

July, 2013

Technical assistance to support pre-inception activities of the 'First 1000 Most Critical Days' programme:

Provincial and district orientations, Mapping & Gap Analysis, District Nutrition Multi-Sector Planning

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This document was produced through support provided by UKaid from the Department for International Development. The opinions herein are those of the author(s) and do not necessarily reflect the views of the Department for International Development.



This report was produced by Kate Golden from Nutrition Works through the Department for International Development (DFID)-funded Maximising the Quality of Scaling up Nutrition Programmes (MQSUN) project.

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1.0 Background

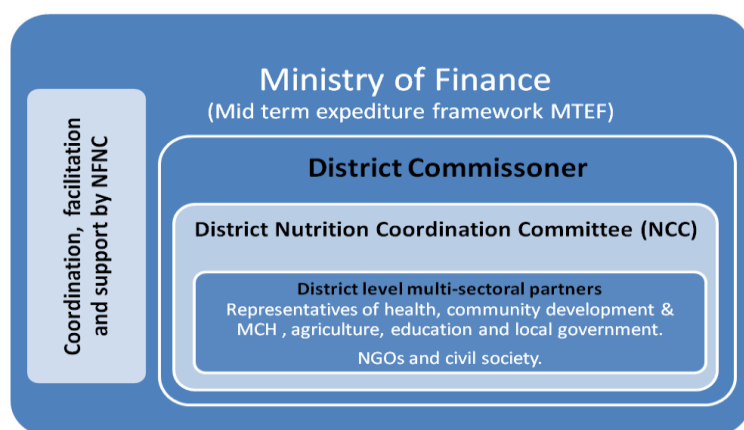
The prevalence of chronic undernutrition or ‘stunting’ has remained high in Zambia (at 45% DHS 2007) despite the country’s significant economic growth. The primary symptom of stunting is a shortness in height and it is one of the ‘silent’ or ‘invisible’ forms of undernutrition as it is hard to detect visually. In June 2013 a major study in the Lancet¹ stated that stunting caused 17% of all deaths of children under five years of age.

In order to address this issue Zambia has initiated the ‘1,000 Most Critical Days Programme’ (MCDP) which targets the child from conception to 2 years of age. The 1000 MCDP addresses the first of the eight pillars of the National Food and Nutrition Strategic Plan 2011-2015.

The National Food and Nutrition Commission (NFNC) has engaged in a mapping and gap analysis (MGA) exercise in 14 districts that will be part of the first phase of implementation of the 1,000 MCDP. The purpose of the MGA is to map ‘which agencies’ implement, ‘which nutrition interventions’ and ‘where’ in Zambia. Once complete the mapping will guide as to which areas – geographic or programmatic – need scaling up and/or continued support. The exercise should also reduce the probability of any duplication of effort by NGOs or civil society.

The Zambian government (GRZ) has acknowledged the importance of addressing malnutrition from multiple sectors simultaneously. As such, the NFNC is co-ordinating the drawing up of a series of district level multi-sectoral plans for nutrition. This is the first time this has been undertaken in Zambia. These two processes, the MGA and the multi-sectoral district nutrition planning, are running consecutively in 8 of the 14 phase 1 districts. In the other districts the two exercises have been separated by a few months.

Figure 1 Policy and Management Context of the NFNC



The NFNC is to be commended for taking on such a significant burden of work and for seeing it through. The multi-sectoral district nutrition planning is a particularly challenging exercise requiring a very different skill set and the use of different managerial styles to that of conventional top-down programming. Working across sectors requires the blending together of not only different ministerial policies and procedures but also of different organisational cultures. The NFNC has the challenging task of co-ordinating and facilitating both vertically (from national to district level) but also horizontally across the sectors, figure 1 presents this context.

¹ Black et al (2013). The Lancet Maternal & Child Undernutrition series

In addition the NFNC is also undergoing a period of transition itself as it strengthens in response to the political momentum and international policy arena surrounding the SUN (scaling up nutrition) movement. Overall the NFNC gives the impression of a rapidly evolving and learning organisation as it adapts to the prevailing context.

The 1000 MCDP is being implemented in collaboration with key line ministries, (Agriculture, Education, Health, Community Development and Mother and Child Health, and Local Government and Housing) and CSOs at the district, provincial, and national level. The political will, especially at the national level, is there to reduce child malnutrition in Zambia (demonstrated by the 5 key Ministers signing the 1000MCDP), but it will require a coordinated, multi-sectoral, well-resourced effort.

