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**Zambia Scaling Up Nutrition (SUN) 2019  
National Conference  
“Improving Nutrition through Learning  
and Adaptation”  
31 October 2019**

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# REPORT:

## Zambia Scaling Up Nutrition (SUN) 2019 National Conference

### “Improving Nutrition through Learning and Adaptation”

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Cover Photo credit: Group photo of some members of the Conference Planning Committee taken during the National Conference in Lusaka

DISCLAIMER: The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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## ACRONYMS

ANC	Antenatal Care
CLTS	Community-Led Total Sanitation
CSO-SUN	Civil Society Organizations – Scaling Up Nutrition
EMTCT	Elimination of Mother to Child Transmission
ENA	Essential Nutrition Action
FANSER	Food and Nutrition Security, Enhanced Resilience
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (German Society for International Cooperation)
GRZ	Government of the Republic of Zambia
HIV	Human Immunodeficiency Virus
IAPRI	Indaba Agricultural Policy Research Institute
IYCF	Infant and Young Child Feeding
MC	Master of Ceremonies
MCDP	Most Critical Days Programme
MCDSS	Ministry of Community Development and Social Services
MCH	Maternal and Child Health
MoA	Ministry of Agriculture
MoH	Ministry of Health
MWDSEP	Ministry of Water Development, Sanitation, and Environmental Protection
NFNC	National Food and Nutrition Commission
PMTCT	Prevention of Mother to Child Treatment
SBCC	Social Behaviour Change Communication
SNV	SNV Netherlands Development Organisation
SUN	Scaling Up Nutrition
SUN LE	Scaling Up Nutrition Learning and Evaluation
SUN TA	Scaling Up Nutrition Technical Assistance
UNC	University of North Carolina at Chapel Hill
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene

## ACKNOWLEDGMENTS

This conference was made possible by the generous support of the American people through the United States Agency for International Development (USAID) which provided both financial and technical support to the success of the conference.

We owe a debt of gratitude to the National Food and Nutrition Commission (NFNC) for coordinating the planning and the execution of the conference. In particular, we are grateful to Mr Mike Mwanza, head of Research and Planning Unit for providing leadership and guidance during the entire process. We are also grateful to the Conference Planning Committee for their commitment and dedication to ensuring that every aspect of the conference was meticulously planned, and conference materials were designed and delivered in a timely manner (see names in Annex 2).

Special acknowledgement goes to the event planner, Ms Linda Mudenda, and her team for bringing their high-quality organisational skills and ensuring that the conference planning and execution were well coordinated.

Our deepest thanks goes to the Master of Ceremonies, Mr Ballard Zulu, for professionally managing the proceedings of the conference, keeping the participants attentive, and ensuring their active participation as well as all the presenters.

## I BACKGROUND

The Zambia Scaling Up Nutrition (SUN) 2019 National Conference was organised by the USAID-funded Scaling Up Nutrition Learning and Evaluation (SUN LE) project in collaboration with the Zambia National Food and Nutrition Commission (NFNC).

The conference was conducted as part of SUN LE's wider support to facilitate learning for the Government of the Republic of Zambia's (GRZ's) SUN program and the United States Agency for International Development (USAID) funded Scaling Up Nutrition Technical Assistance (SUN TA) Project which aim to reduce child stunting in Zambia. The GRZ SUN programme is implemented by 7-line ministries (Box 1) in 30 priority districts, and technically and financially supported by a wide range of development partners.

SUN LE supports the GRZ and its partners with survey, research, evaluation, and dissemination services. Through these services, SUN LE aims to support the improvement of SUN 2.0 implementation processes, adaptive and participatory management, and knowledge systems. SUN LE is implemented by Khulisa Management Services, Inc. (Khulisa) in collaboration with 3 institutional partners – Indaba Agricultural Policy Research Institute (IAPRI), ICF, and the University of North Carolina at Chapel Hill (UNC). SUN-LE's four (4) objectives are presented in Box 2.

As part of collaborative learning and adaptation, SUN LE supports NFNC to undertake annual national conferences to share data and information relevant to the SUN programme generated during the year (such as baseline surveys, focused studies, and performance audits/assessments). National conferences are also platforms for sharing emerging best practices or lessons learned from implementing SUN 2.0 interventions.

## 2 PURPOSE AND OBJECTIVES OF THE 2019 NATIONAL CONFERENCE

The 2019 national conference is the first in a series of annual conferences to be conducted over the life of the SUN LE project. The purpose of the 2019 SUN national conference was to disseminate the findings of the First 1000 Most Critical Days Programme (MCDP II) Baseline Survey to SUN stakeholders at national level.

The 2019 conference had two specific objectives: (1) to share findings from the MCDP II baseline survey, and (2) to identify policy and programme implications emanating from the baseline findings.

### Box 1. GRZ Ministries implementing SUN 2.0

1. Ministry of Agriculture (MoA);
2. Ministry of Community Development and Social Services (MCDSS);
3. Ministry of Fisheries and Livestock (MFL);
4. Ministry of General Education (MoGE);
5. Ministry of Health (MoH);
6. Ministry of Local Government (MLG), and
7. Ministry of Water Development, Sanitation and Environmental Protection (MWDSEP).

### Box 2. SUN LE Objectives

Build a SUN 2.0 evidence base for programme and policy decisions through conducting high-quality:

1. Baseline, midline, and endline surveys
2. Focused studies
3. Biennial performance audits

Facilitate individual and organisational capacity to use data through:

4. Creating a culture of learning and adaptive management under SUN 2.0

### Box 3. Baseline Survey Objectives

Establish benchmark measures for 26 SUN 2.0 indicators at district, provincial and national levels around stunting in children 0-24 months and underlying factors.

### 3 PLANNING THE 2019 NATIONAL CONFERENCE

To ensure a successful conference with input from key stakeholders, NFNC constituted a planning committee to coordinate and lead conference planning. The planning committee developed TORs to guide its activities (Annex 1). The planning committee held several meetings during which they reviewed and finalized the conference scope of work, developed conference materials, and followed through with the implementation of various activities leading up to the successful implementation of the conference. The committee was composed of staff from the 7-line ministries, civil society partners, and SUN implementing partners as detailed in Annex 1.

#### 3.1 NATIONAL CONFERENCE THEME

The 2019 national conference theme was: *“Improving Nutrition through Learning and Adaptation.”* The conference planning committee came up with this theme to reflect the GRZ SUN programme’s objective to implement evidence-driven interventions and commitment to learn and adapt based on evidence.

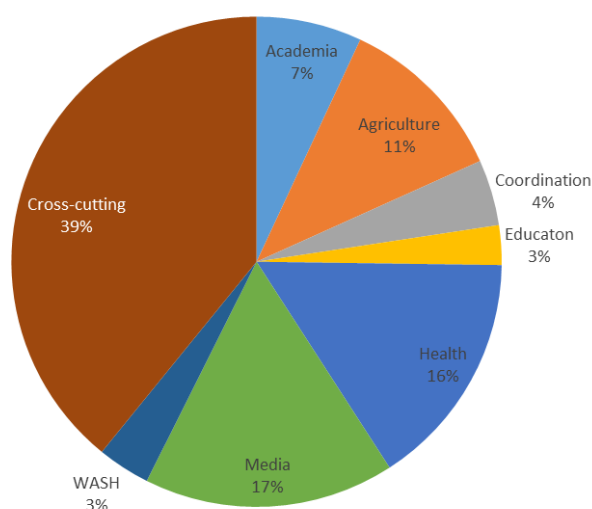
### 4 IMPLEMENTATION

#### 4.1 PARTICIPANTS

The 2019 national conference targeted high-level GRZ policy makers and programme leads (i.e. directors, department heads, and senior programme officers) from the 7 key line ministries, as well as representatives from cooperating partners, implementing partners, research and academic institutions, civil society organisations, and the media. A total of 115 participants (39% male and 61% female), out of the targeted 130 participants, and representing 50 institutions (including media), attended the national conference (Annex 2).

