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Scaling Up Nutrition Learning and Evaluation (SUN LE)

2020 Readiness and Performance Assessments of SUN 2.0/MCDP II in Zambia

Final Report (May 2021)

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2020 READINESS AND PERFORMANCE ASSESSMENTS OF SUN 2.0/MCDP II IN ZAMBIA

Final Report

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Submitted by:

Khulisa Management Services, Inc.

4550 Montgomery Avenue, Suite 220

Bethesda, MD 20814

USA

Tel: +1 (301) 951-1835

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Glossary of Terms

Term	Definition
GIZ-supported districts	The GIZ-supported districts include Katete and Petauke
Implementing partner	One of three partners supporting SUN 2.0 districts in implementation, namely, GIZ (GIZ-supported), SUN TA (SUN TA-supported) and UNICEF (UNICEF-supported)
Level	Refers to vertical level: national, provincial, district, and / or ward
Management level / units	Refers to GRZ management teams at national, provincial, district, ward or service delivery point in any sector.
Multi-sectoral	Involving all 7 GRZ sectors, i.e., Ministries of (i) Agriculture, (ii) Health, (iii) Fisheries and Livestock, (iv) General Education, (v) Community Development, (vi) Water Development, Sanitation, and Environmental Protection, and (vii) Local Government and Housing – working which the ministry of Water Development, Sanitation, and Environmental Protection and the district level
New SUN districts	The 15 districts that have been incorporated into SUN 2.0 that were not part of SUN 1.0. These include Chibombo, Kabwe, Kapiri Mposhi, Kitwe, Ndola, Katete, Petauke, Lusaka, Isoka, Mpika, Luwingu, Solwezi, Choma, Monze, and Kaoma
Nutrition Coordinating Committees	The NFNC structures at national and sub-national levels (province, district, ward) that coordinate the multi-sectoral nutrition response at these levels by engaging all relevant stakeholders
Old SUN districts	The 15 districts that were part of SUN 1.0 programme. These are Mumbwa, Chipata, Lundazi, Mansa, Nchelenge, Samfya, Chinsali, Kaputa, Kasama, Mbala, Mwinilunga, Zambezi, Kalabo, Mongu and Shangombo
SDPs (service delivery points)	This refers to a unit or location that is responsible for ultimate service delivery to target programme beneficiaries e.g., households, women, children, farmers or community. An example of a service delivery point is a health facility (Ministry of Health) or camp (Ministry of Agriculture)
Sectors	Refers to horizontal level or key government line ministries, including NFNC, that are responsible for nutrition and the delivery of nutrition-related interventions. Relevant sectors in the SUN programme include the 7 ministries that deliver SUN-related components (e.g., health, water/sanitation, agriculture, community development, etc.)
SUN TA-supported districts	The 13 SUN TA-supported districts include Chibombo, Kabwe, Kapiri Mposhi, Mumbwa, Kitwe, Ndola, Mansa, Nchelenge, Samfya, Kaputa, Kasama, Luwingu, and Mbala
UNICEF-supported districts	The 15 UNICEF-supported districts visited include Chipata, Lundazi, Lusaka, Chinsali, Isoka, Mpika, Mwinilunga, Solwezi, Zambezi, Choma, Monze, Kalabo, Kaoma, Shangombo, and Mongu

Executive Summary

BACKGROUND

The Zambia Demographic Health Survey (ZDHS) shows that 35% of children under the age of five years are stunted, 4% are wasted, and 12% are underweight. To address these challenges, from 2013 and with partner support, the National Food and Nutrition Commission (NFNC) has led Zambia's multi-sectoral Scaling Up Nutrition (SUN) programme through its 1000 Most Critical Days Programme (MCDP) and now the second phase, SUN 2.0/MCDP II which aims to reduce stunting by 14 percentage points over 7 years (2% reduction a year from 2018) in children less than 2 years in 30 priority districts¹ with plans to expand to 100 districts by 2022.

The overall objective of this Readiness and Performance Assessment (RPA) was to assess the adequacy of SUN 2.0/MCDP II core systems, structures, and capacities at all management levels (national and subnational). It sought to determine if necessary elements (e.g., enabling environment, inputs, and processes) are in place to facilitate the achievement of SUN 2.0/MCDP II objectives. Additionally, it was meant to provide specific recommendations for improvements in core systems, structures, and capacity to ensure better programme implementation, effectiveness, and timeliness.

Performance Assessment/Audit

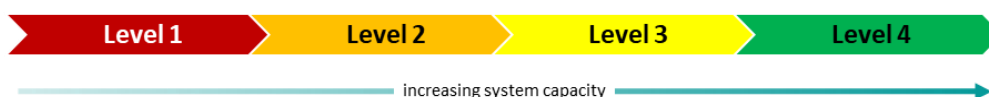
An independent examination of a programme's functions, operations, management systems, and procedures against defined standards, criteria, benchmarks, or expectations.

METHODOLOGY

The RPA's design was guided by 3 internationally-recognised frameworks ([the Primary Healthcare Performance Initiative Framework](#), the [Guide to Evaluating Collective Impact](#), and [Scaling Up Nutrition Global Strategy Standards](#)) and was structured to assess 31 standards in 8 domains (see Annex 1) that have been documented in the literature as fundamental to effective programme implementation, services delivery, and achievement of desired programme results:

- | | |
|--|---|
| 1. Governance and Leadership (5 standards) | 5. Workforce (3 standards) |
| 2. Adjustment to Population Needs (3 Standards) | 6. Funding (3 standards), |
| 3. Equipment, Supplies, and Service Infrastructure (6 standards) | 7. Population Nutrition Management (4 standards), and |
| 4. Information Systems (2 standards) | 8. Service Organisation (5 standards). |

Each standard was comprised of criteria or dimensions that were scored on a numeric scale from 1 (worst) to 4 (best, close to ideal, or ideal) to represent performance.