1.1 Objectives

The objectives of this assignment are to:

- 1) review and strengthen the approach and tools developed for the orientation, gap analysis and development of district plans,
- 2) support the development of nutrition district plans in two districts, and
- 3) make recommendations for the development of district plans in the remaining selected districts.

2.0 Methods

A mixed methods approach was adopted for this assignment which included the following

- a review of the orientation package to the 1000 MCDP, mapping and gap analysis tools
- a review of the draft MGA analysis report from the first 6 districts
- assessment and review of the district planning tool
- and a field trip to accompany one NFNC co-ordinated team during the multi-sectoral nutrition planning exercise in two phase 1 districts – Mumbwa and Mongu.

The following outputs will be produced during the assignment.

1. Revised mapping and gap analysis (MGA) tools
2. Revised mapping and gap analysis report
3. Revised and complete multi-sectoral district planning tool
4. Two draft district multi-sectoral nutrition plans
5. Mission report with specific recommendations for the district planning process in the remaining districts

Outputs 1 & 2 were drafted in advance of the Zambia field trip and submitted to PATH on 14th June. The tools were independently updated by the NFNC.

Output 3, the multi-sectoral planning tool was not received in advance of the field trip so was assessed during its implementation with written comments being developed alongside the field trip.

Output 4, the multi-sectoral district level nutrition plan is a detailed report outlining the commitments of 5 key line ministries, district NGOs and civil society. In Zambia the plans are being written by the district stakeholders, specifically by the nutrition co-ordination committees in Mumbwa and Mongu, to align with the Zambian planning cycle and are to be submitted to the respective District Commissioners in July 2013. As such they are outside of the scope of this TOR to complete.

Output 5 is this report.

3.0 Findings

Overall the NFNC gave the impression of an organisation that is rapidly evolving and adapting to its new role. All sides acknowledge that the difficulties in administering this assignment led to significant additional pressures on timing and planning. The TA arrived at the commencement of the two day Orientation and staff training for teams prior to their leaving to conduct the MGA and multi-sectoral district nutrition planning in 8 districts. Six districts only had the multi-sectoral district nutrition planning to complete. However this timing did also allow unique developments that may otherwise have been missed.

- The NFNC relied on their own resources and expertise to produce a much improved MGA tool.
- The NFNC produced a multi-sectoral district nutrition planning tool based on GRZ procedures.

The review of tools and documentation for the MGA took place before the field trip whilst the review of the district planning tool occurred during the implementation of the planning exercise. A field trip was undertaken 16th-29th June 2013 by which time 7 of the 14 Phase 1 districts had undergone the MGA exercise but none had started the planning exercise. The consultant joined one of the 5 teams, co-ordinated by the NFNC that was scheduled to conduct the first multi-sectoral planning workshop in Mumbwa and then move on to the second district of Mongu. The district level multi-sectoral nutrition plan was initiated and worked on by field staff, under the guidance of the NFNC, during the planning workshop and a timeline for its completion was drawn up and agreed by all parties. The respective nutrition multi-sectoral committees agreed to submit a report for technical review - Mumbwa district by 8th July and Mongu district by 15th July.

The planning workshops in both districts had representatives from each of the five line ministries that signed up to the 1000MCDP. Concern, World Vision and civil society were also represented in Mumbwa whilst in Mongu Oxfam represented NGOs.

3.1 Review of the mapping and gap analysis toolkit

The review of tools and documentation for the MGA took place before the field trip. Four separate tools were reviewed and adapted in order to support the mapping and gap analysis process. They were submitted to PATH on 14th June. These 4 tools were largely qualitative and similar to one another. There needed to be more differentiation between the semi-structured interviews and the focus group discussion, both to be reduced down in length and a greater clarity between qualitative and quantitative information needs. Quantitative information of any type was missing and sections on coverage and staff capacity levels needed to be added.

However by the time of the consultant's field trip the NFNC had taken the very positive step of reducing the number of tools down to one, more comprehensive and more quantifiable MGA tool. This tool is aimed at key sector wide programme staff at district level.

The NFNC's revised tool is much stronger with a focus on quantifiable data in terms of

1. intervention coverage (service delivery points and beneficiary numbers),
2. staffing numbers and levels of training and the

3. involvement of community volunteers.

This new tool was piloted and further refined in Mumbwa district by the NFNC in advance of the district planning exercise and is being implemented in the remaining 8 Phase 1 districts.

