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Zambia Nutrition Advocacy Plan 2017–2019

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Abbreviations and Acronyms

ART	antiretroviral therapy
CSOs	civil society organisations
CSO-SUN	Civil Society Organisations–Scaling Up Nutrition Alliance
FANTA	Food and Nutrition Technical Assistance III Project
MISA	Media Institute of Southern Africa
MOH	Ministry of Health
NFNC	National Food and Nutrition Commission
Q	quarter
SBN	Scaling Up Nutrition Business Network
U.N.	United Nations
UNZA	University of Zambia
URC-ASSIST	University Research Company Co., Applying Science to Strengthen and Improve Systems project
USAID	U.S. Agency for International Development

Background

Nutrition is a cornerstone of human health and development. Good nutrition plays an important role in people's health and well-being; conversely, poor nutrition can lead to poor health as well as impaired physical and mental development (WHO 2014).

Malnutrition leads to reduced immunity, impairing an individual's ability to fight and recover from illness. At the same time, repeated infections lead to malnutrition. The impact of the malnutrition-infection cycle on the immune system is particularly important in countries like Zambia where HIV prevalence is high; 13 percent of adults in Zambia (15 percent of women and 11 percent of men) are HIV positive (Central Statistical Office Zambia et al. 2014). HIV prevalence is 7 percent among Zambian youth 15 to 24 years of age and 4 percent among youth 15 to 17 years of age, increasing to 12 percent among youth 23 to 24 years of age (Population Council 2017).

The majority of Zambian women have given birth by 23 to 24 years of age, when HIV prevalence among women and transmission risk from mothers to children are high. HIV infection not only compounds the risk of HIV transmission from a mother to her child, but it also increases the child's risk of death. Without antiretroviral therapy (ART), 50 percent of HIV-positive children will die by their second birthday (UNAIDS 2014). Zambia has low coverage of paediatric ART, reaching only 33 percent of at-risk children (UNAIDS 2014). Reaching mothers and children with nutrition services is a gateway to HIV prevention because malnourished people are often HIV positive; nutrition screening and assessment can identify malnourished people whose HIV status is unknown and refer them for HIV counselling and testing. Nutrition counselling can also promote early ART and encourage treatment adherence and retention. Investing in nutrition services and reducing malnutrition in Zambia can therefore help improve nutrition overall and significantly improve the HIV situation. Together, malnutrition and HIV are major causes of childhood illness and mortality in Zambia (World Bank 2006; Black et al. 2013). Addressing high levels of malnutrition as well as preventing and treating HIV will help to significantly reduce child mortality in Zambia and improve the health, well-being, and economic productivity of its citizens.

Over the past two decades, Zambia has made gains in child survival and maternal health. However, chronic undernutrition (known as stunting, or low height for age) in children under 5 has declined only slightly, from 45 percent in 2007 to 40 percent in 2013–2014, and 17 percent of stunted children are severely stunted (Central Statistical Office 2014). The prevalence of stunting in Zambia is much higher than in other middle-income countries in the region, such as Kenya. According to the Zambia Demographic and Health Survey (ZDHS), the proportion of children who are wasted (low weight for height) increased slightly, from 5 percent in 2007 to 6 percent in 2013–2014 (Central Statistical Office 2009; 2014).

Adolescent pregnancy remains an important problem in Zambia. According to the ZDHS 2013–2014, 28.5 percent of girls 15 to 19 years of age either were pregnant or had given birth to their first child; by age 19, 58.9 percent of adolescent girls either had given birth or were pregnant with their first child.¹ In comparison, in 2007, 27.9 percent of girls 15 to 19 years of age had begun childbearing, and more than half had begun childbearing by 19 years of age, indicating that the proportion of girls beginning childbearing during adolescence is increasing rather than declining. This is an important problem to address because the firstborn children of adolescent girls are 33 percent more likely to be stunted than children born to older mothers. As such, adolescent pregnancy in the Zambian

¹ According to the ZDHS 2013–2014, 28.5 percent of adolescent girls were pregnant or had given birth by age 19; however, this percentage is an average of each individual age (e.g., 15, 16, 17) and is therefore lower than the cumulative total, which is 58.9 percent.

context is a key driver of stunting. This is not simply because childbearing begins early, but also because adolescent pregnancy increases lifetime fertility and adolescent mothers struggle to provide for their children because of lack of access to and control over resources and less capability to provide optimal care due to their young age.