The RPA employed a mix of purposive and probability sampling which yielded a target of 549 respondents/interviews: 17 at national level, 66 at provincial, 212 at district, and 254 at Ward level. Using a standardized RPA tool for conducting key informant interviews (KIIs), assessors captured the data on tablets programmed with CSPro. Quality assurance measures were taken at all stages of the assessment. Data analysis entailed obtaining simple, unweighted averaging of rubric scores at the question, measure, and domain levels across all respondents, and disaggregated by level (national,

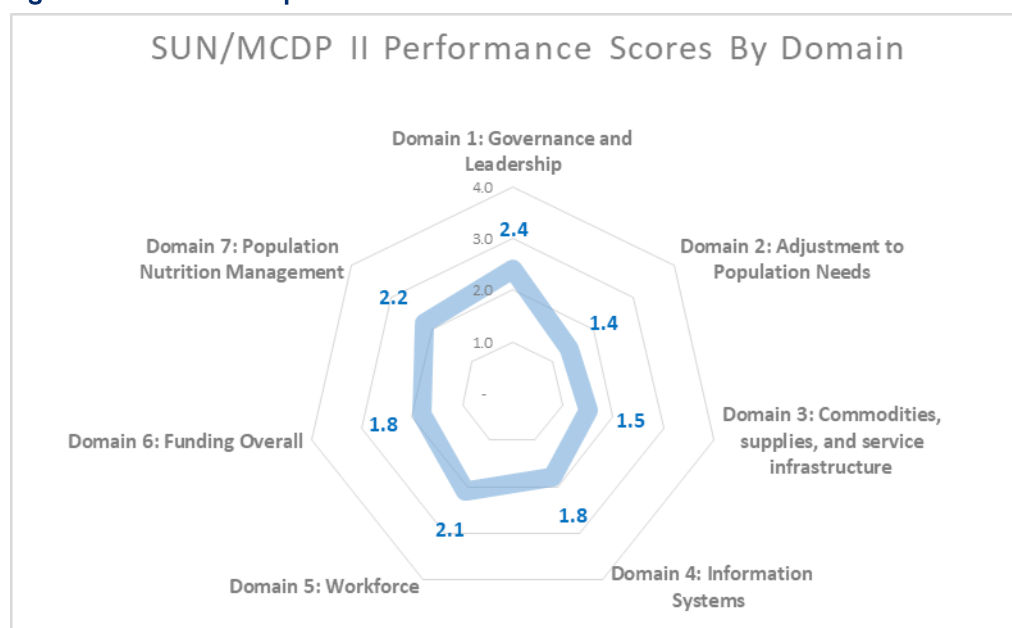
¹ NFNC, 2012. First 1000 Most Critical Days Three Year Programme 2013-2015. Lusaka, Zambia

province, district, ward), by sector, or by implementing agency. Data analysis was conducted using Stata v16 and Microsoft Excel for visualisation.

FINDINGS

Figure 1 below shows the overall mean performance score for each domain. As can be seen, the SUN 2.0/MCDP II programme scored highest in the Governance and Leadership domain (2.4 out of a possible total score of 4), followed by Population Nutrition Management at 2.2. The programme scored fairly low on the Commodities Supplies and Service Infrastructure (1.5), Adjustments to Population Needs (1.4), and Service Organisations and Management (1.6) domains, suggesting the need for significant attention in these areas if SUN 2.0/MCDP II objectives are to be achieved effectively, efficiently and within the desired timeframe. The main findings for each domain are summarised below.

Figure 1. Overall mean performance scores across domains



Governance and Leadership (score 2.4 of 4)

The governance and leadership environment for SUN 2.0/MCDP II is established but can be improved. As expected, governance and leadership structures and processes at national level (particularly at NFNC) are stronger than at subnational level, and old SUN 1.0 districts have slightly stronger governance and leadership structures and processes than new SUN 2.0 districts. GIZ-supported districts also have stronger structures and processes than those supported by SUN TA and UNICEF, which could be attributable to the longer existence of GIZ in their operating areas compared to SUN TA and UNICEF. Quality Management was the strongest aspect of the governance and leadership domain, but most sectors lacked quality guidelines or policies.

Collaboration, both within government across different ministries and levels, and between government and external stakeholders, was weak and needs attention. In order to successfully achieve collective impact of the SUN 2.0/MCDP II programme, there is need for a more clearly articulated vision, a common measurement framework, and use of a clearly defined minimum package of mutually reinforcing interventions. While communication structures and processes have been established to facilitate collaboration, there is need to enhance these for overall improvements in collaboration, accountability, and performance.

Adjustment to Population Needs (score 1.3 of 4)

Overall, there is little to no evidence that the SUN 2.0/MCDP II programme is systematically adjusted to meet population needs. The factor that negatively affected the mean score for this domain was related to weak nutrition sector specific surveillance and the absence of an overarching consolidated MCDP II surveillance system. Learning and application of lessons/innovations to programme implementation was irregular and weak, particularly at district level. In terms of priority setting, the weakest element is that resources were often not allocated according to set priorities but allocated according to availability from government and other funders, with the funders' priorities at time taking precedence.