These modifications initiated by the NFNC are in line with those recommended by the consultant and demonstrate an ability of the NFNC to produce good workable materials. The NFNC will no doubt have further refinements to make to the tool in the light of the experience gained from the MGA. The TA does have a concern that the tool will generate too large a quantity of data for straightforward analysis in its current format. There is also a lack of clarity over how the information in the current tool was collated and synthesized as the MGA report from Mumbwa presented no quantified data on coverage, staffing numbers or levels of community engagement.

Recommendation: The NFNC seek to streamline the information and data collected wherever possible retaining only questions that provide useful information for the mapping of the ongoing nutrition programmes. Initially the NFNC should consider restricting coverage data to the programme level.

Recommendation: The NFNC ensure they have adequate levels of data and statistical analysis skills for both quantitative and qualitative data. This is necessary to shift the focus of the MGA report towards specific programming areas and away from general information on lack of inputs.

The priority interventions for Zambia are presented in the 1000MCDP and also in Annex 2 of this report.

There also remain a number of questions relating to the level of knowledge of the interviewee – who may not have any specific nutrition expertise. The responses to questions of knowledge are subjective and cannot be used alone as the basis of a situation assessment. For example many district stakeholders reported kwashiorkor and marasmus as being the main types of malnutrition in their district when these are in fact rare whilst stunting affects 45% of children. Respondents were not dishonest in their replies but merely repeating the established, but mistaken, convention of what undernutrition is.

Recommendation: The nutrition situation analysis is based on a range of triangulated information and verified data. Information sources can include survey data, discussion from nutrition experts and clinic/hospital reports.

Recommendation: The NFNC use their orientations, training materials, workshops and meetings as opportunities to inform people what undernutrition in Zambia means and how it affects their constituency.

The NFNC may wish to consider formatting the MGA tool so that it is more clearly aligned with the 5 strategic areas of the 1000 MCDP.

3.2 Review of the mapping and gap analysis report

The MGA report is based on the results from 6 districts using the 4 tools – 2 semi-structured interviews for district and sub-district level staff and 2 focus group discussions for use with the community and their leaders. It was reviewed prior to the field trip.

The report provides a good introduction and sets the scene well by clearly outlining the purpose of the MGA namely

1. to ascertain “who is doing” “what” and “where”,
2. in order to establish gaps in implementation of priority 1000 MCDP interventions as well as
3. to ensure partner coordination in efficient use of resources in accelerating nutrition actions.

The report is useful in that it confirms some of the conventions and assumptions of nutrition in Zambia; it highlights the general lack of understanding of undernutrition in the districts, the absence of co-ordinated efforts to tackle stunting and the lack of specific individuals to champion nutrition and nutrition messages to the community. However the report lacks any quantification of coverage, staffing capacity and as yet the analysis has not extended to a mapping to ascertain who does what and where. The report also identified the limited availability of nutrition policy and programming guidance in the districts.

Recommendation: The NFNC continue with the analysis of information gained from the MGA. This will require a good understanding of both quantitative and qualitative data analysis.

Recommendation: That the NFNC use the multi-sectoral district nutrition planning workshops as an opportunity to deliver the 1000MCDP documents to participants who have not already received a copy.

Recommendation: Stunting may be viewed as an invisible threat and the NFNC should use every opportunity to explicitly explain what it is and its wide reaching effects. The orientations, meetings, MGA and workshops should be used.

The individual reports from the 6 districts are of varying standards but the report from Kasama (Annex 1.4, p66) by Freddie Mubanga is the best. This particular report provides an intelligent narrative and has a positive focus on nutrition interventions whilst other reports tended to list activities undertaken, reported training requirements and inadequate supplies. It is suggested that the content of this report be used as guidance for others when writing.

The 6 district MGA report does provide a summary chart of the preliminary findings of the MGA but a significant amount of further analysis of the information gathered is necessary in order to produce a meaningful document. The summary table 3.0 of the report also doesn't differentiate from the responses from the district, sub-district or community levels. As it stands the document has an overemphasis on terms such as 'few respondents' or 'many replied' without any specific qualification or numbers than can be acted upon.

It is acknowledged that the NFNC have reacted positively in the adaptation of the MGA tools and are now using a new tool. This tool should provide a significant increase in quantifiable information from the remaining 8 MGAs.

