Republic of Zambia

National Food and Nutrition Commission

Delivery of nutrition interventions: A field workers' guide for sectors to enhance Convergence of nutrition interventions at the household level

Produced by:

The Public Health and Community Nutrition Unit
National Food and Nutrition Commission

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A**bout the NFNC**

The National Food and Nutrition Commission (NFNC) is a statutory body that was established in 1967 by an Act of Parliament, Chapter 308, No. 41 as an advisory body to the Government on matters concerning food and nutrition. The Act No. 41 of 1967 was repealed and replaced with the Food and Nutrition Act No. 3 of 2020. Its broad objective is to promote and oversee nutrition activities in the country, primarily focusing on vulnerable groups such as children and women. In pursuance of this mandate, the NFNC has, since inception undertaken several activities aimed at nutritional improvement with varying degrees of success. Many of these have been done through collaborative effort with both local and international stakeholders.

Vision*:* To be Zambia's centre of excellence in leading food and nutrition action for optimal nutrition

Core Values*:* Creativity, Integrity, Teamwork, Equity and Accountability

Mission Statement: To provide efficient and effective leadership for coordinated food and nutrition action in Zambia

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Preface

Zambia has had the problem of under nutrition for several decades, with very alarming levels of stunting, a chronic type of under-nutrition. In trying to mitigate this situation, the Government of the Republic of Zambia has been implementing the First 1000 Most Critical days Programme (MCDP). The first phase of the programme was implemented from 2013 to 2015. The end of project evaluation brought out a number of issues. Those of interest to this document were; low expansion and coverage of the high impact interventions; and inadequate convergence of interventions and services to the households.

Converged and not siloed approach seem to be the answer to effective delivery of nutrition interventions. Why? UNICEF demonstrated the need to address undernutrition by addressing the determinates emanating from sectors of government. This understanding lead to the development of the multisectoral approach in addressing undernutrition, the approach which has been in use for several decades but with little progress on the targets. For instance stunting was 53% in 2001 and currently at 35%. The problem could have been siloed approach which offers limited integration of sectoral activities particularly at communit level. The convergence approach, aims at encouraging all key stakeholders to plan in such a way that they converge in the same community, households and with same target groups in the household so that vultnerable groups can benefit from the key interventions required to promote adequate child growth and development. The converging of sectors at lowest levels offer wholistic address of the determinates of undernutrition narrowing the gaps to vulnerability for the target groups.

Convergency at community occurs through the Nutrition Support Group (NSG) model adapted from the CARE Group model. This model/strategy that allows for the sub-district government personnel from the different sectors to have regular contact with the community through service volunteers (promotors and volunteers) who interacts with the community to negotiate behaviour change. it is hoped that the process will resolve the challenges of low coverage and low convergence of interventions in the implementation of the MCDP II.

The motivation of writing this document was to provide guidance on how the stakeholders in the implementation of the MCDP activities are going to ensure that convergence of interventions is achieved in the target households. The manual is intended for programme officers of line ministries and other partners responsible for delivering nutrition at community. it is believed that by following the guidance the stakeholders will work in one in the delivery of nutrition inteventions.

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Abbreviations

DHD	-	District Health Director
DHO	-	District Health Office
DN	-	District Nutritionist
DNCC	-	District Nutrition Coordinating Committe
HH	-	Household
IYCF	-	Infant and Young Child Feeding
MCDP	-	Most Critical Days Programme
MCDSS	-	Ministry of Community Development and Social Services
MNCC	-	Multisectoral Nutrition Coordinating Committee
MOH	-	Ministry of Health
NCC	-	Nutrition Coordinating Committee
NHC	-	Neighbourhood Health Committe
NSG	-	Nutrition Support Group
NSG	-	Nutrition Support Group
NSG-P	-	Nutrition Support Group Promotor
NSG-V	-	Nutrition Support Group Volunteer
PNCC	-	Provincial Nutrition Coordinating Committee
SBCC	-	Social Behaviour Change Communication
SCPSN	-	Special Committee for Permanent Secretaries for Nutrition
TWGN	-	Technical Working Group for Nutrition
WNCC	-	Ward Nutrition Coordinating Committee
ZNCC	-	Zonal Nutrition Coordination Committee

Table of Contents

Table of Figures

1. The Convergence Process: Implementation of nutrition interventions in Zambia.

"When malnutrition is reduced to the lowest level possible, we shall all be glad", such may be the dreams of nutrition service workers as they fight undernutrition in communities. Malnutrition has perpetually affected many parts of the country for several decades. Nationally, 35% of children under the age of five years are stunted, rural areas having a more significant share of the burden than urban areas (Table 1). Stunting peaks between the age of 18-23 (Zambia Statistics Agency, Zambia and ICF, 2019).

Table 1: Nutritional status of children underfive years of age measured as height for age (stunting) and weight for height (wasting)

Age Category	Stunting below -2 SD2 %	Severe stunting (below -3 SD) %	Wasting below -2 SD2 %	Severe wasting below -3 SD %	weight for height >+2
<6	18.7	6.7	5.1	2.4	15.0
6-8	22.5	7.1	3.7	0.8	5.9
9-11	28.5	9.8	6.6	1.2	5.6
12-17	36.2	13.6	6.0	2.3	5.2
18-23	46.3	20.0	4.6	1.2	5.2
24-35	42.7	14.6	4,2	1.7	4.3
36-47	38.0	11.6	2.8	1.1	3.7
48-59	28.5	8.3	3.7	1.3	2.5

Source: Zambia Statistics Agency, 2020

There are many factors responsible for undernutrition including; inadequate food availability and access, poor caring practices, poor hygiene and environmental sanitation (such as poor and unsafe water and sanitation facilities) and; poor access to health services (UNICEF, 1998b) (Figure 1). Adequate nutrition is dependent on ensuring that the multifaceted determinants of undernutrition are all addressed (UNICEF, 1998b). Due to the multifaceted nature of nutrition problems, adequate solutions entail that an integrated multisectoral approach is used (Levinson and Balarajan, 2013). This model of intervening can be attained if all sectors contributing to nutrition are actively involved in ensuring that their interventions are tailored towards addressing the identified causal factors (World Bank, 2020). More important is the involvement of the key line government ministries such as those responsible for food production, provision of health services, disease prevention, social safety nets, imparting nutrition knowledge and those responsible for reducing and breaking the cycle of poverty. In a multisectoral approach, each stakeholder has specific mandates that should be fulfilled in order to contribute directly or indirectly to improving nutrition, with a common goal of improving the growth and development of infant and young children (NFNC, 2017).

