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Challenges and Opportunities Associated with Implementing Multi-
Sectoral Nutrition Policy: An Analysis of the First 1,000 Most
Critical Days Programme

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Abstract

Advocates of proper nutrition and diet diversification have struggled to bring issues of malnutrition and growth stunting to the forefront of the political agenda. Although some progress has been made, it is clear that both maternal and child health require continuing attention. Gaining attention recently is the idea that nutritional issues should be addressed in a multi-sectoral manner, bringing together various relevant partners to work comprehensively towards reducing stunting. This paper explores the multi-sectoral approach used in the First 1,000 Most Critical Days Programme implemented in Zambia in 2013 to address pertinent challenges that have arisen during implementation thus far. Through a series of interviews with focal point personnel from four of the five key line ministries, members of relevant NGO's, and individuals from DFID and CARE Zambia, we were able to further understand what has either helped or impeded activities from reaching full potential. With an understanding of relevant stakeholders and their respective involvements in the programme, it becomes apparent that inter-sectoral coordination is contingent on a holistic understanding of the First 1,000 MCDP, an ability to contextualise nutrition within each players professional role, and logistics that consider the diversity of needs. Such findings lead us to conclude that the physical location of the coordinating body is less important than creating internal strength to foster compliance, an option addressed through the development of other mechanisms.

Acronyms

DFID	Department for International Development
MCDP	First 1,000 Most Critical Days Programme
IITA	International Institute of Tropical Agriculture
IRB	International Review Board
MAL	Ministry of Agriculture and Livestock
MCDMCH	Ministry of Community Development and Mother and Child Health
MLGH	Ministry of Local Government and Housing
MoE	Ministry of Education
MoF	Ministry of Finance
MoH	Ministry of Health
NAZ	Nutrition Association of Zambia
NEP	Nutrition Enhancement Programme

NFNC	National Food and Nutrition Commission
NFNSP	National Food and Nutrition Strategic Plan
PAM	Programme Against Malnutrition
SIDA	Swedish International Development Cooperation Agency
SUN	Scaling Up Nutrition
WFP	World Food Programme
WHO	World Health Organisation
WVI	World Vision Incorporated

Introduction

In recent years, Zambia has been branded as a country well suited to adopt and implement a programme like the First 1,000 Most Critical Days Programme (First 1,000 MCDP), built upon a multi-sectoral foundation, for reasons such as political stability, accessible natural resources, and a vision of poverty reduction and economic growth (Harris et al. 2011). Moreover, the allowance of the SUN Fund has made conquering malnutrition an even more realistic task.

This paper is founded on the findings of a two-month study conducted in Lusaka, Zambia, which aimed to gather a myriad of perspectives on the multi-sectoral approach used to address malnutrition. Interviews were conducted with relevant stakeholders, ranging from funding partners of the SUN fund to NGOs operating on the ground, at implementation level. It is likely that the feedback stakeholders offered was influenced by their respective position in the hierarchical structure. However, themes were still identified amidst these diverse responses, and were then organized into categories of opportunity and positive change, and challenges to implementation. It became clear during analysis of our results that although most people agree with collaboration under the multi-sectoral agenda, it is difficult to fully harvest the potential the programme has to offer due to certain unexpected challenges.

The remainder of this paper is as follows: We first provide a comprehensive background on the adoption of the multi-sectoral approach to malnutrition and the creation of the First 1,000 MCDP, then describe our research methodology and present the results. Finally, we discuss the concerns of major players, and conclude that as the coordinating body, relocating the NFNC is less important than building up internal strength to foster compliance. Ultimately suggesting greater emphasis be placed on developing the intellectual infrastructure of cooperating partners during planning and initial implementation, and the creation of specific positions within each ministry to supplement the coordinating role of the NFNC, further ensuring the continuation of the nutrition agenda indefinitely.

Background

The Transition to a Multi-Sectoral Agenda

For many years, advocates of proper nutrition and diet diversification have struggled to bring the issues of malnutrition and growth stunting to the forefront of the political agenda in Zambia. According to the Zambia Demographic and Health Survey Preliminary Report from September 2014, the rate of stunting in children under five years was at 40%, which is an improvement from 53% in 2001-02 and 45% in 2007. The country is aware of the severity of the issue and has been for some time, as exemplified by the National Food and Nutrition Act, passed in 1967, which established the National Food and Nutrition Commission, currently positioned under the MOH. Nevertheless, stunting continues to impede proper development of too many children for a country that has experienced “middle-income” economic growth in recent years according to the World Bank, 2012.

Although many people have identified a need for change, Zambia has been relying heavily on the Ministry of Health to address and fix a problem that requires expertise found outside of the MoH. Based solely on the immediate causes of malnutrition, notably inadequate food intake and disease, it makes sense to allocate responsibility to the MoH. However, the underlying causes of malnutrition point to the need for collaboration, as the underlying causes include food and nutrition security, care and feeding practices, health, healthy environment, water and sanitation, and education (Nutrition Landscape Analysis). People began to realise that the way business was handled – treating health separate from agriculture, for example – was not assuring detection of the underlying factors of the problem.¹ It became evident through analysis of affairs within Zambia and case studies of other African countries, that there was a need for a programme that mandates multi-sectoral participation by deliberately distributing responsibility to those who are most suitably equipped with the knowledge and resources to tackle each underlying cause.

Thus, in 2011, the Ministry of Health was split into the MoH and the Ministry of Community Development and Maternal and Child Health with the intention of the latter working more closely to the ground and maintaining a stronger focus on stunting. The idea behind this adjustment in governmental structure was not lost after the split. The addition of another specialized ministry launched a crusade for a programme that incorporated the same ideals and utilized the scope of capacity available.