Commodities, Supplies, and Service Infrastructure (score 1.5 of 4)

The low score for this domain implies a poor overall supply chain management to support SUN service delivery across most institutions. The lowest scores were observed on availability of essential nutrition consumables, basic equipment, and availability of essential diagnostic supplies. Overall, only 17.1% of management units had basic equipment and supplies available; only 10% had essential commodities available; and only 8.7% of wards were implementing all SUN interventions. No management units had all the required essential diagnostic tools.

Specific sectors were found to have shortages of required basic equipment/supplies, but in some cases, this was because the items had been distributed to lower levels (e.g., MUAC tapes and height boards for MOH), while in other cases the equipment/supplies were just not available (e.g., chickens and fish for MOFL). The situation was similar for essential nutrition commodities; for example, the MoH had stockouts of items such as RUTF and Vitamin A supplements.

In terms of service delivery distribution and convergence, there is an effort to promote and implement a wide range of multi-sectoral nutrition interventions at district and ward levels. However, service delivery action plans were only common at district level and far less common at ward level. Moreover, less than half of action plans reviewed in the RPA contained specific targets.

These findings suggest that insufficient commodities and infrastructure constrain the SUN 2.0/MCDP II programme's ability to provide a comprehensive package of nutrition services to communities.

Information Management Systems (score 1.8 of 4)

There is no overarching, standardized, SUN information system to track the on-going performance of the SUN 2.0/MCDP II programme, although separate ministry-specific management information systems exist with varying degrees of functionality. Even so, the use of these data to inform programmatic decisions and service delivery was limited across all sectors and levels. Rather, data is collected and reported (as required), but largely not used – in part due to limited skills in evidence-based decision-making and limited mechanisms for ensuring data is used.

The presence and use of beneficiary records was uneven, though some beneficiary-level data was collected at ward and district levels. However, not all the necessary components for beneficiary records were captured (unique IDs, issues presented, service history, nutrition consumables provided and referrals). Further, the use of such data was limited and not usually used to inform service delivery.

Workforce (score 2.1 of 4)

Compared to international and Zambian benchmarks, workforce numbers are insufficient to achieve high coverage of nutrition services specified in the SUN 2.0/MCDP II minimum nutrition package. More than 50% of management units had a workforce density below 50% of the recommended GRZ staff allotment for their sector. Although there were dedicated permanent positions appointed to SUN with clearly defined roles, other positions and competencies were not clearly defined, particularly in nutrition-sensitive sectors. Respondents also reported gaps in competencies among current staff to implement the SUN programme. Despite the existence of capacity building mechanisms (e.g., staff training

programme), these were mostly characterised by infrequent ad-hoc trainings. Further, there were limited community workers tasked with proactive population outreach for the SUN 2.0/MCDP II programme.

Funding (score 1.8 of 4)

While most management units maintained a budget for SUN, a significant proportion of the budget was directed to administrative costs at the expense of direct service delivery activities, and the flow of funds to management units was mostly unstable, irregular, and unpredictable. More than 50% of management units did not maintain a financial information system for tracking SUN-related revenues and expenditures, especially at ward level. Remuneration of community volunteers at ward level was also highly unstable, unpredictable, and almost always delayed.

Population Nutrition Management (score 2.2 of 4)

This domain's score is calculated from measures around local (district-level) priority setting (2.6), community engagement (2.4), empanelment (2.3), and proactive population outreach (1.6). Although districts and wards collect or receive data for strategic action planning at least annually, engagement of communities and local leaders in data interpretation and priority-setting is limited. This ties in with the generally low data use culture found in the study. In terms of community engagement, meetings with communities did occur for most sectors, more so at ward than at district levels, but input from community members on the design, financing, governance, and implementation of SUN activities was limited. Rather, the community is engaged mainly for information dissemination purposes than for participation in programme design and implementation. Community engagement/input on how services are structured and delivered was less common than it could be. Performance was generally poor for proactive population outreach both at district and ward levels, suggesting that ministries have challenges with reaching the beneficiaries in communities. In addition, most ministries do not keep records to enable them to track the beneficiaries for the services they offer.

Service Organisation and Management.

The findings of domain 8 (serviced delivery level) are presented in a separate report titled *Community and Facility Readiness to Implement Multisectoral Nutrition Interventions*.

RECOMMENDATIONS

Recommendations, based on assessment findings, are provided for each domain.

Governance and leadership: There is a need to improve collaboration both between government ministries and between government and external stakeholders. To aid accountability and tracking of results, an overarching M&E framework for SUN should be urgently established alongside strengthening existing sector-specific M&E systems/structures, strengthening processes to review policy implementation (such as joint annual reviews), and developing an overall quality improvement plan for SUN. Lastly, NFNC financial sustainability should be enhanced to strengthen its effectiveness, authority, and accountability.

Adjustment to Population Needs: To adequately meet population needs around nutrition, there is need to establish an overarching surveillance system to which each sector's surveillance systems can link. Further, there is need to institutionalise and formalise learning and innovation mechanisms in lieu of current (informal) mechanisms. The nutrition programme also needs to strengthen the use of data in priority setting, including the use of data to inform resource allocation.

Commodities, Supplies, and Service Infrastructure: There is urgent need by to support the provision of basic equipment, essential commodities, and supplies at district and ward levels to improve overall

nutrition services delivery. This should also include mechanisms to avoid stockouts of commodities and supplies. Each ministry / sector should formally define, standardize, and document what is required at various levels in terms of essential commodities, supplies and equipment.

Information Management Systems: There is a need to ensure a functional standardized SUN/MCDP management information system to which all sectors (at all levels) can report. Further, each sector needs to capture better and more complete information on beneficiary records. Efforts should also be made to upgrade existing information systems to electronic format, preferably online, for timely access to data for decision making.