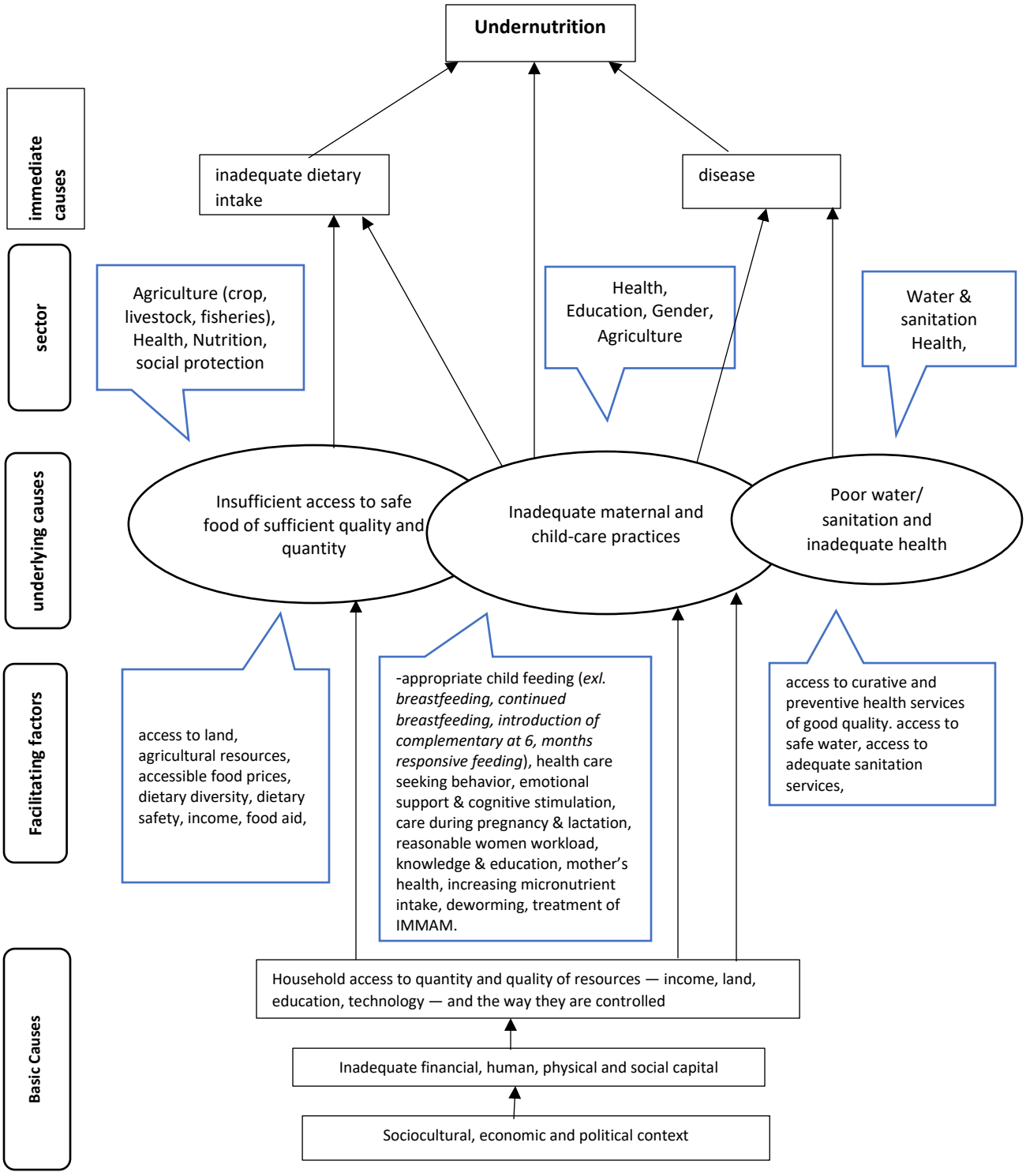

Figure 1: *The UNICEF Conceptual Framework for undernutrition: showing sectors that are key to nutrition implementation to address issues in different facets of the framework. Facilitating factors are those that may lead to inadequacies if not in place. Adapted from* (UNICEF, 1998a; Levinson and Balarajan, 2013)

1.1 What is different about this approach of converging interventions?

Previously, each partner would implement their interventions in their area of choice or as guided by programming. This entailed scattered or siloed delivery of nutrition interventions, with limited gain or success (SPRING, 2015; Drewnowski *et al.*, 2018). For example, one family would receive agriculture and health interventions while the other would receive health and WASH interventions or none. This implied that households received different interventions depending on the focus of the partner working in that geographical area. This kind of service delivery was found to to impact the households differently and reduced the effectiveness of the programme impact of stunting reduction.

Overtime, the need to focus on the convergence of nutrition interventions was seen as a solution to ensuring that targeted households received all the key interventions required to address nutrition problems affecting a given household (Scaling Up Nutrition, 2015; Kim *et al.*, 2017; World Bank, 2020). Covergence of nutition interventions is considered as the provision of a common platform for different organisations and stakeholders to come together and ensure better coordination (IFPRI, 2019) in the delivery of a nutrition interventions. Ved and Menon, (2012, pg, 1) also defined convergency as "strategic and coordinated policy decisions and program actions in multiple sectors, such as agriculture, nutrition, livelihoods, education, and women's empowerment, to achieve a common goal of reduced child undernutrition."

The convergence of multi-sectoral nutrition interventions has gained momentum in the past decade due to certain features likely to increase the effectiveness of nutrition programming. It offers the multiple sectors opportunity to review and develop one nutrition sector action plan with multisectoral input (Scaling Up Nutrition, 2015) at each level of implementation. It is also essential for scaling up nutrition interventions to attain adequate coverage and delivery of services (Kim *et al.*, 2017). Convergence occurs at different levels; between different ministries and departments at the national, provincial, district, ward and community levels with the aim of implementing nutrition interventions from relevant sectors that address key determinants of poor nutrition in the same household, same woman, and same child in the first 1,000 days from conception until the child's second birthday (IFPRI, 2019).

Reduction of malnutrition is one of the major priorities for the Government of the Republic of Zambia. The Government realises that addressing malnutrition requires concerted efforts by all nutrition partners. Therefore, the process of addressing malnutrition particularly stunting started with developing strong multisectoral engagement and coordination structures at all levels of implementation (Appendix 1). Government's commitment to the reduction of malnutrition is seen through the multiple sector interventions that are reflected in key policy documents such as the National Development Plan and the National Food and Nutrition Strategy, among others. These key Government documents state the urgency required to effectively addressall forms of malnutrition including reducing stunting levels (Ministry of National Development Planning, 2017; National Food and Nutrition Commission, 2017).

The identified nutrition interventions are delivered by line ministries and other partners through coordination structures at various levels (Figure 2). Each level has different roles in ensuring that the convergence of nutrition interventions is achieved at community and household levels.