3.3 Review of the multi-sectoral district planning tool

The multi-sectoral planning tool was received by the consultant on her first day in Zambia – the 'Toolkit for District Nutrition Multi-sectoral Planning'. It is a comprehensive 35 page document to facilitate the completion of a multi-sector nutrition plan suitable for submission to the Ministry of Finance and requiring the endorsement of the District Commissioner. As such it has a strong focus on the costing of activities and includes a 15 page report template. The consultant was informed

that the actual report template cannot be modified significantly as it is aligned with other Zambian templates. However there is scope to include other tools to facilitate the planning processes. The tool would benefit from additional guidance for readers on methods on how to set priorities, how to complete a log frame, costing of activities and M&E etc. Whilst it is acknowledged that guidance on M&E is in the tool the guidance is different to that of the M&E guidelines provided to the consultant. There are also some structural differences between the guidance on how to complete the report and its actual template which adds an unnecessary level of confusion.

Additional points on the planning tool came up during its use in the planning workshops and are included below.

3.4 The district planning workshops

The NFNC had planned a workshop for the drawing up of the district plans and invited two representatives from each of the key 5 line ministries along with NGOs and civil society representatives. The TA accompanied one of the NFNC teams to two district workshops over a one week period and her comments are based on observation of those.

The 'Toolkit for District Nutrition Multi-sectoral Planning' document provided the basis for the 3 day planning workshop and it ran through the following stages which are looked at individually after more general comments.

- Prioritization of actions/interventions/programmes and development of objectives
- A (modified) logical framework
- Work plans and Activity Costing
- Consolidation of budget
- Implementing of the multi-sectoral plan
- Financial and non-financial resources
- Monitoring & evaluation.

The MGA acknowledged the lack of policy/programming guidance materials at the district and sub-district levels.

Recommendation: The National Food & Nutrition Strategy paper and the 1000 MCDP to be made available to all workshop participants. The availability of these will make it simpler for participants to work together and to align activities to the 1000 MCDP.

There were between 10-15 participants at each workshop most of the time, as people came and left freely, but each workshop had a *significant core of hard working individuals*. Numbers dwindled on the last day. The NFNC is not necessarily in a position to enforce punctuality of participants however with some modification the timetable could mitigate against it. Specific guidance should be provided by the NFNC on planning skills as not all participants had been involved in drawing up log frames, completing work plans, M&E or the costing activities before. This could be done each morning and/or afternoon with a 20-30 minute presentation before the next activity. Adequate training materials, flip charts, marker pens should be available to facilitate group work. If work directly onto a computer is favoured then participants can be advised to bring them. Adopting a more participatory approach to the workshop and avoiding the reading through of a document will also encourage engagement by more participants.

Recommendation: The NFNC workshop teams should each be supported with an experienced facilitator, who can actively engage with participants, follow the timetable and present each new topic/activity to the whole group.

The consultant was highly impressed with the enthusiasm, capability and commitment of the district teams throughout the workshop. The formation of new nutrition co-ordination committees occurred naturally and easily in Mumbwa and Mongu both of which continued work on the plans after the end of the workshops indicating high levels of ownership. During the workshops certain key individuals worked hard on the plans, directed the process and were fully engaged in the task.

Recommendation: The workshop would benefit from the attendance of an appropriate district planning officer who has decision making responsibility to guide the alignment with other district plans.

- **Prioritization of actions/interventions/programmes and development of objectives**

On the evening before the workshop the NFNC tasked the TA to devise a prioritisation exercise. The designed exercise intended to allow a wide range of interventions to be considered and prioritised by group. It was suggested that the interventions listed in columns b) and c) of the schematic on p26 of the 1000 MCDP be the basis of the exercise. This was not accepted and the prioritisation exercise was based on the findings of the gaps highlighted by the MGA alone which unfortunately didn't include any nutrition programmes. The cross-cutting issues of 1000 MCDP – Policy & Co-ordination; Communication & Advocacy; Capacity Building & Training; M & E & Research could be based on issues arising from the MGA and small group brainstorming to highlight suitable areas of work at district level.

Recommendation: Future prioritization exercises for planning of the 1000MCDP use the priority actions outlined in columns b) and c) p26 as the starting point for the Priority Actions strategic area. The basis for the other strategic areas can be collected from the MGA reports and brainstorming.

Ideally participants should be introduced to the scope of intervention options and ideas well in advance of the meeting. This is to allow time for consultation with colleagues and to knowledgeably represent them; this wasn't possible on this occasion.