Workforce: There is a need to employ more nutritionists, support staff, and community workers to enhance the number of skilled professionals available to provide nutrition services. Given the government's current freeze on new employment, implementing partners and donors are encouraged to explore innovative ways to bridge the manpower gaps on a short- to medium-term basis. Such innovative strategies could include volunteerism or internships for new graduates or retirees – at the mutual benefits of the volunteers/interns and the programme. Staff establishments need to be formalised for those sectors that do not have specific nutrition establishments. Further, sectors should ensure that systematic efforts / mechanisms are in place to ensure that competencies among current staff are kept up to date with SUN priorities to sustain operational excellence.

Funding: Overall, funding consistency should be improved across all sectors to make it more stable, predictable, and timely with strengthening of FMIS and budgeting procedures.

Population Nutrition Management: All sectors should strengthen priority setting practices with a focus on more effective community engagement, especially—in low performing districts. There is need to document and scale successful approaches for reaching vulnerable or hard to reach populations.

Service Organisation and Management: The capacity of managers at all service delivery points should be strengthened in general programme management and information management system use. Supportive supervision should provide avenues to mentor staff to improve their service delivery management capabilities.

Acronyms

DFID	Department for International Development
DNCC	District Nutrition Coordinating Committee
FCDO	Foreign, Commonwealth & Development Office
GIZ	German Development Agency
GRZ	Government of the Republic of Zambia
IP	Implementing Partner
KII	Key Informant Interview
MARF	Multi-Sectoral Nutrition Activity Report Form
MCDP	Most Critical Days Programme
MCDSS	Ministry of Community Development and Social Services
MIS	Management Information System
MOA	Ministry of Agriculture
MOFL	Ministry of Fisheries and Livestock
MOGE	Ministry of General Education
MOH	Ministry of Health
MWDSEP	Ministry of Water Development Sanitation and Environmental Protection
NFNC	National Food and Nutrition Commission
PA	Performance Assessment
PHC	Primary Health Care
PNCC	Provincial Nutrition Coordinating Committee
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RPA	Readiness and Performance Assessment
SDP	Service Delivery Point
SIDA	Swedish International Development Cooperation Agency
SUN	Scaling Up Nutrition
SUN LE	Scaling Up Nutrition Learning and Evaluation
SUN TA	Scaling Up Nutrition Technical Assistance
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
ZDHS	Zambia Demographic Health Survey

1 INTRODUCTION

1.1 Overview of Zambia's Scaling Up Nutrition (SUN) Programme

Undernutrition among women and children is a major worldwide health problem, with Zambia among countries with the highest prevalence of malnutrition in children under-five years of age. According to the 2018 Zambia Demographic Health Survey (ZDHS), 35% of children under the age of five years are stunted, 4% are wasted, 12% are underweight, and 19% of women of reproductive age are overweight or obese². Likewise, the 2019 SUN 2.0/MCDP II Baseline Survey found high rates of malnutrition in children less than two years old: 30.2% of children were stunted, 15% were underweight, and 4% were wasted³.

Childhood malnutrition reflects exposure to inadequate food intake and to diseases and parasite infestation. The causes of malnutrition are multi-dimensional and include food insecurity which leads to inadequate food availability and diet diversity, poor food consumption by women during pregnancy and during childhood, sub-optimal caring practices for children, low access to optimal health care and poor unhygienic environments. All these factors are exacerbated by poverty, adverse cultural structural factors unfavourable to women, and the micro- and macro-level policy environment, among other factors⁴.

The Government of Zambia (GRZ), through various government sectors, is committed to addressing all forms of malnutrition. Since 2013, the National Food and Nutrition Commission (NFNC), with support from various cooperating partners, has led Zambia's Scaling Up Nutrition (SUN) programme through its 1000 Most Critical Days Programme (MCDP) to address malnutrition among women and children under two years of age. Currently in its second phase, SUN 2.0/MCDP II aims to reduce stunting by 14 percentage points over 7 years (2% reduction a year from 2018) in children less than 2 years in 30 priority districts⁵ with plans to expand to 100 districts by 2022.

Because malnutrition is a multi-faceted problem that requires concerted efforts from all sectors, Zambia has adopted a multi-sectoral approach to implementing SUN 2.0/MCDP through seven-line ministries and NFNC (Box 1). The government is supported by various donors, namely, the United States Agency for International Development (USAID), the United Kingdom's Foreign, Commonwealth & Development Office (FCDO) - formerly known as the Department for International Development now called Foreign Commonwealth Development Office (FCDO) the European Union (EU), the Swedish International Development and Cooperation Agency (SIDA), the German Embassy, and other cooperating and implementing partners, such as, the United Nations

Box 1. GRZ ministries/agencies involved in the SUN 2.0/MCDP II programme

1. Ministry of Health
2. Ministry of Agriculture
3. Ministry of Fisheries and Livestock
4. Ministry of General Education
5. Ministry of Community Development and Social Services
6. Ministry of Water Development, Sanitation, and Environmental Protection
7. Ministry of Local Government and Housing
8. National Food and Nutrition Commission

² Central Statistical Office (CSO) [Zambia], Ministry of Health (MOH) [Zambia], and ICF International. 2014. Zambia Demographic and Health Survey 2013-14. Rockville, Maryland, USA: Central Statistical Office, Ministry of Health, and ICF International.