¹ Interview with Mr Freddie Mubanga on July 9, 2015

When management of the NFNC decided that nutrition was officially considered a public health problem, the five key line ministries were then encouraged to work similarly toward a common goal. They experienced high levels of consult, and one of the key recommendations was directed at developing a common strategy that targeted stunting in a plan to operationalise policy that was not previously acted upon.² Consequently, the First 1,000 Most Critical Days Programme was created and set to launch in 2013.

Development of the First 1,000 Most Critical Days Programme

The First 1,000 Most Critical Days Programme was developed by the National Food and Nutrition Commission (NFNC), in response to the high rates of malnutrition that became evident in the 2007 National Demographic Survey. This programme focuses on the importance of ensuring adequate nutrition from conception through a child's second birthday in alignment with the first thousand days concept, which emphasizes the importance of maternal health as a critical determinant of a child's nutritional status. Foetal development is highly dependent on the mother's nutritional status, suggesting that if she is malnourished throughout pregnancy she is more likely to deliver a low birth weight baby. Further emphasis is placed on exclusive breastfeeding for the first six months of life, and again requires adequate maternal nutritional status in order to comply. Following the six-month period, attention shifts to the introduction of complementary foods and proper feeding practices to ensure the child continues properly along the development trajectory. After two years of age, a child becomes far less dependent on his/her mother for meeting food demands because of the gained ability to articulate hunger, and feed him or herself. The First 1,000 MCDP operates with the understanding that if a child is chronically malnourished within his or her first two years of life, the effects are largely irreversible, ultimately perpetuating the cyclic nature of malnutrition, and is appropriately oriented towards this vulnerable population.

Using this as the framework for programme development, the First 1,000 MCDP is broken into five strategic areas to develop institutional capacity to incorporate nutrition, promote proper maternal, infant and young child feeding practices, facilitate coordination and communication to maximize intended impact, and to implement monitoring and evaluation mechanisms for assessing effectiveness of interventions. As a whole, this programme is intended to restructure the approach to fighting malnutrition, through an aligned national agenda dependent on collaboration.

² Interview with Mr Freddie Mubanga on July 9, 2015

Strategic Area 1: Policy and Coordination

Policy and Coordination hinges on the ability of the NFNC to maximize its institutional capacity as a coordinating body. Their role in this Strategic Area is to advocate for the importance of nutrition as a component in the national agenda, coordinate national level line ministries, and organise efforts within the national level government, orienting all national government actors in the same direction. The NFNC is the principal implementer of all activities in Strategic Area 1, and predominantly collaborates with other key line ministries and NGOs at the national level throughout each intended activity.

Strategic Area 2: Scaling Up Priority Interventions

Priority Interventions Across Sectors to Reduce Stunting is focused on the creation and implementation of initiatives that address specific components of malnutrition, and ensure that adequate attention is paid to the various underlying causes of malnutrition. Each activity is designed to supplement the work of another, in an effort to avoid curriculum coverage gaps and overlaps. Strategic Area 2 is comprised of the following five intervention areas: 1. development of an integrated maternal, infant and young child feeding operational strategy; 2. improved nutrition during pregnancy; 3. improving nutrition during first six months of infancy; 4. nutrition in early childhood (6-24 months); 5. and additional strategies. Each of these intervention areas employs ministries and NGOs to work towards the betterment of the situation within their designated intervention area through a series of coordinated activities.

Strategic Area 3: Institution and Capacity Building

Institution and Capacity Building addresses the lack of trained nutrition professionals throughout the field. The activities in this area seek to increase training for pre-service and in-service delivery of nutrition services, incorporate nutrition positions for qualified nutritionists as advisors into each ministry, and ensure adequate competencies for those providing nutritional services at national, provincial, and district level.

Strategic Area 4: Communication and Advocacy

Communication and Advocacy seeks to create “ownership, commitment, and participation by the whole nation” to a new understanding of nutrition as a priority. This strategic area intends to “increase knowledge among policy makers and other stakeholders on the prevention of stunting,” as well as improve knowledge at the household and familial levels, with particular emphasis on women of childbearing age. Ultimately, activities target positive behavior change to prevent stunting in children.

These activities rely on the use of media channel campaigns to disseminate a coherent message throughout the country, in addition to specific interventions targeting women of child-bearing age.

Strategic Area 5: Monitoring and Evaluation, Operational Research

Research exists to align monitoring and evaluation systems for initiative effectiveness at the national, provincial, district, and household level. The operational research component of the project framework supports organisations and institutions conducting projects that provide critical information on various components of the First 1,000 MCDP. With the intention of incorporating the results into implementation strategies, research topics are predominately focused on addressing interventions in Strategic Area 2, ranging from biofortification of staple crops to micronutrient supplementation and growth monitoring. Further insight into these questions will guide activity planning and operationalisation in subsequent years of the First 1,000 MCDP.

Funding the Programme

The First 1,000 MCDP was scheduled to begin in 2011, lasting until 2015 in a funding agreement between Scaling Up Nutrition (SUN), CARE International—Zambia, the Nutrition Association of Zambia (NAZ), Concern Worldwide, and the Government of the Republic of Zambia. SUN compiled funds from DFID, Irish Aid, and Swedish International Development Cooperation Agency (SIDA) into the SUN Fund, to support the implementation of the First 1,000 MCDP. CARE International—Zambia, in partnership with NAZ, and Concern Worldwide wrote the proposal to the SUN Fund for the First 1000 MCDP, for which they were awarded 27 million USD. CARE was designated as the management unit of the SUN Fund, and also agreed to provide technical support to the involved actors throughout the process. The following table depicts the relevant stakeholders, the distribution of the SUN Fund amongst them, and their hierarchical levels of involvement.