The majority (39%) of attendees were from organisations implementing cross-cutting nutrition-related programmes, 16% were from organisations implementing health-related nutrition programmes, 11% were from agriculture-specific programmes, and 3% were from organisations that implement WASH. programmes (Figure 1).

Figure 1. Distribution of Conference Attendees by Sector



## 4.2 ORGANISATION OF THE NATIONAL CONFERENCE

### 4.2.1 CONFERENCE DATE, VENUE, AND GENERAL STRUCTURE

The one-day conference – held on 31 October 2019 at Intercontinental Hotel in Lusaka, Zambia – was organised into 2 parts: morning plenary and afternoon breakaway sessions. During the morning plenary, detailed findings of the MCDP II baseline survey were shared, followed by a question-and-answer period. The afternoon thematic breakaway sessions consisted of groups discussing the baseline findings, identifying programme and policy implications, and making recommendations. Participants were asked to self-select into sector specific groups based on their field of work and interest.

### 4.2.2 PLENARY SPEAKERS

The conference opened with speeches from the guest of honour, NFNC, and representatives from USAID, the German Society for International Cooperation (GIZ), and civil society. Following these, the baseline findings were presented by SUN LE and Monitoring, Evaluation and Research Technical Working Group representatives.

**Guest of Honour:** The guest of honour was the MoH Permanent Secretary for Technical Services, who is also the Chairperson of the Nutrition Multi-Stakeholder Committee. He was represented by the MoH Deputy Director for Infectious diseases, Dr Tina Chisanga.

*Figure 2. Dr Chisanga delivering a speech on behalf of the MoH Permanent Secretary - Technical Services*



In her speech, Dr Chisanga highlighted the government's effort in tackling the problem of nutrition in Zambia:

- Undernutrition is a serious problem globally as well as in Zambia
- Though stunting levels have been decreasing due to government efforts aimed at addressing undernutrition, GRZ recognises the need for continued engagement to achieve further reductions
- The negative impact and serious complications of climate change require a coordinated response from government and partners
- There is a need to improve coordination among partners implementing nutrition interventions
- There is a need to increase interventions aimed at improving diversity of farm produce to enable dietary diversity, and
- All stakeholders need to invest in the generation and dissemination of quality data to ensure that all interventions are premised on evidence.

USAID Representative: Sheryl Stumbras, USAID Zambia Head of Mission, emphasised the following:

- The need for all stakeholders to work together to reduce the high levels of malnutrition in Zambia
- The negative impact of malnutrition on the physical and cognitive development of the child
- The importance of intervening to reduce stunting, particularly during the first 1000 days of a child's life
- The belief USAID and other cooperating partners present have that Zambia's MCDP II programme is at the very foundation of efforts to curb malnutrition and improve the health of mothers, infants and young children
- The mandate USAID's SUN LE and SUN TA projects have to support the Zambian government and cooperating partners to better coordinate their efforts by facilitating learning and evaluation for Zambia's most critical days programme
- The critical importance of timely availability of data to help identify the most cost-effective approaches to prevent stunting in Zambia.
- The value that district-level data brings to nutrition programmes by facilitating effective planning at the district level
- The need for the private sector to join hands with the government to reduce the problem of malnutrition, and
- The importance of programmes to effectively utilize the baseline findings to adapt activities and enhance and sustain their impact

Finally, Ms Stumbras challenged everyone to use the baseline findings as a platform for informed and effective decision-making. *"We aspire to create a world where every child starts off their life with the ability to achieve their full potential and realize their dreams,"* she concluded.

GIZ Representative: Dennis Lohmann, GIZ's Communications Advisor, delivered a speech on behalf of GIZ's Country Coordinator, and highlighted the following:

- GIZ supports the implementation of the Food and Nutrition Security, Enhanced Resilience (FANSER) Zambia project which started in 2015 and will run until 2023

*Figure 3. Sheryl Stumbras, USAID Zambia Head of Mission delivering her speech at the National Conference*



*Figure 4. Dennis Lohmann, GIZ Communications Advisor Delivering a speech on behalf of GIZ's Country Coordinator*



- The FANSER project targets women of reproductive age (15-49 years) in Katete, Petauke, Luapula, Kawambwa, and Mwense districts
- The FANSER project is aligned to the GRZ's 1<sup>st</sup> 1000 MCDP II
- For GIZ, the baseline survey findings will: 1) ensure comparability between the project and the national SUN programme, and 2) provide information about stunting and the status of the target population which will serve as a means to countercheck GIZ's baseline and mid-term survey findings

### Overview of Zambia Scaling Up Nutrition

Ms. Chisela Kaliwile, NFNC's Principal Nutritionist, provided an overview of Zambia's SUN programme, noting that:

- The 1<sup>st</sup> 1000 MCDP II is Zambia's flagship project to reduce stunting
- The programme is being implemented from 2018 to 2022
- The MCDP II strategic objectives include: (I) Improve policy, coordination, financing and partnerships; (II) Improve the coverage and quality of priority nutrition interventions for stunting reduction; (III) Strengthen capacity of institutions, systems and management; (IV) Improve advocacy for stunting reduction, and (V) Improve monitoring, evaluation, research, learning and adaptive management
- During the five-year rollout period for MCDPII, coverage will expand from 30 districts in 2018 and to 103 districts by the year 2022;
- Major challenges experienced during implementation of the first phase of the programme (MCDP I) included:
  - Limited expansion and coverage of high impact interventions
  - The low profile sectors gave to nutrition
  - Inconsistent policy and strategic direction on nutrition-sensitive programming
  - Lack of systems to enforce sector accountability to implement the MCDP I
  - Inadequate technical capacity and institutional systems to support the MCDP I implementation, and
  - Inadequate convergence of interventions and services to the household due to lack of clear community mobilisation and empowerment approaches and innovations

Ms Kaliwile concluded by urging all stakeholders (government, cooperating partners, implementing partners, and civil society) to focus their energies on addressing the highlighted challenges to effectively reduce stunting in the target districts, and Zambia at large. She affirmed that the GRZ is

*Figure 5. Ms. Chisela Kaliwile, Principal Nutritionist at NFNC presents an overview of the first 1000 MCDP II*



serious about addressing this problem and that NFNC, and all the other structures put in place by GRZ, are willing and eager to coordinate the work of all stakeholders.

**Presentations - Baseline Survey Results:** Six speakers gave the MCDP II baseline survey results presentations and focused on the following five key areas: an overview of the survey methods; the nutritional status of children and their mothers; child feeding practices and access to nutrition services; hygiene and sanitation services; food production and consumption, and stakeholder perspectives on the implementation of MCDP II.