In addition, Zambia still faces a number of challenges from underlying causes of undernutrition. These include low household income, poor child feeding and care practices, poor hygiene practices, lack of access to safe water and sanitation, and low secondary education, all of which contribute to malnutrition.

Overnutrition is also an emerging public health problem in Zambia. According to the ZDHS 2013–2014, an estimated 23 percent of women 15 to 49 years of age are overweight or obese. Overweight and obesity contribute to high levels of nutrition-related noncommunicable diseases such as heart disease and diabetes.

Investing in nutrition is economically sound and considered a “best” investment to save mothers’ and children’s lives and improve children’s education outcome. These improvements in turn boost economic productivity (Copenhagen Consensus 2012). For every US\$1 spent on nutrition, there is a US\$16 return in health and economic benefits (IFPRI 2015). Investing in nutrition is therefore a best investment for Zambia.

Why Nutrition Advocacy Is Needed Now in Zambia

Malnutrition (undernutrition and overnutrition) continues to be a widespread problem in Zambia. The Government of the Republic of Zambia recognises the crucial role that nutrition plays in health, education, and economic productivity; however, investment in nutrition has been limited. There has also been a lack of long-term sustainable activities, interventions, and funding related to nutrition. As the government develops the second phase of the Most Critical Days Programme (MCDP II), advocacy efforts will help:

- Reinforce government’s and cooperating partners’ long-term commitment to and investment in nutrition and ensure the appropriate use of resources intended for nutrition.
- Strengthen capacity to deliver nutrition services and interventions and improve coverage.
- Increase coordination of nutrition-related activities.
- Prioritise and harmonise legislation to improve nutrition.
- Ensure nutrition is enshrined in all sector policies, work plans, and budgets.
- Improve accountability for nutrition across sectors.

Nutrition advocacy efforts can contribute to increased visibility, commitment, and action for nutrition services and interventions.

Development of the Zambia Nutrition Advocacy Plan

The Zambia Nutrition Advocacy Plan 2017–2019 incorporates lessons learned from past advocacy efforts. Stakeholders developed the plan through a highly consultative and participatory process using a social and behaviour change communication (SBCC) approach.

Social and Behaviour Change Communication Approach

To ignite change and improve nutrition at all levels, a comprehensive SBCC approach is needed. SBCC is a planned, systematic process of identifying the most important barriers and motivators to

behaviour change, and then designing and implementing a comprehensive set of interventions and activities to support and encourage positive behaviours and gain social and political commitment. SBCC addresses change at the individual level and at the broader environmental and structural levels to create an enabling environment for nutrition.

In the SBCC approach, three key components are necessary:

1. Advocacy to increase resources and gain political and social commitment for desired changes at all levels
2. Social mobilisation for wider participation, collective action, and ownership
3. Behaviour change communication to encourage changes in knowledge, attitudes, and practices at the individual and community levels

This plan focuses on the first component—advocacy—to obtain support for desired changes and ultimately create an enabling environment for nutrition. Advocacy at national, regional, and district levels helps galvanise support for implementing effective nutrition services and interventions. In Zambia, taking a unified and harmonised approach to nutrition advocacy will maximise the effectiveness of efforts by the government and partners. The second and third components—social mobilisation and behaviour change communication—focus on igniting change at the community, household, and individual levels. These components build on existing interventions that target people most affected by malnutrition (pregnant and lactating women, children under 5, adolescents, people with infectious diseases, and highly vulnerable children) as well as those who directly influence the target population (caregivers of children under 5, husbands and partners, relatives, peers, leaders in the community, and service providers).

SBCC Approach



Source: Adapted from McKee, N. 1992. Social Mobilization and Social Marketing in Developing Communities.

Planning Process

Planning for nutrition advocacy in Zambia involved three steps. The first step included establishing a nutrition advocacy core working group to oversee the process and bring together key stakeholders from multiple sectors, development partners, and implementing agencies in a one-day meeting to agree on the process for nutrition advocacy. Core working group members included representatives of the NFNC, government line ministries, academic institutions, United Nations agencies, cooperating partners, nongovernmental organisations, and civil society.