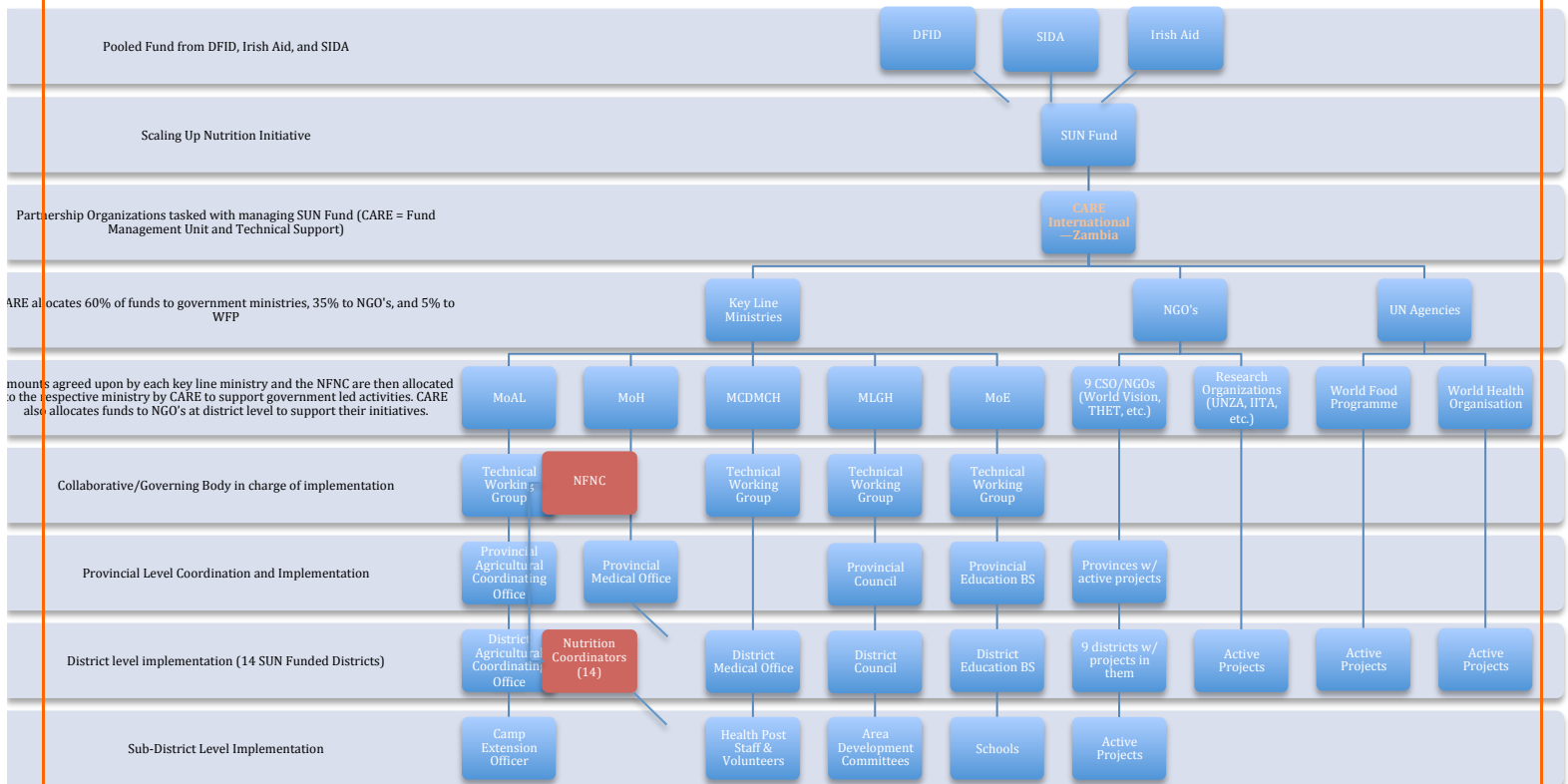


Chart 1. This chart does not incorporate the intricacies of relationships and partnerships between stakeholders, but rather outlines the monetary trajectory of the SUN Fund. Source: (Bartholomew & Koester, 2015)

Additionally, funds are allocated based on who is noted as being the “principal implementer” of each key activity outlined in the strategic areas. Essentially, annual work plans are drawn up by each of the five key line ministries, and sent to the NFNC for review. When they have reached an agreement, CARE allocates funds to each ministry supporting their activities. In addition to funding the key line ministries, CARE directly supports NGO activity implementation at district level—35% of the SUN Fund is allocated to CSOs, NGOs, and research institutions. The SUN Fund lastly serves to support UN Agencies. Following proposal approval, the WHO and WFP received funds from CARE.³

While the programme was originally scheduled to conclude this year, disbursement of funds did not begin until late in 2014, calling for a proposal to extend the programme for an additional two years. In what follows, we will build on the foundation established by Harris and Drimie (2012), to both address what contributed to the failure to comply with the preliminary timeline of implementation, asking whether or not the multi-sectoral approach used was a hindrance or a facilitating factor in this instance, and provide subsequent suggestions to alleviate some of the challenges faced in the initial round of implementation.

³ Interview with Mr Oliver Wakelin, CARE Country Director, on 24 July 2015

Research Methodology

We began our research by looking into both the statistical history and current status of malnutrition and stunting in Zambia. This data collection and literature review began at Cornell University in Ithaca, NY of the United States of America in April of 2015. Similar types of general research continued until arrival in Lusaka, Zambia in June of 2015 when the research started to narrow around the SUN Fund and the First 1,000 MCDP.

This study is based on qualitative research, collected through a series of key informant, in-person interviews with members of the Governmental Line Ministries, NGOs that received funding from the SUN Fund, academic institutions, and the University Teaching Hospital in Lusaka. Interviews began on June 11th and were transcribed and recorded with a voice recorder when given permission from the interviewee to ensure maintenance of the integrity of information collected. We interviewed personnel of varying professions and backgrounds in individual meeting settings to prevent biased results. Questions used during the interviews were tailored to the individual informant and remained purposefully open-ended to avoid suggestion of a specific response. As the management unit of the SUN Fund, CARE International - Zambia in particular provided assistance in terms of contacts, interview subjects, and insight into the intricacies of the First 1,000 MCDP.