#### Closing Remarks from the National Food and Nutrition Commission

Mr Mike Mwanza, Head of Research and Planning, delivered closing remarks on behalf of the Acting Executive Director of the NFNC. He highlighted the following in his remarks:

*Figure 6. Mr Mike Mwanza, Head of Research and Planning, NFNC, delivering closing remarks*



- Zambia has been implementing nutrition programmes with varying degrees of success. Continuous learning is paramount in the design and implementation of high impact nutrition interventions
- NFNC appreciates the support USAID and other partners are giving the GRZ and the NFNC to generate the evidence required to design effective interventions
- The results of the MCDP II baseline survey are very timely in that they have come at a time when partners are reviewing all available evidence to design interventions under the MCDP II
- The findings from the baseline survey show that there is still much work to be done to reduce malnutrition, particularly stunting
- The baseline results provide important insights on how and where to focus interventions that will have an impact on stunting reduction
- All partners are encouraged to fully utilise these findings, as focused interventions will lead to success in reducing malnutrition in Zambia
- The NFNC thanks all participants for making time to participate in this conference
- NFNC extends special thanks to USAID, and in particular the SUN LE project, for successfully conducting the baseline survey and organizing a conference to disseminate the findings

#### 4.2.3 HIGHLIGHTS OF BASELINE SURVEY RESULTS PRESENTATIONS

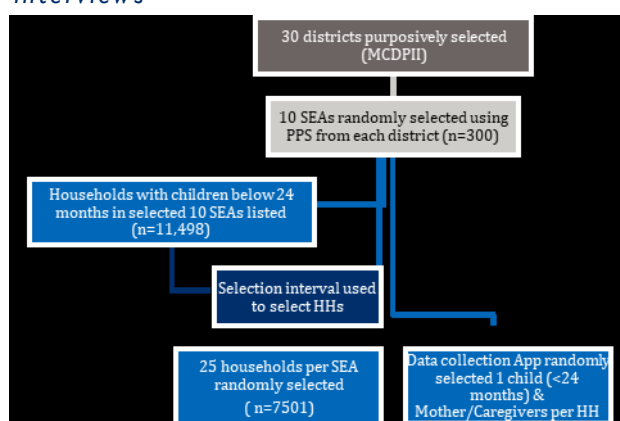
Highlights from the six presentations on the baseline survey results are provided below.

##### 1. Overview of the survey methodology: Mathews Onyango, Chief of Party, SUN LE

Key highlights from the presentation were as follows:

- The baseline was designed as a cross-sectional survey targeting 7,500 households in 30 SUN districts
- Household-level data was collected from 7,486 randomly selected households with children aged less than 24 months
- In addition to the household survey, a semi structured questionnaire was administered to stakeholders from 6 districts to collect data on their perspective of the MCDP, and a total of 51 key informants were interviewed out of the 66 targeted

Figure 7. Sampling methodology for household interviews



## 2. Nutritional status of the children and women: *Patricia Sakala, Strategic Information Expert, SUN LE*

The presenter addressed the nutritional status of children under 2 and their mothers. The following were some of the major results:

- 30.2% of children below 24 months of age were stunted, with higher stunting rates among male children than among girls
- Children in rural areas were at higher risk of stunting compared to those in urban areas
- 68.2% of the children below 6 months were exclusively breastfed in the 30 SUN districts
- Stunting was associated with the child's age, with older children more likely to be stunted than younger ones
- Younger mothers were more likely to have stunted children than older mothers
- Underweight mothers were likely to have stunted children

## 3. Infant and Young Child Feeding practices and nutrition: *Dorothy Nthani, Nutritionist and Lecturer, Department of Food Science and Nutrition, University of Zambia*

The presenter discussed infant and young child feeding (IYCF) and highlighted the status of feeding practices of children under 24 months of age and how that is associated with nutrition outcomes. The following were the key highlights:

- Only 28.6% of children aged less than 24 months met the minimum standards for infant and young child feeding practices
- Children in the rural areas were less likely to meet the IYCF standards than those in urban areas

Figure 8. Exclusive Breast Feeding by Age

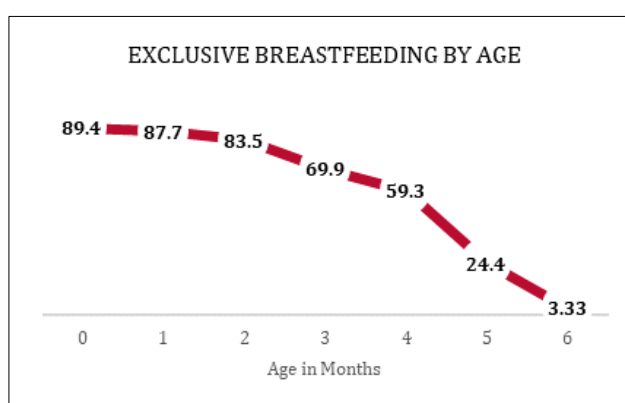
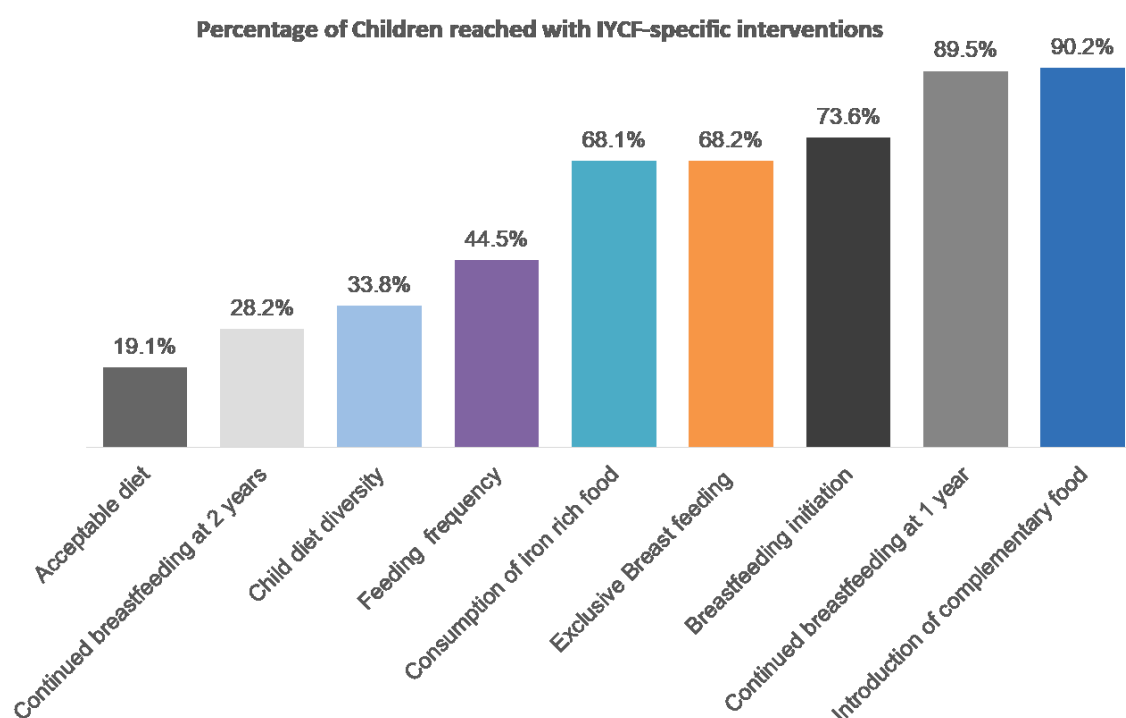


Figure 9. Percentage of Children reached with specific interventions

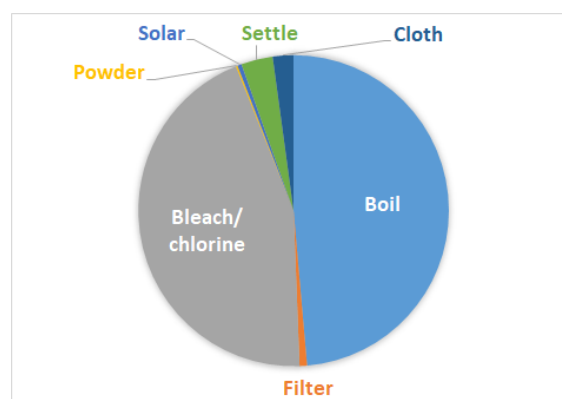


4. Hygiene and Sanitation: *Paul Mboshya, Senior Community Development Officer, Ministry of Water Development, Sanitation and Environmental Protection*