At this stage in the workshop the use of Problem Tree Analysis should be considered by the NFNC. For the successful implementation of a multi-sectoral district nutrition plan all parties need to co-operate with each other to achieve the common goal – a reduction of stunting and improved health and well-being of the children of Zambia. It is vital that all stakeholders understand the problems, how they relate to their organisations and what capacity they need to work effectively. A problem tree analysis and round table discussion in the workshop could support this.

Recommendation: The use of Problem tree analysis on the first day of the workshop is considered by the NFNC.

- **A (modified) logical framework**

The logical framework in the 'Toolkit for District Nutrition Multi-Sectoral Planning' is not of a standard format of a 4x4 matrix. The standard 4th column of 'risks and assumptions' is replaced with a series of columns. The first one, 'Base', is for the baseline measurement of its respective indicator and four other columns mark the indicators 'Target' over the coming quarters. Whilst the merit of

tracking indicators is clear quarterly targets are arguably over-enthusiastic. The loss of the 'risks and assumptions' column weakens the power of the tool as the planner no longer needs to consider possible pitfalls to the intervention.

Recommendation: A log frame is introduced with a column for 'Assumptions' within the toolkit. This will strengthen the planning process, enable the use of the vertical logic and could be useful in the future to leverage funds from other funding sources.

The guidance document offers a good standard of advice for the completion of the log frame but the language needs to be used the same way as it is in other sections of the document. On page 11 an activity leads to an output but then on the same page says the opposite with the output being comprised of activities. Logical frameworks can be confusing to participants so a verbal introduction to them would be a valuable contribution to the workshop.

Recommendation: The session on log frames is preceded by a 20-30 minute presentation on what they are, how to complete them, definition of terms and on how to follow both the vertical and the horizontal logic of the framework. This would help the participants who are not familiar with their use.

- **Work plans and Activity Costing**

The workshop would benefit from a short introduction on how to complete work plans as the participants had very varied experience of them. One way to do this would be to ask an experienced member of the group to explain them and to run through an example on a flip chart. The work plan is in the report template but does not have any supporting information the guidance notes.

The costing of activities during the workshop was time consuming and ineffective as the information was frequently not available to the participants. For example in the Ministry of Community Development & Maternal Child Health (MCDMCH) there were different reports from staff, some staff were experienced in drawing up work plans others weren't and typically it was stated that activities were not costed up. Issues such as appropriate target beneficiary numbers, actual target population size were not known and participants needed to consult with their sector colleagues from around the district.

Recommendation: All participants and district heads of programmes are aware of the workshop well in advance to allow time to prepare/make available cost estimates and other data. Consensus needs to be reached on how costings will be done – do you base them on a coverage target to ensure availability of adequate funds to reach them if you can or do you base them on feasibility what your staff/resource capacity can accomplish now or next year.

- **Consolidation of budget**
- **Implementing of the multi-sectoral plan**
- **Financial and non-financial resources**
- **Monitoring & evaluation.**

The sessions immediately above were beyond the scope of the 3 days planned for the workshop. It needs to be acknowledged that some of the above issues will have been talked about by some participants during the 3 day workshop and subsequent days. However there is a need to ensure all parties understand the process fully and know the roles and responsibilities of different stakeholders.

Recommendation: The planning workshops require additional time, 5 days is suggested. In subsequent years clear advice on advance preparation for the planning workshop should be given. The districts should have at least one month's notification of the workshop to allow for information gathering, planning of personal workload and reading of the relevant policy/programming guidance. In particular time is needed to gather information on organisational priorities, on-going sector plans and guidance on costings of specific activities.

3.5 Production of two multi-sectoral district nutrition plans

The focus of the workshops was on the production of two draft multi-sectoral district nutrition plans and the establishment of nutrition co-ordination committees to carry these forward and into the next planning cycle of the Ministry of Finance, GRZ. During the workshop logical frameworks, work plans and activity costing sheets were worked on but the accompanying narrative was not openly discussed. The majority of the workshop was spent on the completion of forms and tables with limited time available for participatory activities or discussion. Time constraints often meant that the schedule was not followed.

The NFNC produced, sought and reached agreement with the nutrition co-ordination committees on a timeline for completion of the draft plans. These will be reviewed in due course by NFNC, with whatever technical support they choose to request from DFID or other sources.