Interviews were then coded and analysed by grouping feedback into a series of categories. We identified challenges associated with the multi-sectoral programme, positive change that has taken place, suggestions that were made in terms of future action, and gaps evident in the framework of the programme itself. We discussed our findings with Jody Harris, a Ph.D. student at the London School of Public Health, and reflect on case studies conducted on South Africa and Senegal at the beginning of 2011, when the programme was first introduced. This allowed for an important comparison, as well as the opportunity to pinpoint suggestions that were made early on and track the integration or lack there-of over the last three years. Lastly, as the development of the First 1,000 MCDP occurred around the same time the Lancet Series on Maternal and Child Health (2013) was published, we were able to position our findings within a context that compares a nutrition sensitive approach to a nutrition specific approach in order to more thoroughly assess the effectiveness of multi-sectoral coordination.

Results

Nutrition is a complex issue to tackle, and it requires an approach that addresses all the underlying problems. This mindset led to the particular organization of the First 1,000 MCDP. Among the critical players, we recognised a shared consensus that using a multi-sectoral approach to address malnutrition has immense potential for success. However, challenges have also been identified at various levels of implementation. Both success and challenges will be discussed further in this section. In what follows, we will highlight the most pertinent opportunities that have arisen since the programme began in 2013, as well as what relevant players have deemed commendable positive change thus far.

Opportunity and Positive Change

A Nutrition Sensitive Nation

Prior to the creation of the First 1,000 MCDP, the goals of each governmental sector were isolated to a logical interpretation of each respective title. Now, with the programme in place, the government and NGO's are expected to continue and scale-up what they were already doing with a slightly different mentality, shifting towards nutrition sensitivity and collaborate goals. The NFNC believes that this programme facilitates the logistics of joint efforts.⁴

Shifting the approach has presented different challenges to stakeholders, but generally across all sectors, people are excited by the prospect of applying related fields and efforts to address malnutrition. A strong example of this was identified within the Ministry of Local Government and Housing. The Principal Waste Management Officer of the MLGH stated that officers were pleasantly surprised when they understood that they could continue to do what they normally do, *and* improve someone's nutritional status. He also stated that the fundamental design of the programme helps the ministries appreciate and align their goals with others.⁵ This is not to say that collaboration was entirely absent before; for example, the MLGH has played a vital role in the MoH's mission to decrease incidence of chronic diarrhea for quite some time. However, aspects of the programme enhance accountability; for example, seeking

⁴ Interview with Mr Freddie Mubanga, NFNC, on 9 July 2015

⁵ Interview with Mr Brian Siakabeya on 14 July 2015

project approval and acquisition of necessary resources that require a greater dependence on capability outside a specific ministries realm of expertise.

In speaking with the Principal Food Processing, Preservation & Storage Officer and Principal Food Utilisation and Nutrition Officer of the Ministry of Agriculture and Livestock, it was evident that collaboration is inherently embedded in its internal organisation. The ministry is divided into specific departments (e.g. fisheries, crop production, livestock), and although these departments are technically separated, interdepartmental integration occurs often because all departments are essential to promoting proper nutrition. Moreover, MAL typically participates in programs complimentary other ministries, such as the MoH, which leads activities like promoting exclusive breastfeeding.⁶ And lastly, MAL was the first ministry to receive funding in the first round, which likely gave them extra time to produce results. Therefore, in this particular case, the multi-sectoral approach was not new and a vested commitment in the First 1,000 MCDP was already evident. The First 1,000 MCDP seized the chance to scale-up what Zambia was already doing prior without the multi-sectoral title.

The Benefits of Pooling Resources

Next, from a logistical standpoint, the multi-sectoral approach offers a different kind of opportunity. Various stakeholders are aligned, and each adds distinct intellectual capital, as well as physical resources that have the ability to save both time and money to achieve the collective goal. As various groups combine resources, they create synergies and develop a series of networks that are crucial to productive partnerships. The aforementioned relationship is equally apparent in two very different instances. The International Institute of Tropical Agriculture (IITA) clearly demonstrates the value of diverse intellectual capital as they partner with other stakeholders to discern the relationship between aflatoxins ingestion and growth stunting. Specific IRB approval and skilled staffing for drawing blood is necessary because the research works primarily with human beings and biological samples. IITA recognizes that they do not have the capacity to draw blood from participants, so they need to request doctors and nurses from the MoH.⁷ On the other hand, tasks like site visits are made easier by riding in the same vehicle to check up on ongoing activities that are being implemented in the same districts.⁸

⁶ Interview with Mr Aaron Simwanza and Ms Nancy Chella on 9 July 2015

⁷ Interview with Dr Theresa Gondwe on 30 June 2015

⁸ Interview with Mr Brian Siakabeya on 14 July 2015

The Importance of Layering and Horizontal Integration

The Department for International Development (DFID), a funding body of SUN, and CARE International, the management unit of the SUN Fund, both recognise the potential associated with bringing such a range of skills together under a common goal.⁹ DFID in particular has identified the importance of ‘layering’ activities to maximise productivity, but made sure to emphasise the difference between ‘layering’ and duplicity. The divergence is important to note, as activities must overlap just enough to ensure a comprehensive framework, yet not to a point where activities are redundant. When the SUN fund was initially introduced, organisations applied for funding and were subjected to a thorough and selective review process. This was done to prevent duplication of activities, but also to ensure that the programme contained all the necessary components.

Lastly, the direct involvement of NGO’s has proven necessary. The work done by NGO’s compliments government effort, as the individual organizations are mobile and readily able to interact with any of the five key line ministries.¹⁰ IITA commented on the benefits of this complimentary relationship from a research standpoint. Harris et al. 2012 supports this idea, suggesting institutions that operate at lower levels may have an easier experience engaging in collaborative activities because these organisations are naturally more decentralised, and therefore, collaboration does not require the breakdown of as many structural or institutional barriers.