This presentation focused on the practice of essential hygiene actions: access to clean drinking water, had soap and water available at a handwashing facility, and had access to clean latrines and environment (e.g. safe play areas for children). The following were the key highlights:

- Practice of essential hygiene actions was very low as only 5.6% of the households, in the 30 districts, practise standard essential hygiene actions
- Only 37.7% of households had access to basic drinking water
- Only 9.5% of households were able to use appropriate water treatment technologies with boiling and chlorination being the most common methods (Figure 10)

Figure 10. Distribution of Water Treatment Methods

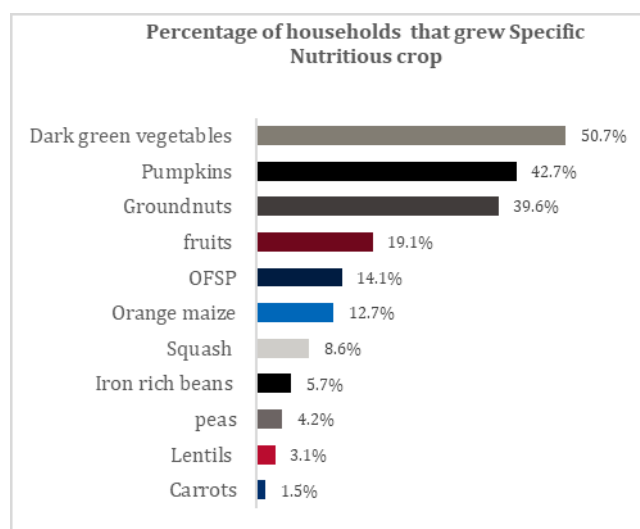


5. Food Production, processing and Consumption of nutritious foods: *Mulako Kabisa, Agricultural Economist at IAPRI, and SUN LE Survey Manager*

The presenter addressed baseline results on households' practice of food production, processing (including preparation and storage), and consumption. Below are some key highlights:

- Practice of safe food processing, preparation and storage was very low as only 7.5% of the households were able to handle foods in a safe way, prepare it adequately and store it correctly
- 18.4% of households were able to produce nutritious foods
- Only 34.5% of the women were able to consume nutrient rich value chain commodities
- The mean number of foods consumed by women was only 4.6, less than the recommended number of 5 or more food groups

*Figure 11. Percentage of households that grew specific Nutritious crops*

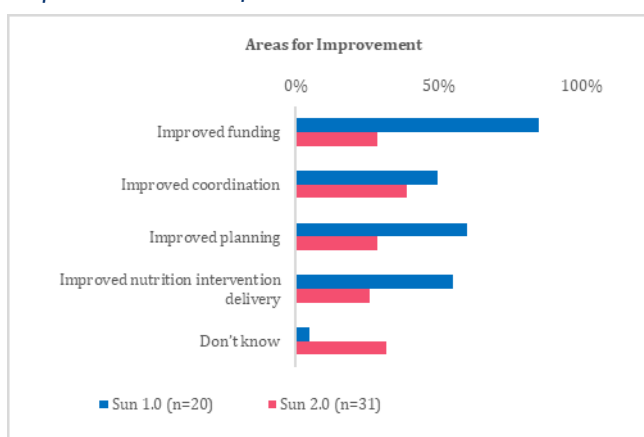


6. Stakeholders' Perception on the implementation of MCDP: *Dr Stephanie Martins, Assistant Professor, Gillings School of Global Public Health, University of North Carolina at Chapel Hill*

This presenter shared stakeholders' perceptions on the implementation of the MCDP. The following were the key highlights:

- Stakeholders in SUN 1.0 districts were aware of most of the efforts aimed at addressing malnutrition
- The need for improved coordination was the major recommendation from stakeholders

*Figure 12. Percentage of Respondents sharing specific suggestions for improving implementation of MCDP*



#### 4.2.4 PLENARY QUESTION AND ANSWER SESSION

Following the presentation of baseline survey findings, conference participants were given the opportunity to ask questions (See Annex 3 for the questions and responses). The questions posed were wide-ranging, including, among others, questions on the level/strength of coordination between various line ministries; the correlation (or absence of) between performance on certain indicators and stunting levels, and reasons behind (need for further analysis of) stunting levels found in certain districts.

#### 4.2.5 AFTERNOON BREAKAWAY SESSIONS

The afternoon session was dedicated to group work. Three groups were formed around 6 thematic areas.

Group 1	1. Nutritional Status of Children under 2 and their mothers 2. Infant and Young Child Feeding 3. Sustainable Health and Nutrition Services
Group 2	4. Access to Safe and Nutritious Foods 5. Dietary diversity, household hunger, and resilience.
Group 3	6. Water, Sanitation, and Hygiene

Participants were given an opportunity to discuss key baseline findings, identify programme and policy implications of the findings, and make recommendations. Each group was led by a Chairperson from a sector lead ministry and rapporteurs recorded the proceedings of the sessions. During group discussions, participants were expected to identify specific policy and/ or programme implications for each key finding.

While Annex 4 details the discussions and recommendations from each group, the following summarizes the feedback from each group:

##### Thematic Group 1: Nutritional Status of Children under 2 and their mothers; Infant and Young Child Feeding, and Sustainable Health and Nutrition Services

*Key finding 1* – District differentials in stunting: There are district differentials in stunting (lowest was 15.8% in Zambezi district and highest in Nchelenge and Samfya, 43.1% and 43.0% respectively).

*Programme recommendation* – The team recommended that differences in stunting by district requires unique, district-specific, intervention packages to address the problem.

*Recommendations for further analysis* – The team recommended conducting further analysis to ensure a better understanding of each district's stunting and determinants. There is a need for an in-depth study to understand the reasons behind lower stunting levels in certain districts compared to others with similar profiles. A study is also needed to identify the drivers of high stunting rates in Luapula and Zambezi provinces.

*Key finding 2* - Stunting in infants less than one month old: The prevalence of stunting in infants less than one month old was seen to be a problem related to maternal nutrition before and during pregnancy.

*Programme recommendations* – The team noted that “length at birth” is not recorded at health facilities in Zambia; only weight is recorded at birth. When children are born stunted, it points to maternal

Figure 13. Child and Maternal Nutrition breakaway session



nutrition and stature and highlights the need to focus on adolescent nutrition, particularly in light of the high adolescent pregnancy rates in Zambia. Further, the team identified a need for maternity wards to be supplied with anthropometric equipment to measure length at birth in order to identify short-stature new-borns in a timely manner. The team also recommended the need to: promote exclusive breastfeeding and record initiation of breastfeeding at birth; build the capacity of health providers by institutionalising nutrition training through both in-service and pre-service training; strengthen social behaviour change communication (SBCC) during pregnancy e.g. integrate nutrition into Antenatal Care (ANC); offer a package Essential Nutrition Actions (ENAs) to Maternal and Child Health (MCH) departments and ANC clinics, and provide flow charts to guide health workers delivering nutrition services.

*Recommendations for analysis* – The team recommended a literature review of studies conducted in similar settings to identify ways of incentivising good practices among health service providers.

*Key finding 3 - Low levels of exclusive breastfeeding:* An exclusive breastfeeding rate of 38.7% was seen as a problem that may be contributing to high levels of stunting in Zambia. Further, findings showed breastfeeding rates decreasing as a child's age increases.