4.0 Conclusions

Overall the NFNC gave the impression of an organisation that is rapidly evolving and adapting to its role with the 1000 MCDP. The team that the TA accompanied was flexible and able to respond to issues as they arose – they are well placed to reflect on what went well and to take forward any lessons learnt.

The NFNC have been successful in co-ordinating the launch of the 1000 MCDP in Zambia as demonstrated by the high levels of participation, ownership and commitment seen in the districts visited. Political interest in the programme was seen across the sectors in Mumbwa and also at the provincial level in Mongu. The participants attending the workshops in both Mumbwa and Mongu contained a core team of dedicated, knowledgeable and engaged people who worked hard on the multi-sectoral district nutrition plans. The challenge for the NFNC is to maintain these levels of commitment.

It is important that clear and timely lines of communication are established with all stakeholders to help maintain the high levels of participation and ownership – the goodwill currently seen across the sectors is imperative to ensure a smooth delivery of the 1000 MCDP. The NFNC will need to use a variety of 'soft' skills for effective co-ordination in place of the more traditional top down approach of programme management. These soft skills include

- Negotiation
- Consensus building
- Communication skills
- Partnering and collaborative working

These skills are all necessary to build and maintain relationships based on trust, shared understanding of what needs to be done and the mutual benefits between the stakeholder instead of the more usual direct managerial authority.

The MGA exercise is well underway and a renewed focus should be given to the analysis of both the quantitative and the qualitative information gathered from it. The mapping aspect of the MGA needs to be developed and the NFNC needs to decide the best way to proceed with this. Two potential ways forward to start the process are

1. Using a map and colour coded sticky dots to represent either Ministries or programmes. Easy to set up and to understand but will contain more limited information. This can also be achieved on a computer.
2. Using a series of tables, one per district, of ward/block by Ministry. This can contain more information, can be emailed and easily updated. For accuracy it will need careful monitoring.

The mapping needs to provide specific detail on 'who' is doing 'what programmes' and 'where' initially. Programme coverage data can be added next to highlight the underserved areas. In time population coverage data can be added but the initial focus, for simplicity, should be at the programme level. The 'map' produced can then be compared to what needs to be done, as outlined in the 1000 MCDP to highlight the gaps.

The orientation process introduced by the NFNC is positive and appropriate but nevertheless some participants had no access to or had not seen the 1000 MCD programme document. Prior to the workshop stakeholders need to understand the scope of the programme, the priority interventions and cross cutting issues relevant to them. It is important that the NFNC provide participants with adequate programme guidance and documentation in advance of the planning workshops to allow Ministries time to consider their roles, responsibilities and benefits from the 1000MCDP.

The preparation for the workshops could be improved by providing adequate notice to participants, adopting a more participatory style and having good supplies of stationery. Each workshop team should have an experienced facilitator who can present and explain how to do the activities (workplans, logical frameworks etc). The district authorities and participants need to have at least one months notice to plan and prepare for the workshops. Adequate notice will also help the correct people, those invited and those who attended the MGA, to attend the planning workshops. The use of small group work in the workshop by the NFNC is positive as this allows the consideration of more than one issue at a time.

In Mumbwa a new Nutrition Co-ordinating Committee (NCC) was set up with representatives from Ministry of Health (MoH), Ministry of Agriculture & Livestock (MAL), MCDMCH, the NGO Concern and the CSO SUN co-ordinator. In Mongu the NCC has representatives from MoH, MCDMCH, MAL and Concern. These NCCs have timelines for delivery of their multi-sectoral district nutrition plans.

5.0 General recommendations

Specific recommendations have been made throughout this report more general recommendations are made below.

- To build on their successes to date and to prepare for the continued challenges ahead the NFNC needs to consider how best to increase their in house 'soft' co-ordination and facilitation skills. A useful document to provide guidance on this is the DfID publication '*Tools for Development – a handbook for those engaged in development activity*' from 2002. This online manual covers many planning tools relevant to the NFNC – logical frameworks, problem trees, workshop facilitation, influencing and negotiation skills. The establishment

of a clear, timeline for the MGA and planning processes outlining what tasks need to be done when would also contribute to smoother running. A suggested format based solely on the experience gained during the field trip has been made, no doubt that this will need tailoring and modification by the NFNC.