Zambia has prioritised key nutrition intervention areas in the convergence model. These are highlighted in the pyramid of nutrition interventions (appendix 2) and include the following:

- Response to critical needs among nutritionally vulnerable households directly or through referral. This may include the provision of productive inputs, food relief and SAM treatment
- Increased production, preservation, processing and utilisation of nutritious food with market promotion.
- Promotion of good maternal, infant, young child and adolescent health, nutrition and care practices.
- Formation and support of community savings and lending groups and other female empowerment initiatives.
- Facilitate access to clean water and promote good sanitation and hygiene behaviours
- Promotion of gender equity
- Strategic Social and Behaviour Change and Communication

The nutrition interventions are explained in more detail in the Intervention Pyramid and the Nutrition Impact Pathways Documents which can also be found on the National Food and Nutrition Commission (NFNC) website https://www.nfnc.org.zm/

1.2 How convergence of interventions is expected to be attained in Zambia

Convergence of nutrition interventions entails the implementation of multiple sector nutrition activities so that the target household receives all or majority of the high impact interventions needed to address the causal factors of their nutritional problems (Figure 3). The MCDPII Target households include those with children below two years of age, pregnant and lactating women. In Zambia, convergence is considered functional and effective if households/communities receive multiple nutrition-specific and nutrition-sensitive interventions (appendix 2), such as; diversified food production (homestead gardens, small livestock, fish rearing and food processing, preservation and storage) to be food secure; health and nutrition services (MAIYCN counselling, vitamin supplementation, deworming and treatment for malnutrition ; and WASH (improved sanitation, water quality and hygiene) to prevent disease. Besides the above-mentioned interventions, initiatives for income generation and cash transfers, where necessary, will enable households to increase expenditure on food and other basic needs. Therefore, this entails that if a household receives the converged interventions as listed above they are likely to be assured of having physical and economical access to food, and gain nutrition knowledge through SBCC.

The aspects that are relevant supporting convergence are briefly summarized here and are further explained in the sections that follow.

1. Encouraging joint planning of activities by key sectors (all stakeholders).

2. Promotion of synergic linkages among sectors leading to joint implementation as highlighted further below. For instance, institutions such as MOA and MCDSS can work together on women empowerment and food security since this is already part of their mandate.

3. Support other sectors mandates, for example, agriculture can provide technical support to MCDSS regarding crop production and animal rearing among the vulnerable groups receiving social cash transfers and farming inputs. on the other hand, MCDSS can support the MoA in organizing and mobilising communities for delivery of interventions. The MoH can provide technical support to the Ministry of Higher Education and others in the provision of nutrition services such as; GMP, MIYCN messages and provision of iron supplements and deworming tablets among school learners.

4. Use of same delivery channel for interventions through the multisectoral community based Nutrition Support Group structures under the coordination of the Ministry of Health.

5. Specific targeting of beneficiary households where the interventions will be delivered (in the same community, same households, same woman and same child).

Box 1

An account of what Zambia has achieved through multisectoral convergence at various levels

National

- Nutrition in the National Development plans
- Food and nutrition Policy
- National Food and Nutrition strategy
- MCDP guiding documents Phase 1 &2
- combined evaluations
- yealrly joint action plans
- combined M&E
- Draft guidelins for NSGs processes
- Training packages for NSG formation
- draft SBCC message Booklet

District level

- Multisectoral plans
- converged support to implementation

community level

- formation of NSG
- converged implementation of nutrition interventions

1.3 Structures of Convergence of the MCDPII Interventions

Convergence is attained where there is strong coordination among key nutrition partners with a shared goal (in Zambia's case, "reduction of stunting") by ensuring multiple interventions are reaching the same target groups at the community, household and/or individual level at the right time. In Zambia, the coordination of convergence of interventions is promoted and supported through multisectoral structures referred to as "nutrition coordinating committees" (NCC) at national, provincial, district, ward and zonal levels (Figure 2 and appendix 1). These include the National Multi-stakeholder Platform (MSP), Provincial Nutrition Coordinating Committee (PNCC) at provincial level, District Nutrition Coordinating Committee (DNCC) at district level, Ward Nutrition Coordinating Committee (WNCC) at sub-district level and Zonal Nutrition Coordinating Committee (ZNCC) at a Community level. These coordinating structures provide a forum for stakeholders to plan, budget, and support implementation, and monitoring of multiple interventions.

2. Expected roles and contribution of stakeholders in convergence model

3.1 The WNCC and ZNCC Community structures

The **WNCC** and **ZNCC** are multisector structures at the sub-district level and the community level respectively that provide support to Nutrition Support Groups (NSG) in terms of planning, budgeting, service delivery and monitoring of interventions. The Nutrition Support Groups, are groups made up of members from identified '1st 1000 day households', each group comprises 10 members within neighbouring houses. One member from the 10 is nominated to be a leader known as 'NSG-volunteer'. This NSG volunteer is responsible to receive monthly lessons from the the nutrition promoter and in turn shares the key messages in that lessonwith her group members. The key messages all aim at influencing positive knowledge, attitutdes and practices for improved nutrition status and prevention of stunting among the children under 2 years old.

Box 1

What are Health Accountable for in NSG (vs all other sectors)

- To established and rolled out NSG Structures ensuring that scheduled cascade trainings at all levels are conducted, provision of operational Supplies via DHO (gumboots, working materials etc.), there is supportive supervision throughout the cascade and report collation and share-outs to -NCCs
- Cascade monthly lessons to NSG- Supervisors
- Assign NSG focal point at Health facility
- Schedulingof lessons
- In the absence of paid NFNC coordination personal below district level, MOH toensure linkages with all other sectors via -NCCs at ward/zonal level (for integrated service delivery slated to be delivered via NSG)
- At district level Health will collaborate with NFNC-NSC to facilitate multi-sectoral technical inputs from each line ministries for inclusion in NSG events/monthly interaction as per lesson rollout plan.

NSG Accountable /Supervisory Sector: The accountable line Ministry, for overall supervision of the NSGs cascade is the Ministry of Health (Box 2). However, the SBC lessons delivered via NSGs are inclusive of key messages from all multi-sector players (see *figure 1).* The inclusive lessons and key messages is intended to ensure that all multisectoral causal factors are being responded to with matching interventions from respective sectors. The NSG service delivery mechanism/ structure (Appendix 3) also allows for referrals to other needed and available community services/structures. These referral services include Lead Farmer groups, Village Savings and Loans groups, child growth promoters, SMAGs, CBDs, FSP, Social Welfare etc. This is intended to reinforce the enabling environment and strengthen the actions on the key messages being provided through SBC lessons. This is to ensure that benficary needs are addressed not only within the MCDP II services, but also linked to existing services provided by government or other community based players.