Next, the core working group, along with additional stakeholders, participated in a consultative workshop to develop Zambian PROFILES results which estimate the consequences if malnutrition does not improve over a defined time period and the benefits of improved nutrition over the same time period, including lives saved, disabilities averted, human capital gains, and economic productivity gains. PROFILES results can be used to engage government and other high-level stakeholders in a collaborative nutrition advocacy process to identify, prioritize, and advocate evidence-based actions to reduce malnutrition.

Then the core working group and other stakeholders participated in a four-day consultative workshop to develop the advocacy plan, which aligns with the priorities and outcomes outlined in national strategic documents. During the workshop, stakeholders determined key audience groups and tailored proposed activities and materials to address the desired changes needed from each group and the perceived barriers to those changes. The activities outlined in this advocacy plan should contribute to increased visibility, commitment, action, and resources for nutrition across multiple sectors—health, agriculture, education, and social development.

The nutrition advocacy plan, including a description of the problem, desired changes to address the problem, audiences most affected, and a summary of the strategic approach begins on the next page. The plan includes a breakdown of each audience group, beginning on page 8, and the desired changes, key barriers, and advocacy objective, along with a detailed matrix and timeline for implementation.

Zambia Nutrition Advocacy Plan 2017–2019

Problem	<p>Despite continued efforts to improve nutrition, Zambia has:</p> <ul style="list-style-type: none"> • A high level of undernutrition with a growing burden of overnutrition. • Inadequate enforcement and implementation of legislation and policies to improve nutrition. • Inadequate investment in nutrition services and interventions. • Limited understanding among sectors about how to work together effectively. • Inadequate coordination of nutrition-related activities within and across ministries at national, subnational, and district levels. • Limited understanding of nutrition and its impact on other development outcomes. • Barriers to optimal water, sanitation, and hygiene practices and infant and young child feeding practices at the household level. • Limited financial and human resources for nutrition services and interventions. • Inadequate consumption of diverse foods. • Inadequate tracking of expenditures for nutrition-specific and nutrition-sensitive activities. • Historically, limited nutrition-sensitive guiding frameworks. • Inadequate dissemination of research on determinants of malnutrition. • Inadequate focus on the life cycle approach, leading to neglect of certain groups (e.g., the elderly). • Limited involvement of the private sector in nutrition efforts. • Inadequate enforcement of and compliance with food standards.
Changes the Problem Calls for	<p>Nutrition advocacy efforts should support the following changes:</p> <ul style="list-style-type: none"> • Increased financial and human resources for nutrition across all sectors and appropriate use of resources intended for nutrition. • Strengthened capacity to deliver nutrition services and interventions and improve coverage. • Increased coordination of nutrition-related activities including intersectoral planning. • Legislation to improve nutrition prioritised and enacted. • Strengthened integration of nutrition into sector plans and budgets. • Improved accountability for nutrition across sectors. • Improved dietary diversity by making nutritious foods more affordable, accessible, and in greater demand. • Improved ability to purchase and consume nutritious foods by encouraging cash crop growth that would increase household purchasing power. • Improved understanding that malnutrition includes undernutrition and overnutrition. • Strengthened involvement of the private sector in nutrition through production and marketing of more nutritious foods for public consumption, adhering to national food and nutrition standards, and increasing corporate social responsibility.

	<ul style="list-style-type: none"> Increased prioritisation of research on determinants of malnutrition and adequate sharing of results at all levels. Planning guidance for nutrition disseminated to all relevant sectors. Nutrition included in teaching, nursing, agriculture, and social development curricula in tertiary institutions.
Audience Segmentation	<p>People most affected by malnutrition:</p> <ul style="list-style-type: none"> Children under 5 Women of reproductive age Pregnant and lactating women Adolescents People living with infectious diseases including tuberculosis and HIV People with special needs Vulnerable populations in hunger-prone areas People living with noncommunicable diseases The elderly <p>People who directly influence those most affected by malnutrition at the household level and in social networks:</p> <ul style="list-style-type: none"> Caregivers of children under 5 Men/fathers of children under 5 Grandparents, siblings, and other family members Peers including neighbours <p>People at the community level who directly influence those most affected by malnutrition:</p> <ul style="list-style-type: none"> Religious leaders Traditional healers Traditional leaders Service providers (health workers, agricultural extension workers, community-based service workers, and social workers) Community theatre groups Local political and civic leaders Community media Traditional birth attendants Women's groups <p>People who indirectly influence those most affected by malnutrition:</p> <ul style="list-style-type: none"> Office of the President and Vice President