Nevertheless, the complexity of an issue like malnutrition is deeply rooted in its wide range of underlying causes and consequences that transcend what a simplistic definition of nutrition would suggest. While the programme presents many opportunities, the complexity of malnutrition also presents challenges with successful implementation.

Challenges Associated with Implementation

Challenges that threaten the success of program implementation are centered on three areas: timing, organization, and general planning; structures of information dissemination and vertical alignment; and adoption and ownership toward ensuring sustainability.

⁹ Interview with Ms Mary Simasiku CARE on 29 June 2015 and Interview with Ms Dolika Nkhoma DFID on 15 July 2015

¹⁰ Interview with Ms Maureen Chitundu 16 July 2015

Timing, Organisation, and General Planning

The First 1,000 MCDP was scheduled to begin in 2013. Initial funds were released in the fourth quarter of 2014, and as a result, much of implementation was delayed and did not begin until early this year. The NFNC, MAL, and operational research institutions were some of the first to receive funding. Beginning in 2015, the other key line ministries received funding (MoH, MCDMCH, MLGH), excluding the MoE, whose funding agreement is still under review. Many of the challenges that ensue are largely repercussions of the significant changes within project timelines.

One major challenge that has impacted the anticipated progress is that the NFNC underestimated the necessary time to adapt to changes during the planning and structuring of a timeline for funding and implementation. Adequate time is necessary to restructure partnerships, and to establish trust, honesty, and transparency, and it was unfortunately inadequately accounted for. Strategic Area 1: Policy and Coordination stands to develop the NFNC, and equip them with the ability to meet the following objectives focused largely on intangible outcomes: ‘create strong leadership and effective harmonisation and coordination of the First 1,000 MCDP, and create multi-sectoral coordination mechanisms at all levels’ (Zambia MoH, 2012). While these initial components are necessary to successful implementation of all subsequent activities, the timeline for doing so was overly ambitious.¹¹ Many interviews alluded to the impracticality of internally strengthening the NFNC enough to enable them to demand reorientation of the government operations to address nutrition sensitivity. Developing these coordination mechanisms, while making significant strides, are lengthy and ultimately a continual process.

The delayed start towards accomplishing the tasks established in Strategic Area 1 delayed initiation of all future projects, skewing the timeline from the beginning. The altered timeline has posed additional challenges for the IITA, among many others. The research institution explained that at the time final reports are due, they will not have had a harvest season to collect data from, and therefore they would have no results to report.¹²

Concern raised over timeliness and quality of reporting is another concern expressed by management units, including CARE and DFID. The poor quality of reports collected quarterly by CARE represent issues with the aforementioned complications in addition to a lack of technical capacity needed to properly compile the information requested. CARE only received a total of 32 out of an expected 42

¹¹ Interview with Ms Dolika Nkhoma on 15 July 2015

¹² Interview with Ms Thersea Gondwe on 30 June 2015

reports from all implementing partners, noting that three out of the five key line ministries did not report. Of the submitted reports, all but five were late, many by more than a week (CARE International, 2015). The complications of timelines not aligning with reporting dates contributes to challenges in accumulating reports; however the quality of reports, speaks more to lingering issues of developing adequate technical capacity within the cooperating partners (CARE International, 2015).

The culmination of issues discussed above is particularly applicable to the water and sanitation sector. The initial overarching plans failed to adequately incorporate water, sanitation, and hygiene into planned activities, and implementation in this sector is particularly time sensitive.¹³ The MLGH, according to the First 1,000 MCDP has been tasked with creating ‘messaging around links between sleeping under bed nets and malaria prevention’ with a ‘similar approach needed for hygiene practices to prevent diarrhoea’ (Zambia MoH, 2012). The ministry is also the principle implementer for the promotion of ‘safe water supply through household water treatment, and sanitation and hygiene’ (Zambia MoH, 2012). Aside from the activities which incorporate all of the key line ministries and target the development of institutional capacity, and cross-sector collaboration, the MLGH is largely underrepresented in the context of addressing concerns for proper sanitation and hygiene (Zambia MoH, 2012).

In addition to the problem of underrepresentation, the activities that were scheduled to begin early this year have yet to begin on account of seasonality. The Principal Waste Management Officer of the MLGH explained that improving water supply in some areas is the first step towards improving sanitation, hygiene, and food safety; a process mitigated, in this case, through drilling boreholes. Despite funds being in place, the boreholes cannot be drilled until August, when water tables have reached their lowest points, before the start of the rainy season. He notes that drilling now would be futile, because water tables are high—the person drilling would stop just a few feet below ground level and the borehole would dry up shortly after, requiring a second to be drilled.¹⁴ The MLGH did not submit a report for the first quarter of 2015 because the planned activity was never implemented.

The water and sanitation sector also highlights challenges related to the overall scope of the programme. While some argued that certain sectors lacked representation in the programme, others argued that district-specific planning was overlooked in the creation of the First 1,000 MCDP. The multi-sectoral approach necessary to address malnutrition, also relates to the unique attributes of each district considered. ‘District level’ implementation activities are not specific enough to address the needs of

¹³ Interview with Ms Maureen Chitundu on 16 July 2015

¹⁴ Interview with Mr Brian Siakabeya on 14 July 2015

certain districts. For example, the Programme Against Malnutrition (PAM) executive director commented on how her agricultural production research in two districts in the Northern Province were impacted by characteristics specific to the districts she was in. She noted that one district is predominantly agricultural year-round, while another district experiences an industry shift to become a fish harvesting community for half the year. The relevance of this shift was not considered until the delay in funding negatively impacted the effectiveness of implementation.¹⁵

Understanding the need to tailor activities to specific districts, to ensure national agendas alignment with implemented activities at the sub-district level, indicates the need for systematic vertical integration.