In addition, the NSG structure provide a platform for all sectors to collaborate in order to ensure a more coordinated convergence of MCDP II multi-sectoral activities /interventions are provided to beneficiary households and individuals. The approach is designed in such a way that although the Ministry of Health is accountable for NSGs supervisory lines, the involvement of other sectors with Nutrition Coordinating Committees at all levels will ensure the integration and convergence of multiple sectors' activities in the NSG structures. This will occur through linkage to multi-sectoral community services and direct SBCC messaging. In addition, the NSGs through the supervisory cascade will collaborate with sectors staff at subdistrict for specialised skills such as

aquaculture, animal rearing, income saving groups among other initiatives. The WNCC and ZNCC will ensure that the convergence of interventions at a household level is achieved through joint multisectoral /converged planning and budgeting. Equally, WNCC and ZNCC should support monitoring and ensure that all participating sectors (Figure 1) are accommodated in the NSGs. This will form a vibrant community multi-level supervision cascade, through which the NSGs can identify community needs. The NSGs will work with WNCC or ZNCC to ensure that priority activities that aim to address the identified needs are included in the multisectoral plans (Figure 2).

The DNCC provides support through the cascade to WNCC, ZNCC and NSG in terms of skills, job aids, and other materials that are required to enhance capacity to implement activities at community and household level..

NSG Linkages at Community Level: Linkage with MoH: The NSG links with MOH at the community level through the NSG Supervisor. The NSG supervisor can be a subdistrict staff at a health facility, other line Ministry sector; or an individual hired by an implementing partner. The NSG supervisor links with and reports to the health facility as the oversight structure under MoH at that level (community). The NSG supervisor reports to the NSG focal point person at the health facility who also reports to the overall incharge of the health facility.

More details on the roles of the supervisor and other level cadres and information flow within the NSG structure are provided in the NSG guidelines and training package

3.2 District Nutrition Coordinating Committee

The District Nutrition Cordinating Committee (**DNCC)** is the platform for convergence of multisectoral nutrition interventions at the district level. The DNCC is expected to plan and facilitate the generation of multisectoral nutrition interventions. The DNCC is informed by information supplied by the WNCC and ZNCC on one hand, and on the other, he is supported by the PNCC.

DNCC Planning Processinvolve undertaking a situation analysis to identify priority community needs as they relate to the reduction of malnutrition, and translating these into a plan featuring nutrition -specific and -nutrition-sensitive interventions or activities that address these needs. The choice of interventions is based on the evidence-based, high impact interventions that have been identified and prioritised in MCDP II, data from M&E framework as well as available supervisory and administrative reports in various sectors. Each sector incorporates community-level activities in the plan. Based on the identified needs, zonal plans are developed, consolidated and incorporated into the overall district multisectoral plan that reflects what each sector will do to address undernutrition. The provincial level provides guidance to the districts on the various district interventions basing on the district indicators.

The DNCC has its outlined supportive activities to WNCC/ZNCC and NSGs which are mainly intended to strengthen their capacity. These supportive activities include:

- ProvideTraining to enhance skills of service providers in service delivery of the minimum package including, planning, SBCC, gender mainstreaming, formation of community linkages and M&E,
- Provision of guidelines, job aids and tools
- Provision of logistics, including transportation, stationery, allowances.
- Supportive supervision, coaching and mentorship.
- Facilitating monitoring and evaluation (provision of M&E tools and reporting)

3.3 The provincial level

The stakeholders at the **provincial level** develop multisectoral action plans through the Provincial Nutrition Coordinating Committees (PNCCs) to enable them to support implementation at the district level in a converged manner. Since the PNCC support the districts, their actions plans are anchored on the district plans. The PNCC develop theprovincial action plans after completion of the district action plans based on the district activities and paln s.

3.4 The national level

At national level, the **national level** develops a multisectoral action plan through the Government network platform. The multisectoral plan include activities to support the

Box 2
Roles and responsibilities in support of NSG implementation

- To coordinate activities of the NSGs ensuring that the activities of other key sectors are incorporated in the group activities through combined planning of lesson plans, training of NSG-Promoter and NSG-Voluntteer.
- Managing the delivery of lesson plans and monitor the progress of the NSG ensuring timely delivery and availability of expertise for some sessions
- To generate and submit NSG narrative monthly, quarterly, and annual reports to relevant authorities at all levels.
- To ensure joint planning for NSG activities
- To provide continuous guidance and supportive supervision to the implementation of the NSG model.
- To take a lead in conducting training of NSG promotors and NSG volunteers
- Monitoring of NSG model indicators.
- To document and share challenges and successes with stakeholders/partners.

provinces, districts and communities to implement nutrition interventions effectively mainly through:

- Building capacity of staff in Knowledge and skills to enhance implementation of the multisectoral interventions and other processes
- Disseminating guidelines for the delivery of multiple interventions using a convergence model
- Advocacy for improved uptake of services , scaling up/ roll out of services and resource mobilisation and allocation.
- Building capacity (Training) in data capture, analysis and utilisation, focusing on data on coverage of interventions to assess the success of efforts through the convergence model.

3.4 Coverngence Structures

To attain consensus on goals and many other nutrition issues, the country developed convergence structures or the NCC (Figure 2 and appendix 1) at various level with various functions highlighted above. in the convergence model each stakeholder has roles and responsibles in support of NSG implementation as below:

- Each stakeholder is required to actively participate in NSG planning and roll-out discussions at District, Ward and Zonal levels.
- With the overall leadership from NSG personal (MoH) and coordination oversight from NFNC, the stakeholders will be providing sector specific technical input to relevant NSG lessons (content) and joint delivery of integrated community skill building events.
- Each stakeholder will collaborate with NSG structure personal (MoH) to ensure service delivery is scheduled and delivered to suit the sector specific content of lessons. For example:
    - *Homestead food production lesson for dietary diversity combined with seed fairs*
    - *Nutrition-sensitive use of saving and loans payouts combined with Village Banking payout schedules etc*
- Participate in quarterly supervision of NSG coordinated by the health sector
- Through the defined supervisory structure, each stakeholder will ensure that NSG supervisors, promotors and volunteers are well aware of relevant community events, activities and services. This would increase linkages and convergence of services delivered through other existing structures at the community to NSG beneficiary HHs.