Audience Segmentation (continued)	<ul style="list-style-type: none"> • Key line ministers, cabinet officers, and members of parliament including parliamentary committees • Permanent secretaries, directors of key line ministries, relevant statutory boards, and parastatal organisations that influence nutrition • Cooperating partners • Private sector (including food, beverage, food technology, telecommunications, and financial companies) • Civil society organisations and opinion leaders • Media (including owners of media houses, editors, producers, and journalists) • Sitting First Lady of Zambia • Leaders of faith-based organisations • Political parties • Institutes of higher learning and research institutions
Strategic Approach	<p>To create an enabling environment for improved nutrition in Zambia, an advocacy approach is needed. The initial advocacy phase, which builds on existing nutrition advocacy efforts in Zambia, prioritises the advocacy audiences of the Office of the President and Vice President; key line ministers, cabinet office staff, and members of parliament including parliamentary committees; permanent secretaries, directors of key line ministries, relevant statutory boards, and parastatal organisations that influence nutrition; cooperating partners; private sector (including food, beverage, food technology, telecommunications, and financial companies); civil society organisations and opinion leaders; and media (including owners of media houses, editors, producers, and journalists). A mutually reinforcing mix of activities that includes meetings, workshops, and seminars, along with a package of nutrition advocacy materials targeted to each audience, will build a critical mass of nutrition advocates and promote a national coordinated effort to improve nutrition. At the same time, social and behaviour change efforts in Zambia (not included in this plan) will target people most affected by malnutrition, as well as those who directly influence them.</p>

Advocacy Audiences

Audience 1: Office of the President and Vice President

Desired Changes	<ul style="list-style-type: none"> Increased prioritisation of nutrition and recognition of its influence on food security, poverty reduction, and economic development, resulting in increased political commitment and resource allocation for nutrition services and interventions
Key Barriers	<ul style="list-style-type: none"> Competing demands for resources Inadequate attention and focus on nutrition Limited country-level commitments around nutrition
Advocacy Objective	<ul style="list-style-type: none"> By the end of 2019, there will be an increased number of staff and influencers of the Office of the President and Vice President who have an understanding of nutrition's role in food security, poverty reduction, and economic development

Implementation Matrix	
Indicators	<ul style="list-style-type: none"> Number of international political commitments to nutrition made Number of policy documents that incorporate food and nutrition Number of country-level commitments to nutrition signed Number of nutrition policy and programmatic decisions taken and implemented Number of times nutrition is included in keynote speeches and announcements Number of meetings held with audience Number of events where the President or Vice President officiates Number of champions identified and met with
Means of Verification	<ul style="list-style-type: none"> Policy documents International and country-level commitment documents Progress implementation reports Reports Meeting minutes Media clips of events where the President or Vice President officiated

ACTIVITY	MATERIALS TO SUPPORT ACTIVITIES¹	TIMELINE	PROPOSED RESPONSIBLE ORGANISATIONS	POSSIBLE SUPPORTING ORGANISATIONS
Invite President or Vice President to officiate at national nutrition events (e.g., NFNC Golden Jubilee).	Speeches	2017, Q3 and as needed	NFNC	Key line ministries ³
Hold meetings on the role of food and nutrition in economic development and poverty reduction with: <ul style="list-style-type: none"> Presidential advisers on politics, economy, and development State House Permanent Secretary and Minister Minister, Vice President's Office 	Nutrition advocacy package ²	2018, Q1 and ongoing	NFNC	Key line ministries, cooperating partners, U.N. agencies, CSO-SUN Alliance ⁴