*Programme recommendation* – The team identified a need to intensify interventions to promote exclusive breastfeeding through SBCC. With regards to mothers living with the Human Immunodeficiency Virus (HIV), there is a need for more attention on exclusive breastfeeding and support for Antiretroviral Therapy adherence during the complementary feeding period in order to reduce the risk of transmission. There is also a need to address conflict between the guidance/ implementation of Prevention of Mother to Child Treatment (PMTCT)/Elimination of Mother to Child Treatment (EMTCT) and nutrition.

## Thematic Group 2: Access to Safe and Nutritious foods

*Key finding 1 - Safe food preparation and storage:* The team agreed that the finding that only 7.5% of households practice recommended safe food preparation/ improved storage practices was too low and warrants attention.

*Policy/program recommendation* – The team recommended that implementing partners design interventions aimed at improving childcare and growth monitoring at health facilities and further design interventions to promote nutrition-sensitive agriculture targeting the Ministry of Agriculture. Overall, the team identified strengthened cooperation and coordination between key line ministries (MoH, MoA, etc.) in the implementation of nutrition programmes as a key strategy to achieving the desired improvement in nutrition status of the Zambian population.

The team further recommended that implementing partners and all programme officers from the agriculture sector should review existing GRZ strategies and analyse the gaps between policy and practice. The team identified a need to develop guidelines on post-harvest handling of food.



*Recommendations for further research* – The team observed that while safe food preparation and storage was identified as a problem, findings did not show correlation with stunting. This was identified as a gap requiring further analysis. Similarly, the team asked for further analysis to identify specific elements of the composite score (i.e. storage, food handling, and preparation/processing).

*Key finding 2 – Selling/bartering of food/livestock produced:* 49.4% of households (61.3% rural and 23.6% urban) reported selling/bartering nutritious value chain food/livestock. This was identified as a problem. This is because the government was promoting the nutritious value chain foods and livestock primarily for consumption at the household level; only excess quantities were to be sold/bartered.

*Programme recommendation* – The team found a need to increase public awareness about the importance of consuming value chain commodities on the health of their children and entire household. Further, the team recommended that interventions should be designed to help educate households in building simple post-harvest storage structures to allow them to store and preserve their produce over extended periods of time.

*Recommendations for analysis* – the team recommended deeper analysis to assess the balance between what was produced and what was consumed and to find out whether selling/bartering value chain commodities is associated with malnutrition. The team also recommended disaggregated analyses for livestock and crop quantities produced and sold to identify where the major problem lies.

### Thematic Group 3 – WASH

*Key finding 1 - Access to basic drinking water:* Findings showed that only 37% of households have access to basic drinking water. The team observed that this is extremely low.

*Programme recommendation* – The team identified the need to develop small-scale water reticulation systems but noted that water reticulation systems are very expensive to put in place and maintain. Nevertheless, the systems were very important in preventing consumption of heavy metals

*Key finding 2 - Hygiene practices:* The team identified low levels of hygiene practices (5.6%) among households as a worrying finding, especially considering the negative impact of poor hygiene on malnutrition.

*Programme recommendations* – The team recommended the following interventions to achieve improved hygiene practices in target communities:

- Applying social pressure for communities to achieve Community Led Total Sanitation (CLTS);
- Interventions should target young people in schools to ensure that they grow up with solid hygiene practices which they are less likely to discard later in life.

Figure 15: Team in the WASH breakaway session



- Before developing interventions, programme designers should conduct formative research to find what motivates people to foster change (For example, a message may read: hand washing makes you smart and leads to good health)

*Key finding 3 - Low home-based water treatment:* Home-based water treatment was found to be very low (Ndola district was the exception with at least twice the rate of the other districts). This was identified as a major problem given the questionable quality of most sources of water accessible to households.

*Programme recommendation –* The team recommended the following interventions:

- Targeting improved attitude towards home-based water treatment technologies (e.g. boiling water)
- Establishing community acceptance about the poor quality of their water, as a lack of understanding and acceptance about water quality is a major barrier to behaviour change. One way this could be done is by conducting community-level, before and after water treatment testing using Hydrogen Sulfide (H<sub>2</sub>S) whereby communities would be given an opportunity to assess the quality of the water they drink, and provided with information on home-based water-treatment technologies.

## 5 LESSONS LEARNT/GOOD PRACTICES

*Conference planning to include wider stakeholder involvement -* The planning committee had members from all 7-line ministries and officers from implementing partners working in different sectors, bringing a diverse range of expertise. Future conferences and implementation will be designed along a similar model to ensure full participation and contribution of sectors throughout the planning and implementation of various activities.

*Preparations and stakeholder consultations to start early –* the planning team identified the importance of starting preparations early, especially consultations with key stakeholders, for the successful implementation of the national conference.

*All presentations to be reviewed pre-conference to ensure alignment -* The planning committee noted the need to preview all presentations to ensure that they are in-line with conference objectives and streamlined.

The involvement of the events manager helped the smooth organisation of the national conference. The events manager brought a lot of experience and they provided timely guidance in the organisation of the national. This helped to avoid a lot of mistakes which would have affected the quality of the conference.

## 6 NEXT STEPS

SUN LE will incorporate recommendations made from the conference into the final baseline survey report, where applicable. Some of the recommendations include the need to conduct further analyses in order to deepen understanding of observed measures and increase the utility of the findings to the programme. SUN LE will review recommendations for further research and work with stakeholders to prioritize the implementation of the proposed research.

Following the national conference, the baseline survey report will be finalized based on input, and the approved baseline findings will be the basis for conducting district-level disseminations to the 30 SUN priority districts.

The MCDPII Baselines results will be used as a basis for developing the district multi-sectoral plans by the District Nutrition Coordinating Committees.

## **ANNEX I. TERMS OF REFERENCE FOR THE NATIONAL CONFERENCE PLANNING COMMITTEE**

### **Before the conference**

- Review and finalise the draft conference objectives developed by SUN E
- Develop the conference theme and agenda
- Approve logistical arrangements (e.g. venue selection, AV equipment requirements, menus/meals/teas, etc.)
- Guide the work of the conference organiser
- Identify potential invitees and key speakers
- Guide the solicitation of technical content (e.g. presentations, etc.) from stakeholders and implementation partners; review and approve technical content
- Review presentations prior to the conference Arrange for publicity through the conference organiser
- Lead implementation of pre-conference events (i.e. breakfast shows, interviews, etc.)

### **During the conference**

- Ensure registration of participants
- Provide participants with conference materials
- Document the proceedings of the conference
- Chair and coordinate breakout sessions

### **After the conference**

- Evaluate the conference, compile lessons learned, and make recommendations for future conferences
- Provide input on the report submitted by the conference organisers
- Ensure timely finalization of conference report

## ANNEX 2. PLANNING COMMITTEE MEMBERS

No	Names	Organization
1.	Mathews Onyango	SUN LE
2.	Boniface Kanjere	NFNC
3.	Patricia Sakala	SUN LE
4.	John Manda	SUN LE
5.	Jossy Phiri	NFNC
6.	Brian Kunda	NFNC
7.	Soneka Koji	NFNC
8.	Abigail Yikona	Civil Society Organizations – Scaling Up Nutrition (CSO-SUN)
9.	Nsungwe Mulendema	CSO-SUN
10.	Yaled Sichivula	MoH
11.	Martin Kapenda	Ministry of Information and Broadcasting
12.	Siwisha Brian	Zambia National Information Services (ZANIS)
13.	Nickson Zulu	Resolution Events
14.	Linda Mudenda	Resolution Events
15.	Betty Siakwale	NFNC
16.	Belinda T. Tembe	NFNC
17.	Ballard Zulu	IAPRI
18.	Dorothy Sikazwe	MoH
19.	Musonda	Ministry of General Education
20.	Monde lisulo	Ministry of Livestock and Fisheries
21.	Paul Mboshya	Ministry of Water Development, Sanitation and Environmental planning