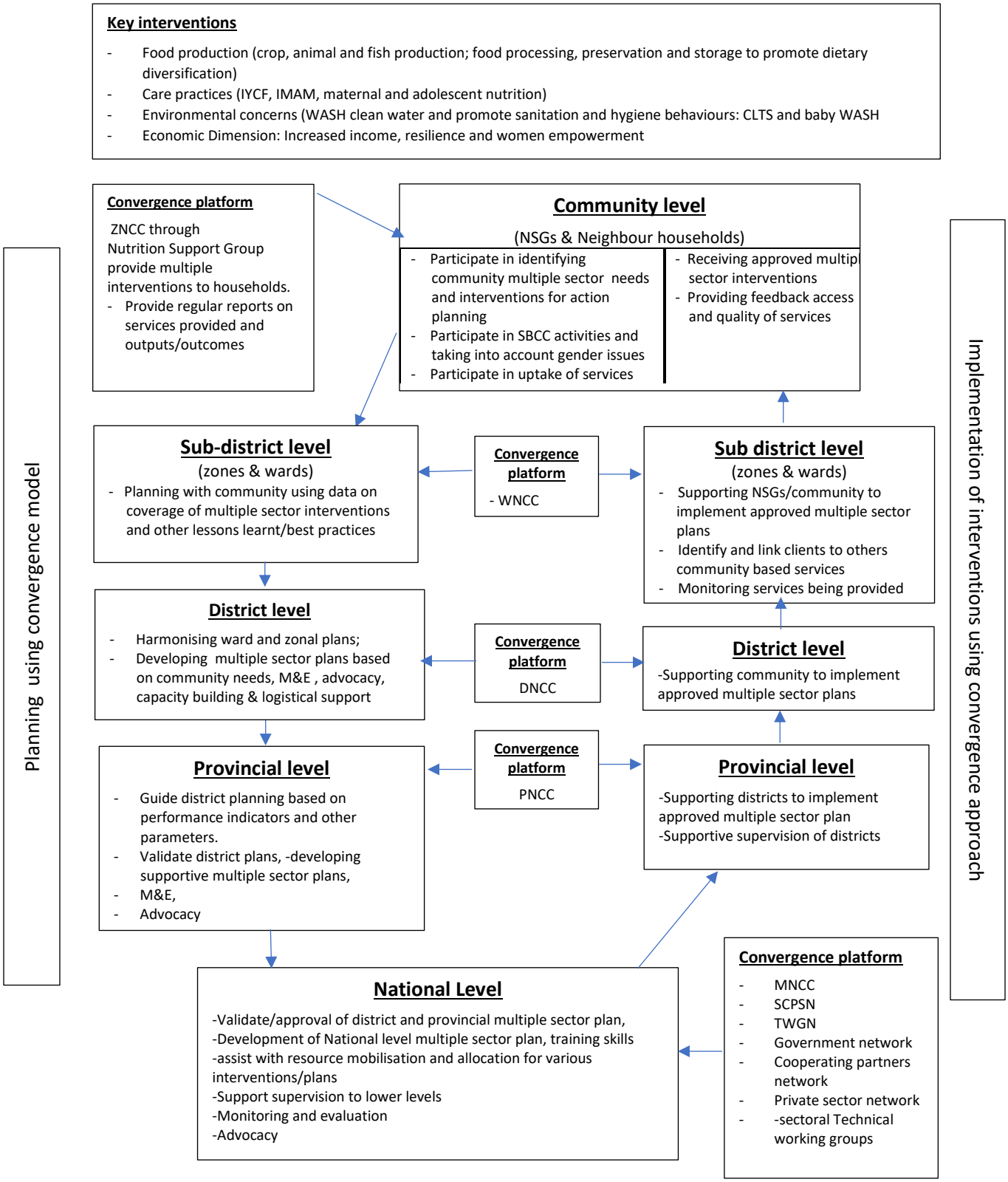

Figure 2: ***Schematic flow of using convergence approach to support service delivery of nutrition interventions at different levels of coordination structures existing in Zambia***

3. How the convergence of interventions would bring about a greater impact

It is well known that the attainment of good nutrition depends on the concerted efforts of many sectors (UNICEF, 1998a) (IFPRI, 2011)(Gillespie *et al.*, 2013). For instance, agriculture (crop, livestock and fisheries) will ensure the availability of food on the table, by supporting diversified food production at the small-holding or household level. At the same time, Social Services will increase joint decision making, through women's empowerment and inclusion in saving and loans groups, so that income use is prioritized for health, education and purchasing diverse nutritious foods for the whole family, especially pregnant women, adolescents girls and children (Gash, 2017). Increased income through linkage to income generation activities can also increase access to diverse farming inputs, food, healthcare and other essential needs to keep the home thriving (Bwalya and Zulu, 2021). Skills in processing and preservation of home-grown produce can ensure access to diverse and safe food at the household level throughout the year. Having the food available and consuming it alone is not adequate to promote and maintain good nutrition, therefore, these can be complemented by maintaining cleaner homes and increased access to safe water to ensure that the family remains free from environmental-related infections or diseases. Disease slows the growth of children through the loss of appetite affecting the amount of food consumed and utilised by the body, or due to increased need of nutrients by the body as it fights the diseases.

The health sector will enhance promotion of consumption of adequate food through existing structures and platforms by building the capacity of the staff to support community structures that deliver IYCF, intergrated management of acute malnutrition (IMAM), growth monitoring and promotion (GMP) and other activities at the household level. Priority will be placed on ensuring timely tracing and treating children with growth faltering to address poor growth within the "window of opportunity", as this offers the greatest benefits to child growth and development. In addition, the health services deliver IYCF messages regarding appropriate feeding practices that support growth through various platforms including the GMP services (to monitor growth and promote child growth), Mother Support Groups and Nutrition Support Groups. In addition, the MOH will ensure that children are fully immunised. Immunisation against various childhood infections is important in ensuring that children are protected from immunisable life threatening infections and diseases such as measles, dipheria, Tuberculosis and whooping cough. A child with good health status will be able to benefit from other interventions such as diversified diets, which would be hampered in sickness. childhood infections compromise digestion and utilisation of nutrients, risking the affected individual to malnutrition including stunting, due to repeated infections. The MOH has a system of identifying sick children early from the community using trained community based volunteers. Among cases ideifiable at community level is Acute malnutrition and other childhood illnesses including fever and convlusions. These are refferred to the health facility for appropriate diagnosis and management. The community system of referral, will apply to the NSG in their daily work with an expansion of referrals to other services outside health system. While NSGs will also promote health seeking behaviours, other multiple

sector needs will also be identified and be referred accordingly. The NSG will provide information on all such issues through monthly lessons to targeted 1st 1000 MCDP households. The consistent and holistic sensitization (to the same households) on the available services/interventions and; how to effectively deal with factors that can lead to stunting, should result in positive outcomes, which is reduction of stunting among the under two population and ultimately significant reduction of stunting at national level.