Audience 1: Office of the President and Vice President

<ul style="list-style-type: none"> Senior members of the ruling party Special Assistant to the President on Press and Public Relations Cooperating partners (e.g., U.N. agencies) 				
Identify champions and hold follow-up meetings with them to determine how to best use their influence to improve nutrition.	Nutrition advocacy package	2018, Q1 and ongoing	NFNC	Key line ministries, cooperating partners, U.N. agencies, CSO-SUN Alliance ⁴

Audience 2: Key Line Ministers, Cabinet Officers, and Members of Parliament including Parliamentary Committees

Desired Changes	<ul style="list-style-type: none"> Nutrition integrated into overall development agenda Increased budgetary allocation for nutrition services and interventions Visibility of nutrition issues raised in parliament and among constituencies
Key Barriers	<ul style="list-style-type: none"> Inadequate compelling information and evidence on nutrition issues disseminated Perceived low value of investment in nutrition for political gain Other competing demands and priorities for attention and available funds
Advocacy Objective	<ul style="list-style-type: none"> By the end of 2019, there will be an increased number of ministers, cabinet officers, and members of parliament who understand nutrition's impact on other development outcomes and spearhead nutrition as an integral part of the development agenda

Implementation Matrix

Indicators	<ul style="list-style-type: none"> Number of parliamentary committee discussions focused on nutrition Number of nutrition issues raised and discussed in parliament Percentage of budget specifically allocated to nutrition Number of ministers, cabinet officers, and members of parliament who have been oriented on nutrition issues 	<ul style="list-style-type: none"> Number of meetings held with audience Number of workshops held with audience Number of champions identified and engaged in nutrition advocacy activities Number of outreach activities coordinated with audience Number of audience members reached with social media and bulletins
Means of Verification	<ul style="list-style-type: none"> Parliamentary reports Budget tracking reports 	<ul style="list-style-type: none"> Meeting minutes List of champions and progress reports

Audience 2: Key Line Ministers, Cabinet Officers, and Members of Parliament including Parliamentary Committees

<ul style="list-style-type: none"> • Outreach activity reports • Workshop reports 				
ACTIVITY	MATERIALS TO SUPPORT ACTIVITIES ¹	TIMELINE	PROPOSED RESPONSIBLE ORGANISATIONS	POSSIBLE SUPPORTING ORGANISATIONS
Meet with the All Party Parliamentary Caucus on Food and Nutrition to plan activities.	Nutrition advocacy package ²	2018, Q1	NFNC	National Assembly Administration, CSO-SUN Alliance ⁴
Identify nutrition champions from members of parliament and determine how they can support nutrition.	-	2018, Q1	NFNC	Cooperating partners, CSO-SUN Alliance
Hold orientation workshop(s) with select parliamentarians.	Nutrition advocacy package	2018, Q2	NFNC	Key line ministries ³ , CSO-SUN Alliance
Facilitate linkages and collaboration between parliamentarians and district nutrition programmes via outreach activities.	Database on project implementation by district	2018, Q1–Q4	NFNC	Cooperating partners
Hold feedback and planning meetings with nutrition champions.	-	2018, Q4 2019, Q1 and Q4	NFNC	U.N. agencies, CSO-SUN Alliance
Use social media platforms to disseminate nutrition advocacy messages.	Nutrition advocacy package	2018, Q1 and ongoing	NFNC	Cooperating partners, key line ministries, CSO-SUN Alliance
Develop and disseminate quarterly bulletins on nutrition via email.	Nutrition advocacy package	2018, Q1 and ongoing	NFNC	Cooperating partners, key line ministries, CSO-SUN Alliance

Audience 3: Permanent Secretaries, Directors of Key Line Ministries, Relevant Statutory Boards, and Parastatal Organisations That Influence Nutrition

Desired Changes	<ul style="list-style-type: none"> Own nutrition mandates relevant to each sector by allocation of sufficient resources (human and financial), nutrition integrated into sector annual plans, and funds released for nutrition-related activities
Key Barriers	<ul style="list-style-type: none"> Competing priorities Inadequate understanding of nutrition and how it impacts each sector
Advocacy Objective	<ul style="list-style-type: none"> By the end of 2019, there will be an increased number of permanent secretaries, directors of key line ministries, members of relevant statutory boards, and parastatal organisations with an understanding of the benefits of supporting nutrition programmes in their ministries, boards, or parastatal organisations