Structures of Information Dissemination and Vertical Alignment

The hierarchal structure, established to facilitate vertical coordination and alignment, provides a mechanism to minimize instances of misinformation during downward dissemination of information. This mechanism positively impacts the messages that are being projected at the ground level, thus aligning the content of information that communities receive. This intricate organisational process effectively ensures that the quality of information projected is both accurate and complementary to outside information. However, throughout this process, there has been confusion amongst stakeholders regarding the logistics of reporting and continuing coordination. The emergence of structural confusion ultimately stems from a lack of clearly defined (and thoroughly understood) roles, which when considering a multitude of actors, complicates processes of dissemination and feedback.

The aforementioned complications correspond to information pathways, notably implementation and feedback mechanisms. Information dissemination traces the process from a ministry to district level, and continues on to sub-district, or community level where the activity is carried out, and its effectiveness and reach evaluated. Conversely, the feedback channel functions through quarterly reporting whereby districts report their activity implementation to CARE—the funding body. Results are drawn from the communities that have ongoing activities in them, and they are collected by the district level coordinators, and sent to CARE for progress tracking.

In the information dissemination pathway, messages from national ministries are directly addressed to district level implementers, overlooking the provincial level coordinators, whose authoritative role is then

¹⁵ Interview with Ms Maureen Chitundu on 16 July 2015

undermined in the process. The provincial gap is seen as an interruption to effective communication, and it weakens the structural coordination of the pathway.

From within the feedback mechanism, the provincial level coordinators are underutilized. During the reporting process, each district is responsible for sending its own report to CARE, bypassing the provincial governments, and the corresponding ministry. In this upward information trajectory, aimed at improving accountability and transparency, two crucial groups of actors are neglected. (See Appendix C. for example). Both of these pathways lack effective inclusion of relevant partners, an issue that is rooted in inadequately defined or understood roles and responsibilities.

The confusion expressed by the ministries reflects the coordination mechanisms employed by the NFNC, eliciting another challenge. As it stands now, the NFNC is a sub-division of the MoH, and it is tasked with coordinating the implementation of the programme. Perceptions of the NFNC varied by ministry, however it was generally suggested that the coordinating body was underutilizing their potential—lacking sufficient technical and institutional capacity, and internal leadership.¹⁶ Perpetuating confusion, The NFNC is currently undergoing revision of the Act no. 41 Cap 308, to finalise their placement, either as a quasi-government beneath the MoH, or re-established at the level of the Vice President's office permanently.

Adoption and Ownership Towards Ensuring Sustainability

Adoption and Ownership as a National Agenda Priority: Political Will

As a national front, a country is more likely to support an issue that the government recognises as an urgent priority (Mejía Acosta, 2011). The adoption of the First 1,000 MCDP is no exception, and gaining momentum moving forward is largely reliant on national figureheads declaring the importance of this programme, and of nutrition as a whole. MAL argues that a desire to *want* to help needs to be created within the Permanent Secretaries, and is supported by the other key line ministries in this thought. Furthermore, in order to promote nutrition as a national priority, emphasis needs to be placed on ensuring a greater national budget line for nutrition within each ministry to support the work that CARE is already doing¹⁷.

¹⁶ Interview with Mr Freddie Mubanga on 9 July 2015

¹⁷ Interview with Mr Brian Siakabeya on 14 July 2015

Coordinating Across Ministries: Challenges of the NFNC

The lack of a clearly defined role in regards to the NFNC compromises their authority and explains why they are in favor of shifting upward to sit in the Vice President's Office. Both MAL and the MLGH are also in favor of the shift, as they heavily rely on the support provided by the NFNC. They believe that shifting the NFNC upward, will enhance the NFNC's advocacy role, and facilitate coordination. The MoE ultimately believes the advocacy role should be understood, despite physical location, though the following section highlights challenges associated with individual adoption, contradicting this position.

Regardless of physical location, challenges regarding coordination persist. Issues including conflicting calendars, high rates of job turnover, and not knowing who will attend each meeting, drastically slows progress.¹⁸ High turnover rates largely interrupt progress. Instead of utilizing meeting time to productively move forward and discuss pertinent issues, time is lost to briefing different people on issues that have already been discussed. General consensus finds the number of meetings too high, especially considering that little progress is made in them.

Specific Needs Within Ministries: Providing Incentives

At the ministry specific level of adoption, it became evident that financial capital alone is not enough of an adequate incentive to achieve societal support of a new programme (Harris et al., 2012). While consistent funds are unarguably a recognisable contributing factor, without additional incentives that also meet the vested interests of the stakeholder, prioritisation is unlikely¹⁹. Interviews with MAL, the MoE, and the MLGH each noted the importance of contextualising nutrition in a way that 'made sense' within the ministry. For some, drawing these connections and establishing mindfulness of nutrition sensitivity was easier than for others. In particular, as noted in Opportunity and Positive Change, the structure of MAL was predisposed to a multi-sectoral approach oriented around nutrition sensitivity. Each department recognised an opportunity to participate because each felt that they would be able to contribute and have their ideas incorporated into complementary feeding practices advocacy projects.

¹⁸ Interview with Mr Brian Siakabeya on 14 July 2015

¹⁹ Interview with Dr Faith Nchito on 15 July 2015

The MoE and the MLGH were regarded as not directly connected to nutrition issues, and this posed a challenge when trying to convince staff to adopt the First 1,000 MCDP. While evidence supports the impact of water sanitation and hygiene on diarrheal diseases and ultimately malnutrition, ‘convincing engineers to think like nutritionists’ was a difficult task.²⁰ Maureen Chitundu, executive director of PAM, noted that her efforts are undermined if proper water and sanitation practices aren’t in place. The work invested to ensure children consume adequate amounts of highly nutritious foods is lost to the excrements of diarrheal diseases—No progress is made.²¹ While Mr. Siakabeya argues that once his staff understood the connection, compliance and prioritisation followed suit, getting to that point took a conscious effort.