Therefore, all interventions from WASH, agriculture, health, education and social protection need to be promoted in the household. It is the sum of several small practices that will eliminate malnutrition from the homes of Zambians across the nation, but this needs to be well-coordinated and converged systematically for the greatest impact. This scenario clearly shows that undernutrition is complex and requires the concerted efforts of sectors involved to address it; in this case, the convergence of activities at the household level.

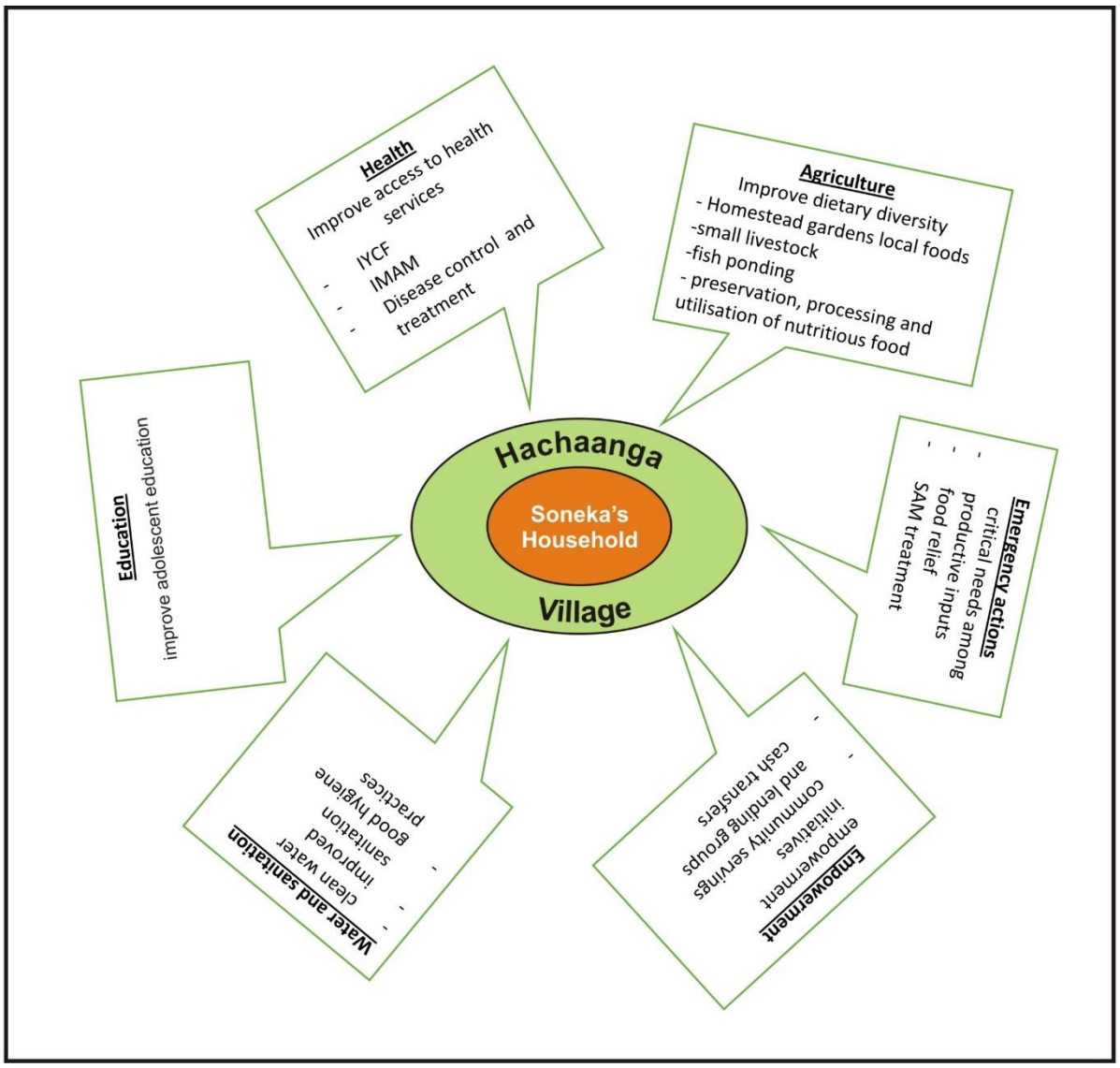

Figure 3: How convergence can be achieved at a community level: When all sector targets the same households for delivery of nutrition-specific and sensitive interventions. In the above, Soneka's household will receive WASH, agricultural, health, and social protection interventions to improve child growth and development and impact is likely to be higher.

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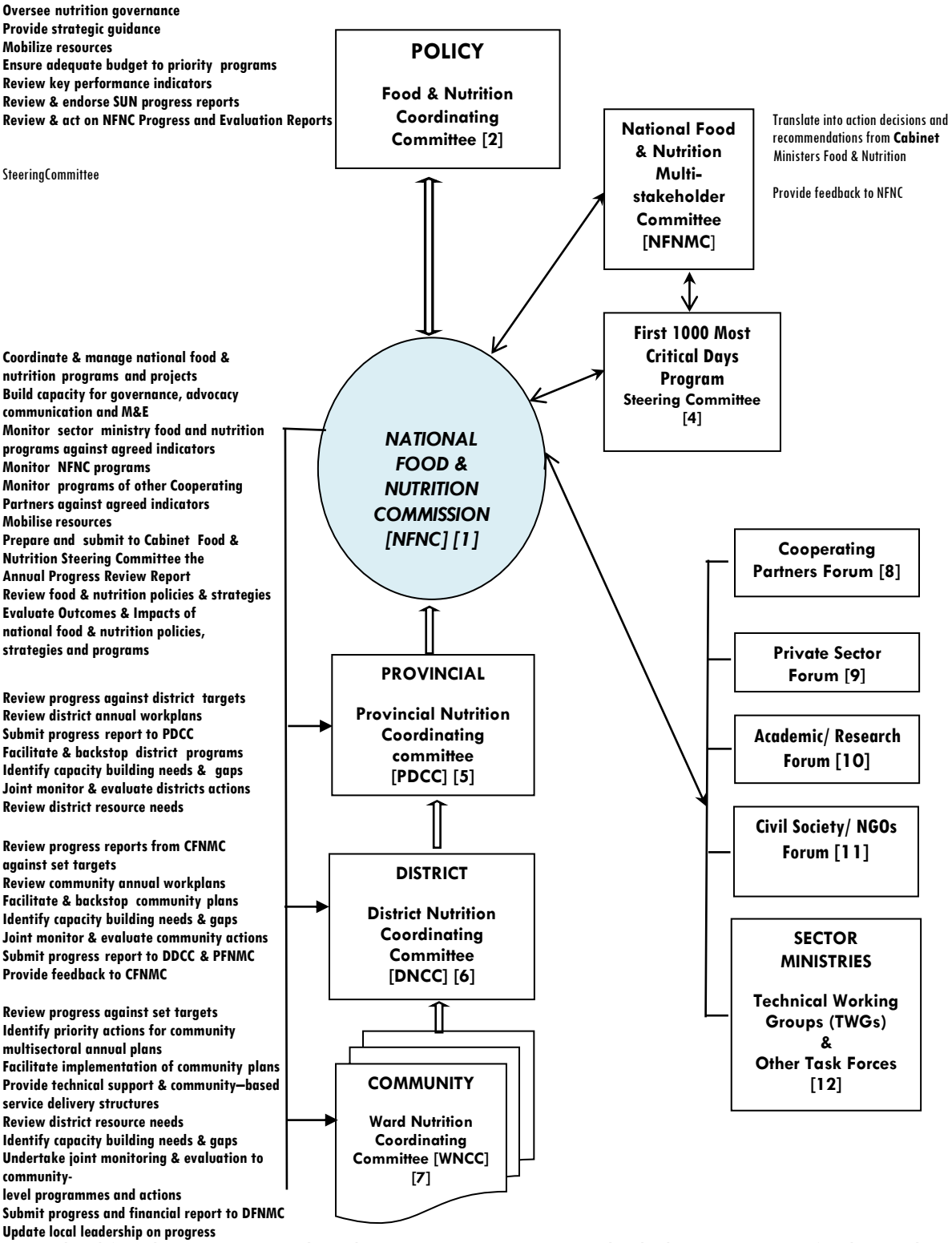
5. Appendixes