## ANNEX 3. CONFERENCE ATTENDEES

No.	Name	Institution
1.	Dorothy Namuchimba	APEX
2.	Mary Banda	Cavendish
3.	Olatubosun Akinola	Clinton Health Access Initiative (CHAI)
4.	Linkson Zulu	Churches Health Association of Zambia (CHAZ)
5.	Jim Mwandia	CHAZ
6.	Carol M Mufama	Clinton Health Access
7.	Wendy Anna Rose	Catholic Relief Services (CRS)
8.	Abigail Yikona	Civil Society Organisation Scaling Up Nutrition (CSO – SUN)
9.	Matthews Mhuru	CSO – SUN
10.	Maxwell Mumba	CSO – SUN
11.	Nsungwe Mulendema	CSO – SUN
12.	Domia Phiri	Civil Society for Poverty Reduction (CSPR)
13.	Linda Nyonda	Daily Mail
14.	Silke Seco	Department for International Development (DFID)
15.	Xlicoliene Oudwater	DFID
16.	Dante Bwayla	Diamond TV
17.	Victoria Kayoye	Diamond TV
18.	Mwiya Munda	Embassy of Ireland
19.	Solenli Chibwe	European Union Delegate
20.	Carla Henzler	GIZ
21.	Dennis Lohmann	GIZ
22.	Emily Mwale Banda	Harvest Plus
23.	Ballad A M Zulu	IAPRI
24.	Mulako Kabisa	IAPRI / SUN LE
25.	Mulenga C Napanje	Lusaka Apex Medical University (LAMU)
26.	F Monde Lisulu Hatembo	MoA
27.	Nancy Chella	MoA
28.	Christopher Mbewe	MoA
29.	Chrispin N Soko	MoA
30.	Elizabeth Nakamanga	MoA
31.	Tresphor Chanda	MoGE
32.	Nkole Chanpala	MoGE
33.	Maybin Luulu	MoGE
34.	Rebecca Nkole	MoH
35.	Martin Mzumara	MoH
36.	Dorothy Sikazwe	MoH
37.	Mwewa Kaliliti	MoH

No.	Name	Institution
38.	Fransica Mubamba	MoH
39.	Tina Chisenga	MoH
40.	Jane M. Hamomba	MoH
41.	Christine Makukula	MoH
42.	Sandra Mwanamani	MoH
43.	Jane M Hamomba	MoH
44.	Eunice H Peleka	MoH
45.	Miriam Kunda	MoH
46.	Jonathan Mwewa	Musika
47.	Miranda Mateyo	MUSIKA
48.	Margret Kundwe	MWDESP
49.	Paul Mboshya	MWDESP
50.	Kwegi Jere	MWDESP
51.	Lemana Washingstone	National Agriculture Information Services (NAIS)
52.	Chiluba Kawimbe	NAIS
53.	Nicholas Mwale	NAIS
54.	Stanley Mulenga	National Assembly
55.	Florence Mbewe	National Assembly
56.	Fatima Abdoola	Nutrition Association of Zambia (NAZ)
57.	Gloria Chola	NAZ / Liutebum University
58.	Augustine C Kaunda	NAZ / Liutebum University
59.	Sosten Banda	NFNC
60.	Chisela Kaliwile	NFNC
61.	Kalimbwe	NFNC
62.	Majorie Simumbwe	NFNC
63.	Mike Mwanza	NFNC
64.	Boniface Kanjere	NFNC
65.	Mulanji Choongo	NFNC
66.	Brian Kunda	NFNC
67.	Jossy Phiri	NFNC
68.	Koji Soneka	NFNC
69.	Belinda Tembo	NFNR
70.	Hilda Nyambe Silavwe	National Institute for Scientific and Industrial Research (NISIR)
71.	Henry Njapau	NISIR
72.	Nchimunya Chimuka	Natural Resources Development College (NRDC)
73.	Neleya Siyumbano	NRDC
74.	Tippor Ntini	Oxfam
75.	Astridah N Phiri	Programme Against Malnutrition (PAM)
76.	Francis Kasamala	PAM

No.	Name	Institution
77.	Melita Lungu	PAM
78.	Favourite Kalando	QFM/TV
79.	Lomphande Phiri	Radio Phoenix
80.	Manjoh Tumwa	SNV Netherlands Development Organisation (SNV)
81.	Kennedy Chipampe	SNV
82.	Jeff Kapembwa	Southern Times
83.	Mary Pat Selvaggio	SUN LE
84.	Edna Berhane	SUN LE
85.	John Manda	SUN LE
86.	Lwendo Moonzwe Davis	SUN LE
87.	Mathews Onyanga	SUN LE
88.	Patricia Sakala	SUN LE
89.	Beatrice Kawana	SUN TA
90.	Casius Chuma	SUN TA
91.	Makabaniso Ndhlovu	SUN TA
92.	Philippe Lemay	SUN TA
93.	Reginald Ntomba	SUN TA
94.	Solomon Mbewe	SUN TA
95.	Audrey M Muchemwa	Swedish Embassy
96.	George Sinkala	The Globe News
97.	Hellen Tembo	Times Of Zambia
98.	Stephanie Martin	UNC
99.	Dorothy Nthani	UNZA
100.	Anafridah Bwenge	USAID
101.	Erin Berghammer	USAID
102.	Elizabeth M Chisala	USAID
103.	Kayt Erdahl	USAID
104.	Edward D	USAID
105.	Jeff D	USAID
106.	Dimuna Mwange	Water Aid
107.	Emmanuel Kiles	WFP
108.	Matridah Mukombo	World Vision
109.	Kelvin Chimbinde	ZANIS
110.	Milton J Lungu	ZANIS
111.	Kabisa M Situmbeko	ZANIS
112.	Nora Chimupi	ZANIS
113.	Siwisha Brian	ZANIS
114.	Sunday Bwalya	ZANIS
115.	Tamara Billima	Zambia Institute for Policy Analysis and Research

## ANNEX 4. FEEDBACK FROM THE QUESTION AND ANSWER SESSION

Topic	Question/Comments	Reply
KIs/General perceptions of the programme	1. What is the role of Ministry of Fisheries and Livestock in the MCDP? There appears to be a disjoint between MoH and Ministry of Fisheries in terms of coordination	The MCDP is anchored the multi-sectoral response from particularly the 7-line ministries of which the ministry of Livestock and Fisheries is a key contributor. Therefore, all efforts were made include al the key stakeholders as much as possible, both from the private, NGO and government sectors.  Representatives from Ministry of Fisheries were included in the study participated in the KIs. They were also invited to the conference.
Exclusive Breast feeding	2. Does traditional medicine given to infants (0-5 months) disqualify infants for inclusion under the number of children exclusively breast fed?	The only medicine considered is that given from the health facility – conventional medicine and those who were given traditional medicine are disqualified – all traditional/herbal medicines are regarded as food.
Performance of Western Province	3. Indicators related to factors associated with stunting in districts in Western province were found to be very low, but stunting was not found to be high; what could be the explanation for that?  4. Households with middle to high social economic status are seen to have high levels of stunting. This is something that requires further studies	For Western province, the biggest issues appear to be wasting. This indicator is affected by episodic exposure to food shortages while stunting is affected by chronic food shortages
Stunting in Luapula province	5. Districts in Luapula province are doing poorly because of poor protein quality, i.e. no access to animal source foods – too much reliance on cassava and beans (and these two foods do not complement each other)	<ul style="list-style-type: none"> <li>It is true, Protein quality in the foods consumed in districts in Luapula may be a huge determinant of stunting but needs this phenomenon requires more research</li> <li>There is a study that was conducted in Luapula that correlates malaria prevalence and stunting. It would be good to review that study and gain some insights</li> </ul>
	6. Why was Aflatoxin and its impact on stunting not measured in this study?	<ul style="list-style-type: none"> <li>There is a consideration to prioritise a Focused Study on aflatoxins and this is planned to be carried out in 2020. The objectives of the study are yet to be defined</li> <li>There was a study conducted in Tanzania and Kenyan on aflatoxins and it would be a good idea to review the study and gain some insights to include in SUN interventions</li> </ul>