From the standpoint of the MoE, establishing a nutrition sensitive focus is ongoing. Barriers to adoption and prioritisation are grounded in the ‘silo’ mentality. Despite nutrition working its way towards the forefront of national agendas, people still have their own deliverables, which require attention and effort.²² While focal point personnel have been assigned within each ministry, their job titles do not reflect the addition of the First 1,000 MCDP into their responsibilities. Having a specific position, with certain deliverables, aside from the tasks associated with the programme, detracts from time spent on the programme, and ultimately influences the level of prioritisation staff members are willing to commit. This is not to say that nutrition lacks priority, but rather some fear that as projects come and go, receiving hype for a short period of time, fade as donor-funds run out.²³

²⁰ Interview with Mr Brian Siakabeya on 14 July 2015

²¹ Interview with Ms Maureen Chitundu on 16 July 2015

²² Interview with Dr Faith Nchito on 15 July 2015

²³ Interview with Dr Faith Nchito on 15 July 2015

Discussion

The multi-sectoral approach is a balancing act. Cooperation and collaboration is key, but authority and the guidance of a governing body are both necessary to ensure direction and accountability. The NFNC, created in 1967, was established with the intention of doing just that. However, as they attempt to assume this role now, certain obstacles have become evident within the group itself, as well as in relation to the governmental ministries and the donors.

As previously established, implementing a programme of this magnitude is contingent on having a strong coordinating body. Two options under review regard rearranging the position of the NFNC in an effort to maximize their authority within the realm of the national nutrition agenda and the First 1,000 MCDP. The first considers relocating the NFNC, pulling it out from underneath the MoH, and solidifying the commission within the Vice President's office. This option would grant the NFNC literal authority, being positioned above the Ministers and Permanent Secretaries of each ministry. In doing so, the NFNC would potentially face fewer obstacles in getting the right people to be present at the right meetings. In addition to easing coordination, locating the NFNC within the Vice President's office sends the message that nutrition is a priority on a national level. Alternatively, the School Feeding and Nutrition Officer of the MoE argues that the answer lies within each ministry choosing to take up nutrition as a priority on its own stating that there are a lot of problems that all require attention—People need to learn to work ordinarily.²⁴ The subsequent discussion revolves around why moving the NFNC does not provide a viable solution to the challenges recognized. While some argued that moving the NFNC would enable them to better facilitate coordination, others suggested that the shift would not alleviate the challenges the NFNC currently faces. In fact, these challenges would only be exacerbated through giving the NFNC more authority without first addressing the inadequate internal technical capacity. Literally moving the NFNC up the hierarchal structure does not create the internal clout and respect required within the NFNC. Instead, other components need to be addressed that will create the strength within the NFNC required to successfully coordinate and implement, as well as establish ownership and prioritisation within the ministries to sustain this programme indefinitely.

As evidenced by the frequent turnover rate and the lack of consistency in who attends meetings with the NFNC, there is a real need for the creation of a position within each ministry that focuses only on the First 1,000 MCDP. The NFNC would undoubtedly benefit from having a consistent and reliable contact,

²⁴ Interview with Dr Faith Nchito on 15 July 2015

but obstacles pertaining to paying an additional salary and finding someone of the apposite caliber within the ministries need to be considered. It seems that although focal point personnel do exist, others outside the respective ministry are not aware of whom to report to and correspond with. Furthermore, there is little drive to find out, as everyone is overly reliant on the NFNC to facilitate said coordination. The multi-sectoral approach is looking oddly similar to a game of hot potato—responsibilities are consistently passed between focal point personnel within the ministries, their respective staff, and the NFNC, each relying on the other to facilitate interactions and coordination. The dependency on others to facilitate coordination ultimately leads to a stalemate, unable to move past the status quo.

The MoE for example has identified the School Feeding and Nutrition Officer as the Nutrition Focal Point person; however, the demands of her position restrict her attention on the First 1,000 MCDP. Instead of prioritising the issue, she finds herself delegating the responsibilities amongst her staff, shifting roles and ultimately creating confusion. Although having the focal point person add this duty to their list of responsibilities could potentially foster collaboration within the ministry, in practice, it seems to rather blur the responsibilities and detract from taking initiative. The introduction of a concrete position devoted to the First 1,000 MCDP in each ministry would also greatly contribute to sustainability of the movement. If a position were created, there would be greater incentive to prioritise the First 1,000 MCDP, as his or her deliverables would be directly related to the mission of the programme. Moreover, it would ensure that a focus on malnutrition and stunting would become a part of the national agenda, beyond the First 1,000 MCDP.

The timeline of this programme, and frankly of most development programmes, is ambitious. It is unrealistic to expect a programme of this magnitude to operate effectively within the constraints of three-years time. This contributes to a rushed mentality of getting to the end goal, overlooking the necessary intellectual infrastructure that needs development. Much attention should be placed on how to facilitate collaboration and coordination within the ministries before implementing activities in order to avoid negative impacts at the district and community levels, where activities reach the ground. While Strategic Area 1 seeks to promote the NFNC, it is insufficient at addressing the needs of other key line ministries in the same context. The need for restructuring relationships and building trust, honesty, and ownership should be addressed in the initial phases of the programme to initiate what should become concrete partnerships within and across ministries.

Although money is not enough, the importance of strengthening the national budget line for nutrition in each ministry is undeniable. The MoF should address nutrition at the annual budget reading, so people

begin to take ownership of nutrition as their own project rather than just a funded programme.²⁵ An example of successful integration of a multi-sectoral approach to addressing malnutrition can be accredited to Senegal. When assessing the implementation of the Nutrition Enhancement Programme (NEP) there, Garrett and Natalicchio (2011) found that one reason coordination is notably effective is due incentives that are ‘crucially personal’, in addition to financial (Harris et al. 2012). This, alongside a willingness to accept help from other institutions and a strong political drive to create space for the issue, proved valuable inputs for success. Incentives must transcend the obvious. People must feel the issue is relevant in their own lives.