- The NFNC should capitalize on the current momentum of the 1000 MCDP and its high levels of district level ownership and participation by delivering good and timely communications to all stakeholders; ensuring cultural protocols and procedures are followed including to relevant Chiefs; and by being sensitive to the structural changes within the MoH and the MCDMCH. The MoH will retain significant institutional knowledge whilst the MCDMCH establishes its new role in maternal child health.
- The MGA exercise needs to have more focus on its main purpose of mapping 'who' does 'what' and 'where'. To support this NFNC need to bring together both quantitative and qualitative data analysis skills. Qualitative data analysis is time consuming when done to a high standard hence the earlier recommendation to streamline questioning whenever possible. A standard textbook on qualitative data analysis is '*Qualitative Methods for Health Research*' by Green and Thorogood (2004, Sage publications).
- The multi-sectoral district nutrition planning process is a major undertaking being conducted for the first time in Zambia. It requires a significant amount of work that cannot be adequately addressed over 3 days. It is recommended that 5 days is allowed for the workshop in addition to the orientation and any other awareness raising. Careful consideration needs to be made to who is invited to attend the workshops and whether all line ministries require similar levels of representation.
- The introduction of a 'minimum package for nutrition' that could be implemented in all districts should be given full consideration by the NFNC and other stakeholders. A minimum package would provide districts with a focus for their activities and also ensure some standardisation across the nation which could serve to ease progress monitoring. It is suggested that this package should focus on maternal and infant young child feeding by concentrating on exclusive breastfeeding, complementary feeding (including feeding children during and after illness), vitamin A/iron supplementation and deworming, and point of use water treatment and handwashing with soap at appropriate times. A suitable complementary activity would be looking to support balanced maternal and adolescent energy protein supplementation. This *minimum* package can be built upon as capacity and circumstance dictates.

Annex 1 Recommendations by Topic

MGA toolkit

Recommendation: The NFNC seek to streamline the information and data collected wherever possible retaining only questions that provide useful information for the mapping of the ongoing nutrition programmes. Initially the NFNC should consider restricting coverage data to the programme level.

Recommendation: The MGA exercise needs to have more focus on its main purpose of mapping 'who' does 'what' and 'where'. To support this NFNC need to bring together both quantitative and qualitative data analysis skills to shift the focus of the MGA report towards specific programming areas and away from general information on lack of inputs. Qualitative data analysis is time consuming when done to a high standard hence the earlier recommendation to streamline questioning whenever possible. A standard textbook on qualitative data analysis is '*Qualitative Methods for Health Research*' by Green and Thorogood (2004, Sage publications).

Recommendation: The nutrition situation analysis is based on a range of triangulated information and verified data not just on interviews with multi-sectoral stakeholders with differing levels of nutrition expertise. Information sources can include survey data, discussion from nutrition experts and clinic/hospital reports.

Advance Preparation for Planning Workshops

Recommendation: The workshop would benefit from the attendance of an appropriate district planning officer who has decision making responsibility to guide the alignment of this multi-sectoral plan with other district plans. Careful consideration needs to be made to who is invited to attend the workshops and whether all line ministries require similar levels of representation.

Recommendation: All participants and district heads of programmes are given at least one month notice of the workshop to allow time to prepare/make available cost estimates and other data. Consensus needs to be reached on how costings will be done – do you base them on a coverage target to ensure availability of adequate funds to reach them if you can or do you base them on feasibility what your staff/resource capacity can accomplish now or next year? Issues such as appropriate target beneficiary numbers, actual target population size were not known by participants in some workshops and they needed to consult with their sector colleagues.

Recommendation: To build on their successes to date the NFNC needs to consider how best to increase their in house 'soft' co-ordination and facilitation skills. A useful document to provide guidance on this is the DfID publication '*Tools for Development – a handbook for those engaged in development activity*' from 2002. This online manual covers many planning tools relevant to the NFNC – logical frameworks, problem trees, workshop facilitation, influencing and negotiation skills. The establishment of a clear, timeline for the MGA and planning processes outlining what tasks need to be done when would also contribute to smoother running.

Recommendation: The NFNC workshop teams should each be supported with an experienced facilitator, who can actively engage with participants, follow the timetable and present each new topic/activity to the whole group. Adopting a more participatory approach to the workshop and the avoidance of the reading through of a document will also encourage engagement by more participants.

Recommendation: A log frame with an 'Assumptions' column is introduced to the planning toolkit. This will strengthen the planning process (by enabling the vertical logic) and could be useful in the future to leverage funds from other funding sources. The guidance document prepared by the NFNC offers a good standard of advice for the completion of the log frame but the language used needs to be standardised. On page 11 an activity leads to an output but then on the same page says the opposite with the output being comprised of activities.