³ USAID Scaling Up Nutrition Learning and Evaluation (SUN LE), 2019. Baseline Survey of the First 1000 Most Critical Days Programme II (SUN 2.0/MCDP II). Lusaka, Zambia

⁴ NFNC (2017). The First 1000 Most Critical Days Programme II (SUN 2.0/MCDP II). "Zambia's Five-Year Flagship Stunting Reduction Programme" 2018-2022, Based on Strategic Direction One: Reduction of Stunting in Children Less than Two Years of Age in the National Food and Nutrition Strategic Plan (NFNSP) 2018-2022. Lusaka, Zambia.

⁵ NFNC, 2012. First 1000 Most Critical Days Three Year Programme 2013-2015. Lusaka, Zambia

Children's Fund (UNICEF), the German Development Agency (GIZ), SNV Netherlands Development Organisation, and the USAID-funded Scaling Up Nutrition Technical Assistance (SUN TA) and Scaling Up Nutrition Learning and Evaluation (SUN LE) projects.

To coordinate MCDP implementation across all sectors and at all levels, multi-sectoral nutrition coordinating committees have been established at national, provincial, district, and ward levels. Catchment area coordinating committees have also been in some districts.

The GRZ and other SUN stakeholders have developed a package of interventions (Box 3) to guide nutrition services delivery to specific target groups using existing government structures. These interventions were selected based on evidence from the Lancet Series which showed that scaling up high impact nutrition interventions to 90% coverage will produce the highest reduction in stunting.

Monitoring and evaluation to guide the progress towards reducing malnutrition is critical in the SUN 2.0/MCDP II programme. Therefore, the USAID-funded Scaling Up Nutrition Learning and Evaluation (SUN LE) provides survey, research, evaluation, and learning/dissemination services to SUN 2.0/MCDP II programme managers and implementing partners. SUN LE supports the building of an evidence base of high-quality data (especially around key indicators and programme implementation) at district level for programme and policy decision making, and for better tracking of programme outcomes and impacts.

Part of SUN LE's support to SUN 2.0/MCDP II includes conducting biennial performance assessments beginning in 2020 to inform MCDP programme implementation. Accordingly, this report presents results of the first performance assessment (2020), dubbed the "Readiness and Performance Assessment (RPA)", as the SUN 2.0/MCDP II programme was at its formative stages in certain targeted districts of Zambia, when it the RPA conducted.

Box 2. SUN 2.0/MCDP II Strategic objectives towards reducing stunting

1. Improve Policy, Coordination, Financing and Partnerships
2. Improve the Coverage and Quality of Priority Nutrition Interventions for Stunting Reduction
3. Strengthen Capacity of Institutions, Systems and Management
4. Improve Advocacy for Stunting Reduction
5. Improve Monitoring, Evaluation, Research, Learning and Adaptive Management

Box 3. SUN 2.0/MCDP II Minimum Package of Interventions

1. Infant and Young Child feeding Practices (delivered by MOH and MOA)
2. Diet Diversity through Nutrition Sensitive Agriculture (delivered by MOA)
3. Promotion of Safe water Hygiene and Sanitation (delivered by MWDESP)
4. Promotion of Gender Equality and Women Empowerment (delivered by all ministries)
5. Social Behaviour Change Communication for Stunting Reduction (delivered by all ministries)

1.2 Background to Performance Assessments/Audits

A performance assessment/audit is an independent examination of a programme's functions, operations, management systems, and procedures against defined international or local criteria, standards, benchmarks, or expectations^{6 7}. Performance assessments determine whether a programme is meeting the established performance criteria/standards and therefore has an increased likelihood of achieving the desired objectives.

⁶ Performance Audit. <https://www.investopedia.com/terms/p/performanceaudit.asp>

⁷ Standard for Performance Auditing (2016).

https://static1.squarespace.com/static/57019a6db6aa607cbb909ab2/t/5923b2c9ebbd1a1daa6e99ec/1495511756862/ISSAI_3000_EN.pdf

1.2.1 RATIONALE AND PURPOSE

The goal of this Readiness and Performance Assessment (RPA) was to provide an independent, objective, comparable assessment of whether necessary core systems, structures, and capacity – around good governance, management, coordination, implementation, workforce, and service delivery – are in place to ensure achievement of overall SUN 2.0/MCDP II programme objectives.

1.2.2 OBJECTIVE

Overall objective:

- To assess the adequacy of SUN 2.0/MCDP II core systems, structures, and capacities at all management levels (national and subnational) and across all sectors.

Specifically, the RPA sought to:

- Determine if necessary, elements (e.g. enabling environment, inputs, and processes) are in place to facilitate the achievement of SUN 2.0/MCDP II objectives (Box 2) at national, provincial, district, and ward levels in the 30 priority districts.
- Provide specific recommendations for improvements in core systems, structures, and capacity to ensure better programme implementation, effectiveness, and timeliness.

Note: The performance of SUN 2.0/MCDP II structures, processes, and inputs at service delivery level (i.e. at health facilities and in communities) – including how beneficiaries are targeted and reached – is a subject of a separate SUN LE focused study.