Implementation Matrix				
Indicators	<ul style="list-style-type: none"> Percentage of ministries with increased resource allocation to nutrition Number of sectors with increased resource allocation to nutrition Number of nutrition-related activities in sector annual plans Percentage of funds released for nutrition-related activities Number of presentations made to audience Number of meetings held with audience Number of seminars held with audience 			
Means of Verification	<ul style="list-style-type: none"> Midterm expenditure frameworks Annual work plans Yellow books Annual reports Meeting minutes Workshop reports 			
ACTIVITY	MATERIALS TO SUPPORT ACTIVITIES¹	TIMELINE	PROPOSED RESPONSIBLE ORGANISATIONS	POSSIBLE SUPPORTING ORGANISATIONS
Track budget expenditure for nutrition.	Budget tracking tools	2018, Q1	NFNC	CSO-SUN Alliance ⁴ , cooperating partners
Hold sector-specific meetings with permanent secretaries and teams of each key line ministry.	Nutrition advocacy package ² Presentation	2018, Q2–Q4	NFNC	CSO-SUN Alliance, cooperating partners
Hold information dissemination seminars with directors of parastatals and boards.	Nutrition advocacy package	2018, Q2–Q4	NFNC	CSO-SUN Alliance, cooperating partners
Hold follow-up meetings with permanent secretaries and teams.	Nutrition advocacy package	2019, Q2–Q4	NFNC	CSO-SUN Alliance, cooperating partners
Hold follow-up meetings with directors of parastatals and boards.	Nutrition advocacy package	2019, Q2–Q4	NFNC	CSO-SUN Alliance, cooperating partners

Audience 4: Cooperating Partners

Desired Changes	<ul style="list-style-type: none"> Increased cooperating partner funding for nutrition-related activities
Key Barriers	<ul style="list-style-type: none"> Competing global priorities and reduced levels of global funding Low commitment to nutrition by top government leaders Inadequate understanding of nutrition and how it impacts development Inadequate accountability for nutrition among recipients of funding
Advocacy Objective	<ul style="list-style-type: none"> By the end of 2019, there will be an increased number of cooperating partners who understand nutrition's impact on development outcomes and respond to the nutrition needs of Zambia

Implementation Matrix				
Indicators	<ul style="list-style-type: none"> Percentage increase in funding for nutrition-related activities Number of meetings held with audience 			
Means of Verification	<ul style="list-style-type: none"> Cooperating partner funding reports Meeting reports Meeting minutes 			
ACTIVITY	MATERIALS TO SUPPORT ACTIVITIES¹	TIMELINE	PROPOSED RESPONSIBLE ORGANISATIONS	POSSIBLE SUPPORTING ORGANISATIONS
Hold one-on-one meetings with cooperating partners.	PROFILES report Nutrition advocacy package ² Documentaries and success stories	2018, Q1	NFNC	CSO-SUN Alliance ⁴ and other relevant civil society organisations (CSOs), and key line ministries ³
Hold roundtable meetings with cooperating partners.	Nutrition advocacy package Documentaries and success stories	2018, Q2 and 2019, Q2	NFNC	CSO-SUN Alliance and other relevant CSOs, Nutrition Cooperating Partners Group, and key line ministries
Hold follow-up meetings with cooperating partners.	Nutrition advocacy package Documentaries and success stories	2018, Q3 and 2019, Q3	NFNC	CSO-SUN Alliance and other relevant CSOs, Nutrition Cooperating Partners Group, and key line ministries

Audience 5: Private Sector (Including Food and Beverage, Food Technology, Telecommunications, and Financial Companies)⁵