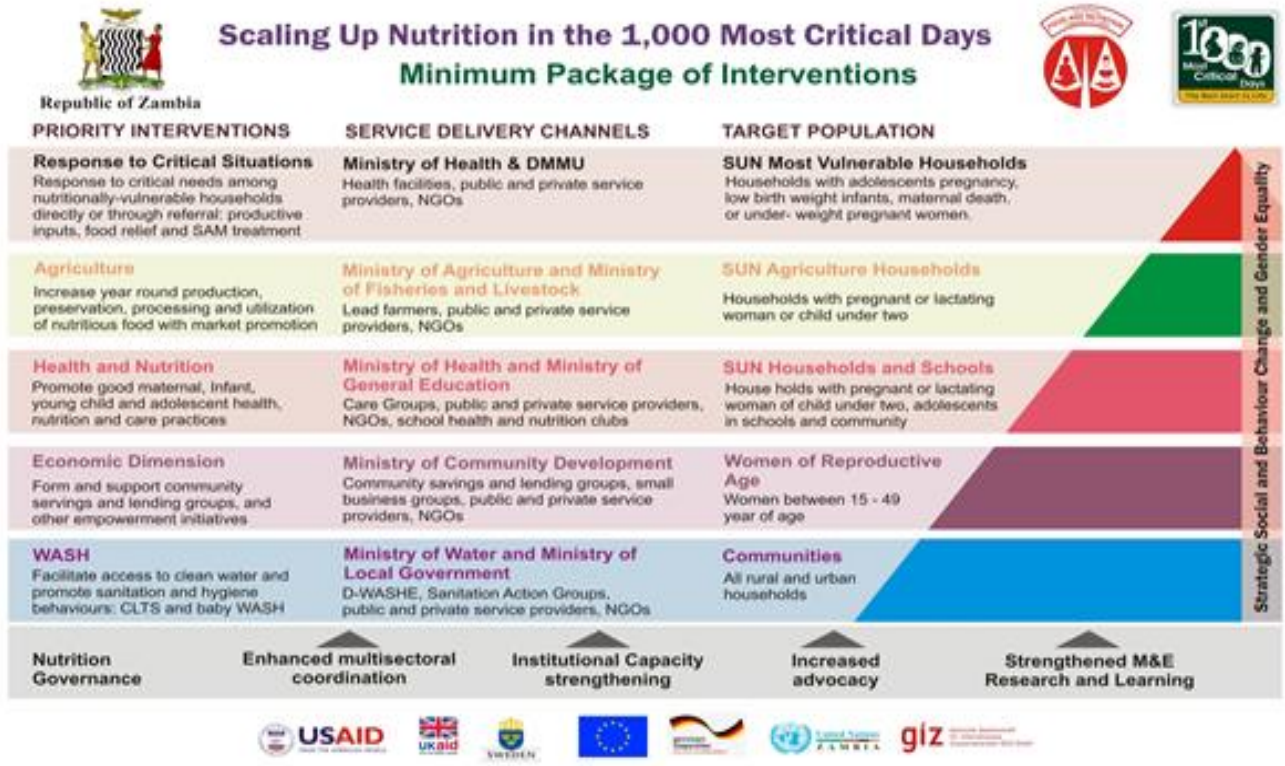
Appendix 1: Nutrition Programming Coordination structures in Zambia

Institutional Arrangements for Co-ordinating National Food & Nutrition Strategies, Zambia