## ANNEX 5. FEEDBACK FROM THE THEMATIC GROUPS

No.	I. Key Finding (s) What are the key baseline survey findings?	II. Programmatic implication(s) What do the findings mean for programme design/interventions? What should be done as a result of the findings?	III. Policy implication(s) What do the findings mean for existing policies? What should be done as a result of the findings (i.e., new policies)?	IV. Additional analysis What additional analysis is recommended?	V. Other recommendation (s)
<b>1. Access to Safe and Nutritious Foods (Agriculture, Food Production, and Consumption Group)</b>					
1.	Safe food preparation, processing, and storage was reported to be low (only 7.5% practiced all three elements of food safety). It is however surprising that the study did not find a correlation between food safety and stunting	<ul style="list-style-type: none"> <li>Implementing Partners should re-design interventions to address information gaps (especially training of target groups).</li> <li>Ensure that trained staff are retained in the target districts so they can contribute to stunting reduction in those districts</li> <li>Strengthen cooperation and coordination between MoH and MoA and other relevant line ministries/partners.</li> <li>Strengthen post-harvest technologies at all levels</li> </ul>	Develop guidelines based on policy/strategic documents to guide food production, processing and safe storage	<ul style="list-style-type: none"> <li>Look at existing GRZ strategies and analyse the gaps between policy and practice</li> <li>Conduct deeper analysis into baseline data to see which components are the root cause of the underperformance (storage vs preparation vs processing)</li> </ul>	Questions on food processing missing in the questionnaire.
2.	Women's consumption of targeted nutrient-rich value-chain commodities was reported to be low (only 34.3% consumed targeted nutrient-rich value chain commodities).	Overall, a low percentage of women consumed targeted nutrient-rich value-chain commodities. There are also large differences in consumption levels across districts which will require targeted approaches during implementation of interventions.	<ul style="list-style-type: none"> <li>Need to put in place policy to address consumption of targeted nutrient rich value-chain commodities.</li> <li>Make the policy on agricultural diversification to reflect location specific agro-ecological comparative advantage.</li> </ul>		
3.	The mean dietary diversity for women (MDD-W) was reported to be below the FAO minimum recommendation (4.6 food groups compared to 5), especially in rural areas.	<ul style="list-style-type: none"> <li>Overall, women consuming low variety diets (especially at the most abundant time of year) shows a big problem. The large differences in MDD-W across districts requires a targeted approach to the interventions.</li> </ul>	Increasing the FISP package and quantities		Across all indicators: Need more co-designing of programmes/interventions with farmers rather than making decisions

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		<ul style="list-style-type: none"> <li>• Increase and diversify agricultural inputs (e.g. seed packs, nutrient dense crops, bio-fortified crops) given to families so that they produce more for consumption and for sell. The intervention should include agriculture extension services and the Farmers Input Support Programme (FISP)</li> <li>• Promote consumption of food that households produce as opposed to selling all of it.</li> <li>• Develop and disseminate dietary guidelines to the public.</li> <li>• Improve coordination and collaboration among the different players.</li> <li>• Programme to focus more on increasing incomes in rural areas which will lead to increased access to diversified food sources.</li> <li>• improve monitoring of FISP implementation</li> </ul>			and having top-down implementation
4.	49.4% of households were reported to have sold/bartered nutritious crops and livestock that they grew/kept with more rural households (61.3%) selling/bartering the nutritious crops and livestock they grew than urban households (23.6%)	<ul style="list-style-type: none"> <li>• Need more public education on importance of consuming nutritious foods and livestock.</li> <li>• Support households build and improve simple post-harvest storage structures to allow storage and preservation of their produce over longer period of time (simple technologies)</li> </ul>		<ul style="list-style-type: none"> <li>• Conduct deeper analysis on how much (what proportion) of grown food/livestock is sold compared to what is consumed and the relationship of this measure with dietary intake and stunting.</li> </ul>	

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				<ul style="list-style-type: none"> <li>• Separate analysis on livestock and crops so that it is easy to isolate where the biggest problem is.</li> <li>• The analysis should show which foods in particular were sold/bartered (i.e. analyse for orange maize) and also find out the reasons for selling/bartering of nutritious crops</li> </ul>	
5.	46.1% of households reported having grown nutritious foods for consumption. More rural households (57.6%) produced and consumed nutritious foods than urban households (21.2%).	<ul style="list-style-type: none"> <li>• Promote irrigation and urban agriculture (micro and sack gardening) for year-round production and consumption of diversified foods.</li> <li>• Support households to build simple post-harvest silos to store production for longer periods of time</li> <li>• Investigate barriers to gardening and develop interventions to address the problems</li> </ul>		<ul style="list-style-type: none"> <li>• Conduct deeper analysis by comparing responses between urban and rural prevalence separately.</li> <li>• Conduct analysis separate for livestock and crop production</li> <li>• Conduct deeper analysis on how much (what proportion) of grown food/livestock is sold and relationship with dietary intake.</li> </ul>	

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6.	Findings show 19.4% of households had the recommended minimum dietary diversity	See notes for MDD-W	See notes for MDD-W	Separate out analysis for women's DD and children's DD	<ul style="list-style-type: none"> <li>Indicator on household incomes was not measured in the baseline and it should be measured. There is need to increase income through promoting value addition alternatives such as dried mushrooms, dried guava, etc., and encourage livelihood approaches.</li> </ul>
<b>2. Nutritional Status of Children under 2 and their mothers</b>					
8.	<p>-The survey found high stunting (30.2%) and underweight (9.8%). Stunting was also reported to increase with child's age. This shows that child care for older children was –suboptimal.</p> <p>-The survey found that stunting was high among infants aged 0-1 month. The group believed stunting in infants was related to maternal factors ((maternal nutrition and maternal stature)</p> <p>-High levels of stunting children among adolescent mothers</p>	<ul style="list-style-type: none"> <li>Focus interventions on stunting in areas where stunting is high more resources in those areas specific to those factors</li> <li>Ensure maternity wards are capacitated to measure length at birth, and initiation of BF and breastfeeding counselling package</li> <li>Revise registers to include length measurement at birth</li> <li>Strengthen SBCC during pregnancy. Integrate nutrition into ANC; Package ENA for MCH depts. ANC clinics, provide flow charts that remind health workers (HWs) what to do (related to nutrition)</li> </ul>	Child health booklet, package all these things into booklet and other programs - mainstream sex differences **biases for or against (even boys need EBF)	Malaria/and stunting? Find out factors that are contributing to high rates of stunting at the district level so it can inform targeted interventions	<ul style="list-style-type: none"> <li>How can resources for malaria be used to support nutrition - malaria has a lot of resources could they be leveraged to address stunting since there is a link</li> <li>Re-orient health system to strengthen capturing height/training and equipment in the labour wards when children are born –</li> </ul>

