 2013 the framework and modalities for a multi-sector approach to food and nutrition will have been strengthened at policy and operational levels											
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost K' Billions
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary	
services, including the design, development and implementation of relevant nutrition programmes, projects and interventions.	Lobby Public Service Management Division for the establishment of position for food and nutrition officers in key ministries	all levels. Position for food and nutrition officer established in key line Ministries.	# positions established in key line ministries.	Milestones achieved					NFNC	MAL, MOESVT, MOH, , MCDMCH, MLGH	
	Facilitate institutional capacity building in NFNC and key sector departments involved in food and Nutrition	Necessary equipment Purchased for institutions involved with food and nutrition interventions.	# equipment purchased for institutions involved in food and nutrition. Type of equipment purchased for institutions involved in food and nutrition.	Milestones achieved annually					NFNC	MAL, MOESVT, MOH, , MCDMCH, MLGH	

Annex 5-32: Monitoring Framework for the Strategic Direction # 9: Strengthening Governance, Capacity Building and Partnerships in Support of Food and Nutrition Interventions at All Levels.

SO1: By the year 2013 the framework and modalities for a multi-sector approach to food and nutrition will have been strengthened at policy and operational levels									
Strategies	Outcomes	Indicators	Time frame					Source of Data	Responsibility
			Y1	Y2	Y3	Y4	Y5		
Position food and nutrition on the national development agenda.	Improved coordination in food and nutrition response.	# partners involved in implementing food and nutrition activities. # activities jointly planned and implemented.						Sector Reports NFNC Reports	NFNC, MOH, Other stakeholders
Build institutional and human capacity for the effective delivery of nutrition services, including the design, development and implementation of relevant nutrition programmes, projects and interventions	Well-equipped institutions with efficient management systems established and functional. Appropriate competencies to manage food and nutrition services at National, Provincial, District and Community levels.	# and types of institutions capacitated at National, Provincial, District and Community levels. # pre-service and in-service staff receiving food and nutrition training in key sectors at National, Provincial, District and Community levels. # and type of staff with competencies available at National, Provincial, District and Community levels.						Reports Sector Reports NFNC Reports	NFNC, MOH, Other stakeholders
Establish strategic and operational partnerships and alliances with private, public and civil society organizations in food and nutrition.	Increased participation of private and Civil Society Organisation in Food and Nutrition programmes.	# and type of programmes that involve private and Civil Society Organisations.						Sector Reports NFNC Reports Civil society reports	NFNC, MOH, Other stakeholders

Annex 5-33: Implementation Matrix for the Strategic Direction # 10: Monitoring and Evaluating Food and Nutrition Situation, Interventions and Research to Support their Improvement and Expansion.

SO1: By the year 2015 policy formulation and programming using evidence based information from research will have been strengthened												
SO2: By the year 2015, monitoring and evaluation of the implementation of the food and nutrition programmes in the strategic plan will have been strengthened												
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost in K 'Billions	
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary		
Use of evidence based information for nutrition programme design.	Develop a food and nutrition research agenda and protocols to generate evidence based information.	Comprehensive research agenda and protocols to generate evidence based information.	Availability of the research agenda Availability of protocols.		Milestone achieved each of these years					NFNC	All stakeholders	
	Build capacity at National, Provincial and District levels for conducting research, monitoring and evaluation	Research, monitoring and evaluation capacity at National, Provincial and District levels.	# Provinces with capacity to conduct research, monitoring and evaluation. # districts with capacity to conduct research, monitoring and evaluation.		Milestone achieved each of these years					NFNC	All stakeholders	
Strengthen food and nutrition results-oriented monitoring and evaluation	Strengthen nutrition surveillance system.	Sentinel sites for food and nutrition surveillance.	# districts with functional food and nutrition sentinel sites.	Milestone achieved each of these years						NFNC	All stakeholders	
	Develop dissemination mechanism for research results	Dissemination mechanism for research results	Dissemination of all food and nutrition research results	Milestone achieved						NFNC	All stakeholders	
Strengthen food and nutrition results-oriented monitoring and evaluation	Re-design the implementation of a national Monitoring and Evaluation Framework incorporating appropriate	Food and Nutrition M&E indicators with reliable sources. Responsive Zambia Nutrition Infor-	Type of indicators. Type of data sources	Milestone achieved						NFNC	All stakeholders	
			Functional ZANIS	Milestone achieved						NFNC	All stakeholders	

SO1: By the year 2015 policy formulation and programming using evidence based information from research will have been strengthened											
SO2: By the year 2015, monitoring and evaluation of the implementation of the food and nutrition programmes in the strategic plan will have been strengthened											
Strategies	Activities	Milestones	Output Indicators	Annual Targets					Responsibility		Cost in K 'Billions
				Y1	Y2	Y3	Y4	Y5	Primary	Secondary	
Information system.	indicators and data sources.	Information System (ZANIS).									
	Procure and distribute the necessary equipment, materials and supplies to implement the nutrition information system	Equipment, materials and supplies to implement the nutrition information system	# equipment, materials and supplies received by the districts to implement the nutrition information system Type of equipment, materials and supplies received by the districts to implement the nutrition information system		Milestone achieved					NFNC	All stakeholders

Annex 5-34: Monitoring Framework for the Strategic Direction # 10: Monitoring and Evaluating Food and Nutrition Situation, Interventions and Research to Support their Improvement and Expansion.

SO1: By the year 2015 policy formulation and programming using evidence based information from research will have been strengthened									
SO2: By the year 2015, monitoring and evaluation of the implementation of the food and nutrition programmes in the strategic plan will have been strengthened									
Strategies	Outcomes	Indicators	Time frame					Source of Data	Responsibility
			Y1	Y2	Y3	Y4	Y5		
Use of evidence based information for nutrition programme design.	Food and nutrition programme designed based on evidence based information	# food and nutrition researches conducted in line with the research agenda.						NFNC Research Reports University of Zambia reports	NFNC Research Institution CPs Civil societies
		# Institutions basing programming on evidence generated from the research agenda.						NFNC Research Report	NFNC Research Institution CPs Civil societies
		# Institutions following the research agenda.						NFNC Research Report	NFNC Research Institution CPs Civil societies
Strengthen food & nutrition results-oriented monitoring and evaluation system	Monitoring and evaluation capacity (equipment and human resource) is built at all levels	Functional data-base (Zambia Nutrition Information System) strengthened.						NFNC Research Report	NFNC Research Institution CPs Civil societies
		Type of equipment, materials and supplies to implement the nutrition information system procured and distributed.						NFNC Research Report	NFNC Research Institution CPs Civil societies
		Type and training offered at all levels for improving M&E systems						NFNC Research Report	NFNC Research Institution CPs Civil societies
									NFNC Research Institution CPs Civil societies



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and Livestock**

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Child Health**

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Science, Vocational Training
and Early Education**

**Ministry of
Local Government
and Housing**