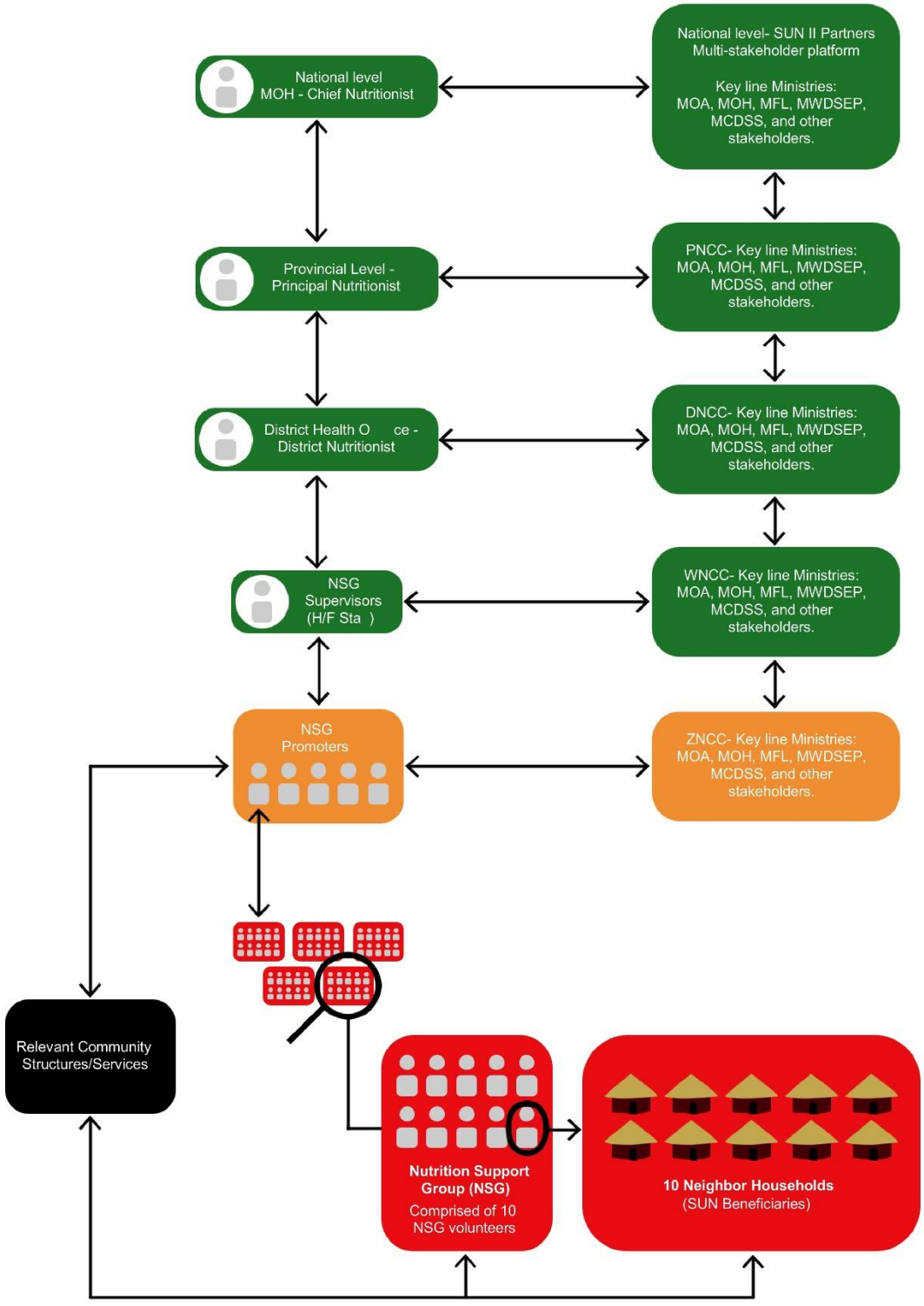


Source: Adapted from The First 1000 Most Critical Days Three Year Programme 2013-2015, National Food and Nutrition Commission of Zambia, December 2012, pp. 95-102.

Appendix 2: The Pyramid of Nutrition Interventions



Appendix 3: The Nutrition Support Group Structure



Appendix 4: The horizotal and vertical coordination and supervision in managing the Nutrition Support Groups

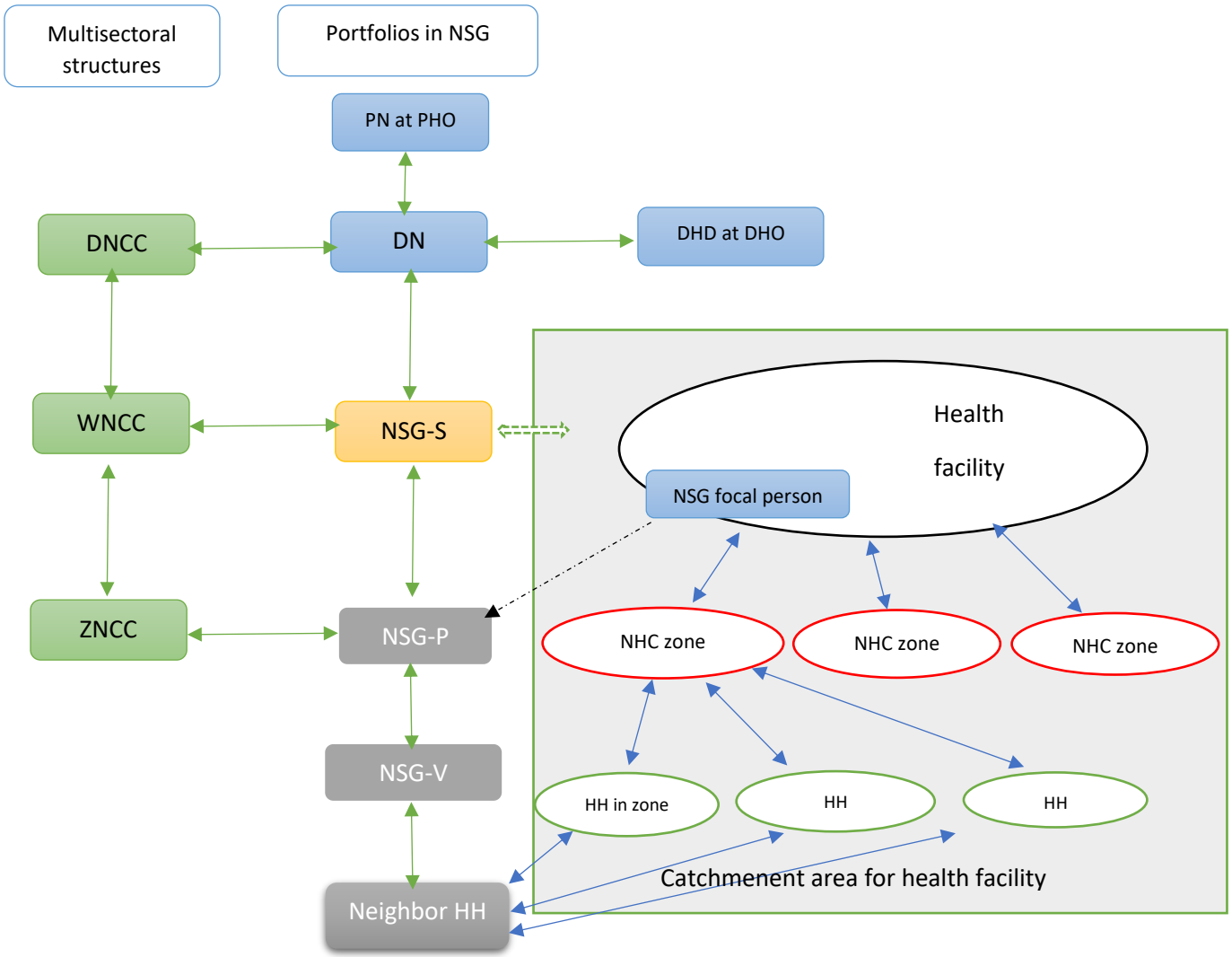


Figure 4: Illustrating the horizotal and vertical coordination and supervision in managing the Nutrition Support Groups. shows focus on the NSG linkage to the health facility. the NSG will be organized around the zonal areas in the health facility catchment area. the health facility catment area is divided into zones. zones are composed of households which will are grouped into neighbour households depending on whether they meet the criterial.