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	<p>-High proportion of the children who are severely stunted is high</p> <p>-Stunting was higher in rural areas compared to urban areas</p> <p>- Some districts (e.g. Zambezi) were reported to have relatively low levels of stunting (19.2%) and the rates were comparable to Ndola (15.8%) which is an urban area</p> <p>-Stunting levels in districts in Luapula are very high and require further investigation (37.5% in Mansa, 43% in Samfya, and 43.1% in Nchelenge).</p> <p>-</p> <p>-Stunting in males is markedly higher compared to that of female children</p> <p>-Low BMI combined with high adolescent pregnancy</p> <p>-Older mothers and adolescent mother had higher prevalence of children who were stunted</p>	<ul style="list-style-type: none"> <li>For the 8 recommended ANC visits and PNC and FP visits have nutrition integrated, PNC can follow up with BF</li> <li>Stock health facilities with the required equipment to do their work (anthropometric equipment, etc.)</li> <li>Build HR capacity, training institutions around nutrition (both in-service and preservice training are needed)</li> <li>Bring GMP back - train community health workers (CHWs) because nurses are overloaded</li> <li>Find out progressive approaches to motivate and monitor CHWs. Options include implementation study performance-based incentives and model what has worked in other settings</li> <li>interventions to focus attention in districts with high wasting and stunting</li> <li>Link with empowerment programs for adolescent/young mothers (i.e. cash transfer)but need to be careful, that we are not incentivizing adolescents to become pregnant</li> <li>Develop SBCC materials for adolescent nutrition. There is an adolescent health strategy but there is need for the materials to be developed and training participants need training materials</li> </ul>			<p>should record initiation of breastfeeding – need to take length at birth along with weight</p> <ul style="list-style-type: none"> <li>What is the determinants of differences in stunting levels in districts</li> <li>Is IFA actually being taken?</li> <li>Underweight is a big concern in Kaputa and this need further analysis</li> <li>Exclusive Breastfeeding (EBF) was reported to be lower among educated mothers, but stunting is lower among educated mothers. There is need to disaggregate stunting by mother's education level and by child age</li> </ul>

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		<ul style="list-style-type: none"> <li>Link adolescent interventions with interventions on ending child marriage – send nutrition messages to groups</li> <li>to address stunting among older mothers</li> <li>Create a pack for adolescent nutrition</li> </ul>			<ul style="list-style-type: none"> <li>Stunting levels is higher with higher EBF. There is need to analysis an explain how it is that is stunting going down when EBF is also goes down</li> </ul>
9.	EBF decreases as the child gets older with a sharp drop in EBF after 2 months	<ul style="list-style-type: none"> <li>Intensify interventions to promote EBF – SBCC</li> <li>There is need for more attention on EBF and support for HIV treatment adherence during the complementary feeding period to reduce the risk of transmission; need to address conflict between paediatricians(PMTCT/ EMTCT) and nutrition</li> <li>Conduct SBCC for caring practices</li> <li>Intensify counselling on age-appropriate infant feeding and caring practices focusing on nutrient dense foods with integrated Early Childhood Development use nurturing care framework responsive feeding, stimulation</li> <li>UNICEF KAP study care practices is a reference</li> <li>ENA need to be addressed in SBCC</li> <li>Since IFA is included in package, it is important to find out if it is being taken</li> </ul>		What are the factors that are influencing the drop off in EBF rates? Examine women's work and EBF	<ul style="list-style-type: none"> <li>Working mothers need to understand how that is influencing EBF additional analysis</li> <li>How to address and package HIV and Infant feeding. There is need for more evidence on this</li> </ul>

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		<ul style="list-style-type: none"> <li>Strengthen assessment for anaemia, reinforce quality of ANC testing anaemia and all other tests at ANC that affect the health of the mother and baby-ensure all nutrition interventions addressed during pregnancy</li> </ul>			
<b>3. Water, Sanitation, Health</b>					
10.	Access to safe water is a problem (37.7%)	<ul style="list-style-type: none"> <li>Develop new sources/points (i.e. small water reticulation systems, putting up filters for prevention of consumption of heavy metals, Iron removal units are expensive, on-going but proving ineffective)</li> <li>Enhance operations and maintenance</li> <li>In locations such as Samfya – there is a lake with plenty water but surface water is difficult to treat</li> <li>Increase awareness safe water handling</li> <li>Diversify water schemes</li> </ul>			
2	Poor hygiene practice (5.6% overall - 15.8% in urban areas and only 0.9% in rural areas)	<ul style="list-style-type: none"> <li>Put in place hygiene facilities (i.e. handwashing)</li> <li>Applying social pressure for communities to achieve CLTS</li> <li>Interventions may take the following approach: CLTS- community led total sanitation + SBCC + trigger method</li> <li>We need to implement full time hygiene programming- formative research to know what should be done until we make it a mindset/lifestyle change</li> <li>Promote better hygiene through SBCC</li> </ul>			

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		<ul style="list-style-type: none"> <li>• Consistent reminder on hygiene practices</li> <li>• Find what motivates people to foster change (i.e., hand washing makes you smart, and perhaps not handwashing leads to good health, etc.)</li> <li>• There should be long term interventions to target the younger generation (better to teach than to re-teach)</li> </ul>			
	Low access to sanitation (20.5% had improved sanitation; 11.4% in rural areas)	<ul style="list-style-type: none"> <li>• Use of CLTS approach (this has proved successful from 0 communities to about 150 communities in a short period, say 3 months)</li> <li>• CLTS works well with rural areas</li> <li>• Urban (specific) <ul style="list-style-type: none"> <li>– Sanitation marketing – giving a range of options for communities to choose depending on resource availability</li> </ul> </li> </ul>			
3	Low home-based water treatment - only 9.5% treated their drinking water (Ndola was the exception with a rate of 55.6 %). Twice as many households in urban areas treated their water than in rural areas.	<ul style="list-style-type: none"> <li>• Target improved attitude towards home-based water treatment technologies (i.e. boiling water)</li> <li>• Find out barriers to boiling</li> <li>• Establishing acceptance that the quality of water is not good by testing the water, using H2S, with the community and treating it, using homebased treatment, and then retest</li> </ul>			

## ANNEX 6. NATIONAL CONFERENCE PROGRAMME

Time	Activity	Responsible	Chairperson
08:30	Registration, coffee & networking (30 Minutes)	All	
09:00	Welcoming Remarks (10 Minutes)	NFNC	Master of Ceremonies (MC)
09:10	Remarks by Cooperating Partners (10 Minutes)	CP Representative	MC
09:15	Keynote address (10 Minutes)	Guest of honour	NFNC
09:25	Nutrition situation, background and key milestones of the SUN programme (20 Minutes)	NFNC	MC
09:45	Overview of SUN 2.0 Baseline Survey methodology (15 minutes)	SUN LE	MC
10:00	Morning Break (15 minutes)	All	
10:15	Presentation of baseline survey findings - Household (50 Minutes)	SUN LE	MC
11:05	Question & Answer (15 Minutes)		
11:20	Presentation of baseline survey findings - KII (15 Minutes)	SUN LE	MC
11:35	Question & Answer (10 Minutes)		
11:45	Breakaway sessions by thematic areas (90 Minutes)	MC	Lead Ministry
13:00	Lunch Break (60 Minutes)	All	
14:00	Breakaway sessions by thematic areas (30 Minutes)	MC	Lead Ministry
14:30	Plenary presentation by thematic area (20 minutes per group)	Theme rapporteurs	MC
15:30	Question & Answer (20 Minutes)		
15:50	Closing Remarks (10 minutes)	Guest of honour	NFNC
16:00	Tea and Departure	All	