2 APPROACH AND METHODOLOGY

2.1 RPA Conceptual Framework

In designing the RPA, SUN LE aimed to build on existing and proven performance assessment/audit guidance, measures, approaches, and tools used primarily in public sector social programmes. In researching performance assessment/audit tools, models, and guidance, SUN LE identified the following resources to guide the design of the RPA:

- the *Primary Health Care Performance Initiative (PHCPI)⁸ assessment tool⁹*
- the *Guide to Evaluating Collective Impact^{10,11}*; and
- the *Scaling up Nutrition Global Strategy standards¹²*

Based on these resources, SUN LE designed the RPA to assess eight (8) domains (Figure 2) with 31 standards that have been documented in the literature as fundamental to effective programme implementation, services delivery, and achievement of desired programme results. The RPA tool was designed to allow for common measurement of performance across GRZ vertical and horizontal levels, as well as to identify positive outliers, best practices, and underlying determinants of performance. We

⁸ Primary Health Care Performance Initiative (PHCPI). <https://improvingphc.org/>

⁹ PHCPI Assessment Tool. https://improvingphc.org/sites/default/files/PHC-Progression%20Model%202019-04-04_FINAL.pdf

¹⁰ Guide to Evaluating Collective Impact. <https://www.fsg.org/publications/guide-evaluating-collective-impact> and tool <https://www.collectiveimpactforum.org/sites/default/files/guide%20to%20evaluating%20ci%2001.pdf>

¹¹ Collective Impact. https://ssir.org/articles/entry/collective_impact

¹² SUN Strategy at a glance. <https://bit.ly/2t7lbzj>

also recognise that each line ministry, province, and district are unique entities, in unique contexts, in different SUN implementation phases, and with different challenges.

Each domain's list of standards can be found in Annex 1.

2.2 Methodology

2.2.1 SAMPLING STRATEGY

The RPA employed a mix of purposive and probability sampling. The primary purpose was to derive conclusions that can be extrapolated across vertical levels (national, provincial, district, and ward and service delivery) and horizontal sectors.

As shown in Box 1 above, we purposively focused on six GRZ sectors/line ministries. At the national level, we interviewed representatives from these six GRZ sectors, as well as representatives from donors and normative technical institutions involved in SUN 2.0/MCDP II. At provincial and district levels, we interviewed focal GRZ officers from the six sectors/line ministries, as well implementing partners supporting SUN 2.0/MCDP II at district level.

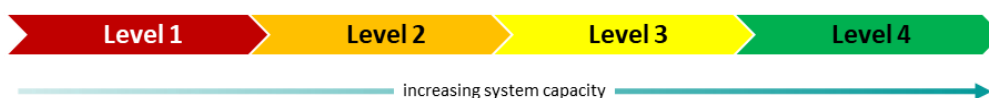
This multi-stage sampling design yielded 549 respondents/interviews: 17 national level respondents, 66 provincial level, 212 district level, and 254 ward level. A complete sample description is presented in Annex 5.

2.2.2 DATA COLLECTION

Data collection involved key informant interviews (KIIs) using a standardized RPA tool (Annex 4), supplemented with document review (to corroborate KII responses). The RPA tool was programmed in CSPro¹³. Data were collected from between 3 August and 18 September 2020. Thirty-one (31) assessors and two senior assessors were recruited and trained over a 10-day period (including a field test). During data collection, the assessors were organized in 6 teams including one supervisor. Prior to fieldwork, the RPA tool was pre-tested in Siavonga district, Lusaka province, and Lusaka districts and adjustments made as appropriate.

The responses to individual questions in the tool were scored using a rubric scale that assigned a level of performance for that dimension to one of four categories: Level 1 (low) to Level 4 (high) (Figure 3). Rubric scores were assigned based on evidence provided by respondents to corroborate their responses.

Figure 3. RPA Rubric Response for each question, Standard/Measure, Domain



2.2.3 FIELDWORK QUALITY ASSURANCE

We implemented a 5-step quality assurance plan (see Figure 4). In addition, the team had weekly calls to identify a common approach to addressing challenges. Further, a team composed of nutrition focal points from the line ministries, NFNC and SUN LE conducted a supportive supervision during the first

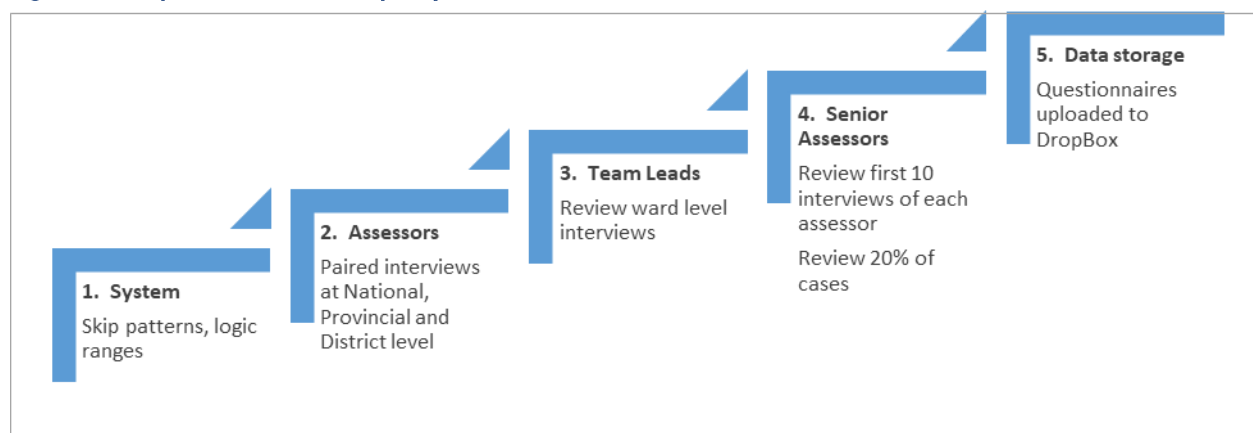
Figure 2. RPA Domains



¹³ The Census and Survey Processing System (CSPro) is a software package for entering, editing, tabulating, and disseminating data from censuses and surveys. CSPro is developed and supported by the U.S. Census Bureau with ICF Macro.

two weeks of data collection to identify and resolve any teething problems.