²⁵ Interview with Mr Brian Siakabeya on 14 July 2015

Concluding Remarks

It is crucial to recognise that the programme is still in its early stages due to delayed funding and a lengthy approval process, and so conclusions regarding the overall success of the programme and the multi-sectoral approach would be largely premature. However, as results are cultivated, it is clear that tangible progress is an influential motivational factor for many people. Whether it is a reorientation of the ministries and the NFNC, or the addition of a new position into the ministries, action must be taken to overcome the obstacles that are currently preventing the programme to reach its full potential. The First 1,000 MCDP is the push needed to take the first step toward tackling malnutrition and stunting long-term, for the country must make it a priority as a whole and actively create space for the movement to thrive.

Limitations

This paper is limited on account of the difficulty associated with gauging the effectiveness of a programme that is in the midst of being implemented. More yet, the First 1000 MCDP is still within its first year of implementation, and therefore presumably is encountering barriers associated more with being in the beginning phases of a programme, rather than constraints that are detrimental to the effectiveness of the overall programme. We are researching this programme keeping in mind that not all partner organisations have received their appropriate funds, and that the timeline of implementation is too short to have comprehensive results of effectiveness. Additionally, many projects will be negatively impacted by the reporting dates that do not coincide with their respective project timelines. In many instances, data will not have been collected before reports are due (e.g. IITA will not have had a harvest season before they are required to report their results).

A further limitation stems from being tasked with conducting a time-constrained project. A two-month duration is not conducive to gaining the most comprehensive understanding of a situation that has been ongoing for several years. Despite best efforts to gain adequate representation of perspectives, from government officials, NGOs, research and funding institutions alike, it is inevitable that not all relevant perspectives are incorporated into the results. In specific, the inability to meet with the MoH is a noteworthy limitation of our research. This paper reflects and acknowledges that the information included could benefit from a more extensive approach, and deeper understanding of the larger contributing factors.

Moreover, we are aware of the biases associated with conducting a qualitative study. This paper is thus confined to the information provided through key informant interviews within the professional capacity of each individual.

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Appendix A

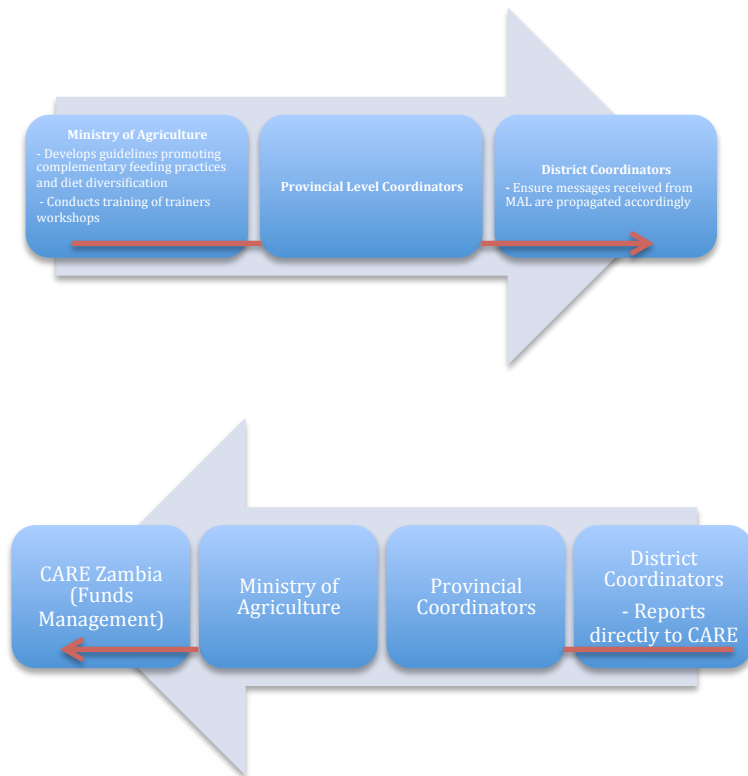
Opportunities to Adoption of Multi-sectoral Approach	
Theme 1: Transitioning toward a more nutrition sensitive nation	<ul style="list-style-type: none">- Encourages contextualizing nutrition within various sectors of government- Helps ministries to appreciate others work
Theme 2: Pooling intellectual capital and resources to save both time and money	<ul style="list-style-type: none">- Each sector contributes respective expertise- Share resources to save time and money (ie. visitng sites)
Theme 3: Maximizing impact by layering and avoiding duplicity	<ul style="list-style-type: none">- Stimulates networking, capacity building, technical skills development- Layering of activities increases impact and prevents misinformation and duplicity
Theme 4: Offering a comprehensive approach to fighting malnutrition	<ul style="list-style-type: none">- Avoids players being left out of planning and funding- Concrete funding ensures support and instills confidence taking action

Appendix B

Challenges to Implementation of Multisectoral Approach

Theme 1: Timing, Organisation, and General Planning	<ul style="list-style-type: none">- Accounting for the time it takes to develop intangible aspects of inter-sectoral coordination programmes- Aligning programme and project timelines- Timeliness and quality of reporting
Theme 2: Structures of Information Dissemination and Vertical Alignment	<ul style="list-style-type: none">- Implementation dissemination pathway- Feedback mechanisms- Defining roles and responsibilities
Theme 3: Adoption and Ownership Towards Ensuring Sustainability	<ul style="list-style-type: none">- Adoption and Ownership as National Agenda Priorities: Political Will- Coordinating Across Ministries: Challenges of the NFNC- Specific Needs Within Ministries: Providing Incentives

Appendix C



Source: (Bartholomew & Koester, 2015)