Planning Workshops

Recommendation: The multi-sectoral district nutrition planning process is a major undertaking being conducted for the first time in Zambia. It requires a significant amount of work that cannot be adequately addressed over 3 days. It is recommended that 5 days is allowed for the workshop in addition to the orientation and any other awareness-raising on stunting.

Recommendation: The National Food & Nutrition Strategy paper and the 1000MCDP to be made available to all participants at the workshop. The availability of these will make it simpler for participants to work together and to align activities to the 1000MCDP.

Recommendation: The NFNC is not necessarily in a position to enforce punctuality of participants however the timetable could mitigate against it. Each morning and/or after lunch a 20-30 minute presentation on the next activity should be made e.g. logical frameworks, drawing up work plans, costing of activities. Latecomers may miss out on skills training but not disrupt any group working.

Recommendation: Prioritization of interventions for the 1000MCDP should be based on the priority actions outlined in columns b) and c) p26 as the starting point for the Priority Actions strategic area. The basis for the other strategic areas can be collected from the MGA reports and brainstorming.

Recommendation: The use of Problem tree analysis on the first day of the workshop to be considered by the NFNC. For the successful implementation of a multi-sectoral district nutrition plan all parties need to co-operate with each other to achieve the common goal of lowering stunting and improved health of the children of Zambia. It is vital that all stakeholders understand the problems, how they relate to their organisations and what capacity they need to work effectively.

Recommendation: The session on logical frameworks is preceded by a 20-30 minute presentation on what they are, how to complete them, a definition of terms and on how to follow both the vertical and the horizontal logic of the framework. This would help the participants who are not familiar with their use.

Recommendation: The workshop would benefit from a short introduction on how to complete work plans as the participants had very varied experience of them. This could be done by asking an experienced member of the group to explain them and to run through an example on a flip chart. The work plan is in the report template but needs supporting information in the guidance notes.

Information sharing

Recommendation: The NFNC should capitalize on the current momentum of the 1000MCDP and its high levels of district level ownership and participation by delivering good and timely communications to all stakeholders; ensuring cultural protocols and procedures are followed including to relevant Chiefs; and by being sensitive to the structural changes within the MoH and the

MCDMCH. The MoH will retain significant institutional knowledge whilst the MCDMCH establishes its new role in maternal child health.

Recommendation: Stunting may be viewed as an invisible threat as it is not easy to detect visually; the NFNC should use every opportunity to explicitly explain what it is and its wide reaching effects to politicians, policy makers, planners and field level implementers. The NFNC can use their orientations, training materials, workshops and meetings as opportunities to inform people what undernutrition in Zambia means and how it affects their constituency.

Annex 2 Priority Nutrition Interventions for Zambia

These interventions are taken from p26 of the *Zambian 1000 Most Critical Days Programme*

1000 days	Selected interventions for 1000 MCD programme in Zambia	Complementary interventions to the 1000 MCD programme in Zambia
Pregnancy (270 days)	Maternal and adolescent nutrition: extra meals; diverse diet.	Social protection programmes: alternative livelihood support at community & households aimed at improving food and nutrition security of vulnerable households
	Iron and folic acid supplements, iodised salt, multiple micronutrients, breastfeeding counselling	
	Mother and baby friendly hospital initiative	Food safety nets - cash & voucher transfers
	Fortified staples and specialised nutritional products	Promote homestead gardening
	Family planning	
0-6 months (182.5 days)	Immediate initiation of exclusive breastfeeding	Community supportive/nutrition groups/mothers groups
	Maternal & adolescent nutrition	Household food security; promote, production, accessibility and utilisation of diverse foods;
	Exclusive breastfeeding	
	Growth monitoring & promotion	promote food processing, preservation and storage.
Early childhood 7-24 months (547.5 days)	Maternal & adolescent nutrition	Provision of safe water, hygiene and sanitation.
	Appropriate complementary local foods for baby	
	Continued breastfeeding	Maternal & adolescent education and male involvement.
	Community growth monitoring and promotion	School health and nutrition/home grown school feeding.
	Clinic based growth monitoring	
	6 monthly deworming and vitamin A supplementation for baby	
	Appropriate and timely management of severely and moderately malnourished children	Strategies/legislation/policies for biofortification.
	Correct feeding of sick child	
	Fortified staples and specialised nutritional products.	
	Provision of additional iron through micronutrient powders (MNP)	