Figure 4. Steps undertaken for quality assurance.



2.2.4 DATA ANALYSIS

Data analysis was conducted using Stata v17 and Microsoft Excel for visualisation.

Data analysis entailed obtaining simple, unweighted averages of rubric scores at the question, measure, and domain levels across all respondents, and disaggregated by level (national, province, district, ward), by sector or by implementing agency. The results were visualised through various charts and graphs.

2.2.5 LIMITATIONS

During the planning and conduct of the RPA, we experienced a few notable challenges that could have impacted the results.

First, some elements of the RPA, such as recommended equipment, supplies, and commodities required at various levels, were not sufficiently defined by many sectors at policy/higher level. Nutrition workforce establishments were also not always clearly outlined for the sectors. Thus, assessors had to start by asking the responded what equipment, commodities, supplies of personnel they needed to perform effectively. This varied from unit to unit.

Secondly, at national level, some donor agencies interviewed were relatively new as far as nutrition interventions were concerned or were focused on funding and thus did not have in-depth knowledge of much of the SUN 2.0/MCDP II day-to-day activities. Such donors could not provide responses to some RPA questions.

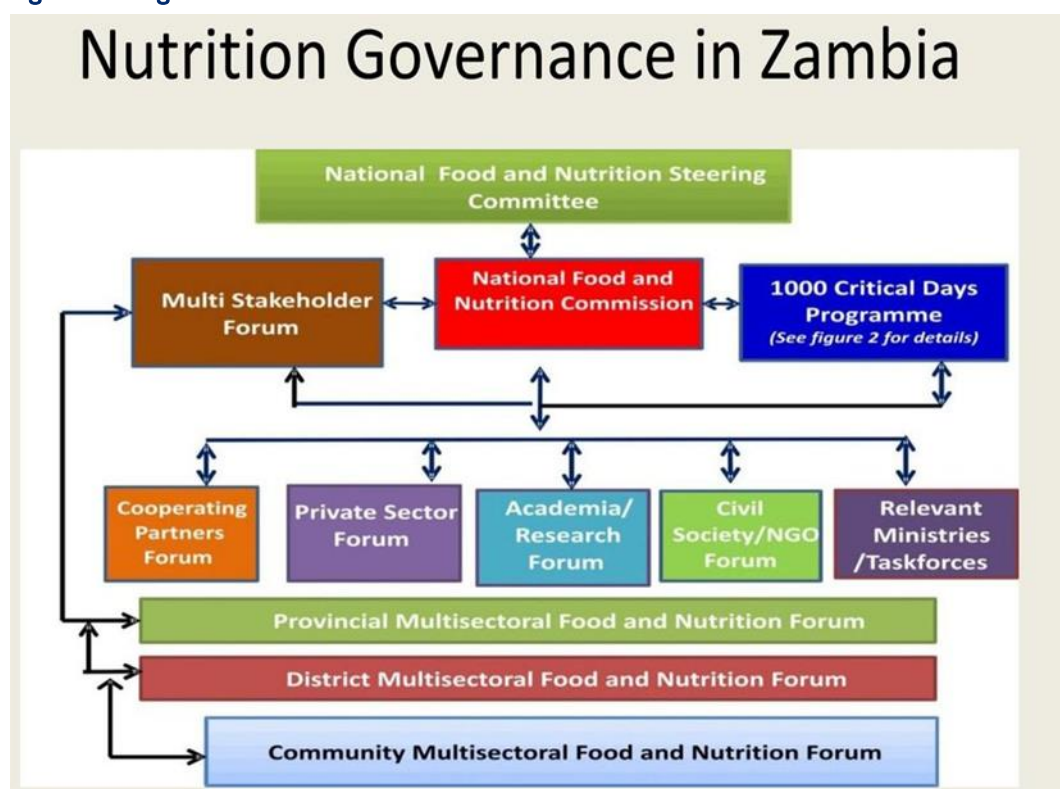
Lastly, obtaining evidence in the form of pictures of documents or hard copies of documents was not always possible or were not readily available at the time of the assessment, either due to poor filing system or staff transition. In such cases, it was not possible to validate verbal responses provided by the respondents.

3 FINDINGS

3.1 Domain 1: Governance and Leadership

The Governance and Leadership domain focused on assessing whether strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system-design and accountability. Figure 5 summarises how the nutrition sector in Zambia is organised in terms of governance from the national to the community level.

Figure 5. Organisation of the Nutrition Sector in Zambia



The Governance domain was assessed based on five measures, which are described in more detail in section 3.1.2:

1. Nutrition Policies assessed governmental commitment to SUN/nutrition both in theory and practice. The main focus was around the assessing the:
 - *Existence of policy.* Policy refers to the laws, guiding principles, working frameworks and ways of working that guide practice, service delivery decisions, and actions.
 - *Evidence base used to derive the policies.* Evidence-based policy implies that formulation of the policy incorporates research-identified effective solutions or approaches, knowledge and experience, and values and goals; and
 - *Existence of mechanisms to assess progress.* In terms of assessing progress, joint reviews are the focus and these imply a shared approach that includes a diverse range of stakeholders to assess the progress, outcomes, strengths, and weaknesses of a policy.
2. Leadership was assessed around five core elements:
 - *Existence of a coordinating entity or structure*
 - *Coordinating entity's operational capacity and reach*

- *Presence of a backbone structure*
 - *Adequacy of the coordinating entity; and*
 - *Sustainability of the coordinating entity.*
3. Quality management infrastructure, an important part of governance and leadership, refers to the degree to which SUN services are consistent with current professional knowledge. This includes quality planning, quality control, and quality improvement infrastructure and processes.