Desired Changes	<ul style="list-style-type: none"> More nutritious foods produced and marketed for public consumption Increased adherence to food and nutrition standards Nutrition as part of corporate social responsibility
Key Barriers	<ul style="list-style-type: none"> Profit-orientation of businesses and lack of knowledge of the profitability of supportive activities Excessive government red tape regarding food and nutrition standards and selling or marketing food in Zambia Inconsistent and weak enforcement of existing policies Reluctance to incur extra cost Inadequate information on the far-reaching benefits of nutrition, impact of nutrition outcomes on businesses, and the benefits of their engagement
Advocacy Objective	<ul style="list-style-type: none"> By the end of 2019, there will be an increased number of private-sector companies that understand the benefits of supporting nutrition as a corporate social responsibility, producing and marketing more nutritious foods for public consumption, and adhering to national food and nutrition standards

Implementation Matrix	
Indicators	<ul style="list-style-type: none"> Number of companies complying with food and nutrition standards Number of companies producing nutrient-rich products Number of nutrient-rich products being produced Number of companies contributing to nutrition as a corporate social responsibility Number of companies committing to support nutrition efforts Number of relevant workshops held with audience
Means of Verification	<ul style="list-style-type: none"> Reports of monitoring visits to companies supporting nutrition Company annual reports Meeting minutes

ACTIVITY	MATERIALS TO SUPPORT ACTIVITIES ¹	TIMELINE	PROPOSED RESPONSIBLE ORGANISATIONS	POSSIBLE SUPPORTING ORGANISATIONS
Map and analyse companies to determine which companies to target.	Mapping and analysis tool	2018, Q1–Q2	NFNC, SUN Business Network (SBN)	SBN
Generate evidence to build an investment case for the private sector to engage in nutrition.	-	2018, Q3–Q4	NFNC, SBN	SBN
Hold meetings with select companies.	Nutrition advocacy package	2018, Q3–Q4	NFNC, SBN	MOH, U.N. agencies, SBN, cooperating partners

Audience 5: Private Sector (Including Food and Beverage, Food Technology, Telecommunications, and Financial Companies)⁵

Hold follow-up meetings to provide additional information and tools.	Nutrition advocacy package	2019, Q3–Q4	SBN	USAID, U.N. agencies, Zambia Bureau of Standards, NFNC, Competition and Consumer Protection Commission
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Audience 6: Civil Society Organisations and Opinion Leaders

Desired Changes	<ul style="list-style-type: none"> Increased number of CSOs working in nutrition with countrywide coverage Consensus on the importance of prioritising nutrition and its multisectoral nature (for CSOs whose mandates already include nutrition)
Key Barriers	<ul style="list-style-type: none"> Competing priorities for nutrition funding Focus of CSO activities determined by donor interest and direction
Advocacy Objective	<ul style="list-style-type: none"> By the end of 2019, there will be an increased number of CSOs and opinion leaders who understand the benefits of mainstreaming nutrition in civil society programmes

Implementation Matrix

Indicators	<ul style="list-style-type: none"> Percentage of CSOs working on nutrition programmes Percentage increase in the number of districts reached by CSOs working in nutrition Number of CSOs mainstreaming nutrition 	<ul style="list-style-type: none"> Number of CSO leads met Number of training needs assessments completed Number of capacity-strengthening events held Resource mobilisation strategy developed 		
Means of Verification	<ul style="list-style-type: none"> Monitoring reports Newsletter reports Meeting minutes and reports 	<ul style="list-style-type: none"> Training needs assessment reports Capacity strengthening reports Resource mobilisation strategy 		
ACTIVITY	MATERIALS TO SUPPORT ACTIVITIES ¹	TIMELINE	PROPOSED RESPONSIBLE ORGANISATIONS	POSSIBLE SUPPORTING ORGANISATIONS
Map CSOs and determine which CSOs to meet with.	Online survey Mapping toolkit	2018, Q1	NFNC, Central Statistical Office, CSO-SUN Alliance	Cooperating partners, Zambia Institute for Policy Analysis and Research (ZIPAR)
Conduct training needs assessment.	Training needs assessment questionnaire	2018, Q2	NFNC	U.N. agencies, cooperating partners, CSO-SUN Alliance ⁴

Audience 6: Civil Society Organisations and Opinion Leaders

	Online survey			
Meet with heads of select CSOs to increase understanding of nutrition.	Nutrition advocacy package ² Desk review	2018, Q3	NFNC	Cooperating partners, U.N. agencies, CSO-SUN Alliance
Hold capacity-strengthening events on nutrition depending on training needs assessment outcome.	Training modules tailored to CSOs Nutrition advocacy package	2018, Q4 to 2019, Q1	NFNC	U.N. agencies, cooperating partners, CSO-SUN Alliance, University of Zambia (UNZA)
Develop a resource mobilisation strategy and work with CSOs to implement it.	Template for strategy Concept note	2019, Q1–Q4	CSO-SUN Alliance	U.N. agencies, cooperating partners, NFNC

Audience 7: Media (including owners of media houses, editors, producers, and journalists)

Desired Changes	<ul style="list-style-type: none"> Broaden and increase the coverage of nutrition issues on all media platforms Increase collaboration between nutrition experts and the media
Key Barriers	<ul style="list-style-type: none"> Need for access and clearance of nutrition experts to talk to the media Priority given to political stories Limited number of journalists trained in nutrition Prohibitive cost of production of TV and radio programmes Inadequate understanding of the benefits of reporting on nutrition
Advocacy Objective	<ul style="list-style-type: none"> By the end of 2019, there will be an increased number of journalists with the capacity to accurately report on nutrition issues and an increased number of journalists, owners, editors, and producers who understand the benefits of reporting on nutrition

Implementation Matrix

Indicators	<ul style="list-style-type: none"> Percentage of media houses disseminating nutrition information Percentage of media coverage on nutrition Number of media owners, editors, and producers oriented on nutrition Number of journalists trained on nutrition 	<ul style="list-style-type: none"> Number of journalism lecturers trained on nutrition Number of press briefings on nutrition Media database
Means of Verification	<ul style="list-style-type: none"> List of media houses Media monitoring reports 	<ul style="list-style-type: none"> Meeting minutes Workshop reports

Audience 7: Media (including owners of media houses, editors, producers, and journalists)

- Minutes from press briefings

ACTIVITY	MATERIALS TO SUPPORT ACTIVITIES ¹	TIMELINE	PROPOSED RESPONSIBLE ORGANISATIONS	POSSIBLE SUPPORTING ORGANISATIONS
Create a media database and determine media houses to target with advocacy efforts.	-	2017, Q3–Q4	NFNC	Ministry of Information and Broadcasting Services, CSO-SUN Alliance ⁴
Conduct baseline and continual media monitoring.	Media monitoring tools	2017, Q3 and ongoing	NFNC	Cooperating partners, MOH, National Agricultural Information Services, Nutrition Association of Zambia, Zambia News and Information Services, MOH, CSO-SUN Alliance
Orient media owners, editors, and producers on the benefits of reporting on nutrition issues.	Nutrition advocacy package ²	2018, Q1 2019, Q1	NFNC	Cooperating partners, Association of Editors, Media Institute of Southern Africa (MISA), CSO-SUN Alliance
Train journalists in nutrition reporting.	Nutrition advocacy package	2018, Q2–Q3 2019, Q2–Q3	NFNC	Cooperating partners, MOH, MISA, UNZA, CSO-SUN Alliance
Train journalism lecturers in nutrition reporting.	Nutrition advocacy package	2018, Q2 and continuing quarterly	NFNC, MOH, Ministry of Agriculture	Cooperating partners, MOH, UNZA, CSO-SUN Alliance
Hold press briefings on timely nutrition issues.	Nutrition advocacy package Press releases	Ongoing	NFNC	Cooperating partners, MOH, MISA, CSO-SUN Alliance

¹ For each audience, initial material development will begin in 2017, Q3–Q4 and will be ongoing as needed.

² The nutrition advocacy package includes information on nutrition and relevant sectors, targeted to each priority audience listed in the plan.

³ Key line ministries include the Ministry of Health; Ministry of Agriculture and Livestock; Ministry of Local Government and Housing; Ministry of Water Development, Sanitation and Environmental Protection; Ministry of General Education; Ministry of Community Development; and Ministry of Information and Broadcasting Services.

⁴ The CSO-SUN Alliance is a consortium of civil society organisations in Zambia. Specific organisations for each activity will be determined based on availability and need.

⁵ Private sector refers to both multinational corporations and local companies.

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