The 4th and 5th measures examined the SUN programme's social accountability to existing and emerging social concerns and whether programme priorities are based on relevant needs of all SUN programme's stakeholders (e.g., citizen groups, marginalized populations, private sector, civil society organisations, NGOs, donors, and other stakeholders). Collaboration, as a measure of social accountability, was assessed by determining the existence and extent of engagement with (4) stakeholders outside of government and (5) stakeholders within government. According to the Collective Impact Framework, both external and internal stakeholders will collectively work toward programme impact when there is (i) a shared programme vision, (ii) a shared measurement framework, (iii) continuous communication, and (iv) mutually-reinforcing interventions.

3.1.1 OVERALL PERFORMANCE

Overall, SUN 2.0/MCDP II scored a moderate 2.4 on this domain (Table 1), indicating that a governance and leadership environment to support the programme exists; however, the system needs strengthening, particularly around collaboration both within Government and with external stakeholders.

Quality Management was the strongest aspect of the domain with a score of 2.9 implying that, to a reasonable extent, the infrastructure to reduce harm, improve service effectiveness, and formalise community engagement have been created. Collaboration, both within Government and with external stakeholders, had the lowest overall scores.

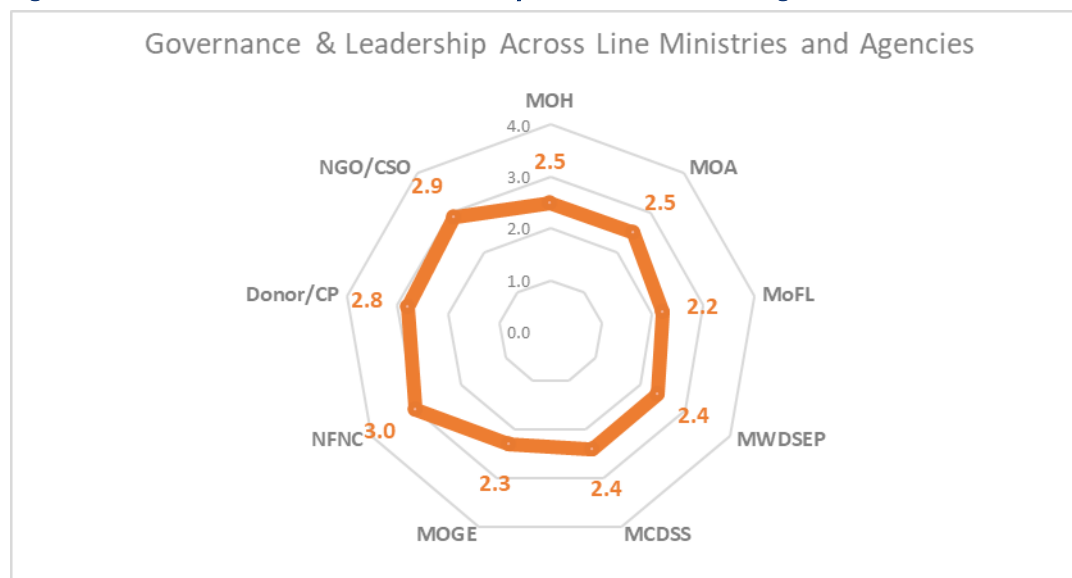
Table 1. Domain 1: Mean performance scores

Measure	Average Score
Nutrition/ SUN Policies	2.4
Leadership	2.4
Quality Management	2.9
Collaboration with External Stakeholders	2.1
Collaboration within Government	2.2
Overall performance	2.4

3.1.1.1 Overall Performance by Line Ministries and Agencies

Disaggregating by line ministries (Figure 6) shows similar scores, suggesting a uniform SUN governance and leadership approach and setup across government sectors. Overall, NFNC scored better than other ministries across all measures. MOFL and MOGE scored lowest on collaboration both internally (between government agencies) and with external stakeholders, and this is consistent with the two ministries' reports that they had lower levels of multi-sectoral planning around SUN and their participation in this area was inconsistent across different levels (national, district, province and ward). MOFL in particular reported that in many places, there were no SUN activities yet or they had just started. The low performance of MOFL may be attributable to the fact that the ministry is newly formed, having split from MOA in 2016. As a result, most stakeholders collaborate more with the MOA, and in many cases, MOFL is represented by MOA. In addition, MOFL has not established a nutrition unit at national or subnational levels.

All ministries/agencies were relatively strong on quality management infrastructure, with NFNC scoring the highest.

Figure 6. Domain 1: Overall Performance by Line Ministries and Agencies

3.1.1.2 Overall Performance by Districts and Wards

The overall performance on governance at district level was 2.6. The picture across districts is varied (Table 2), but quality management infrastructure scored consistently highest across most districts than other governance and leadership measures. Samfya, Nchelenge and Katete district had the highest overall scores at 2.9.

Solwezi was one of the lowest scoring districts across all measures, and this is explained by the fact that it is in the early formative stages for SUN 2.0/MCDP II despite having been part of SUN 1.0/MCDP I and implementation of SUN activities had yet to start. At the time of the assessment, only one meeting had been held with stakeholders, although more had been planned. Isoka district also did not fare well in terms of this domain – MOH indicated not having no SUN activities in Isoka at ward level and MWDSEP had just received orientation on SUN 2.0/MCDP II with activities not having commenced yet. Cross-sector collaboration was also reportedly uncommon in this district.

In contrast, Nchelenge district has strong coordination through its District Nutrition Coordinating Committee (DNCC), which uses multiple communication channels including WhatsApp groups.

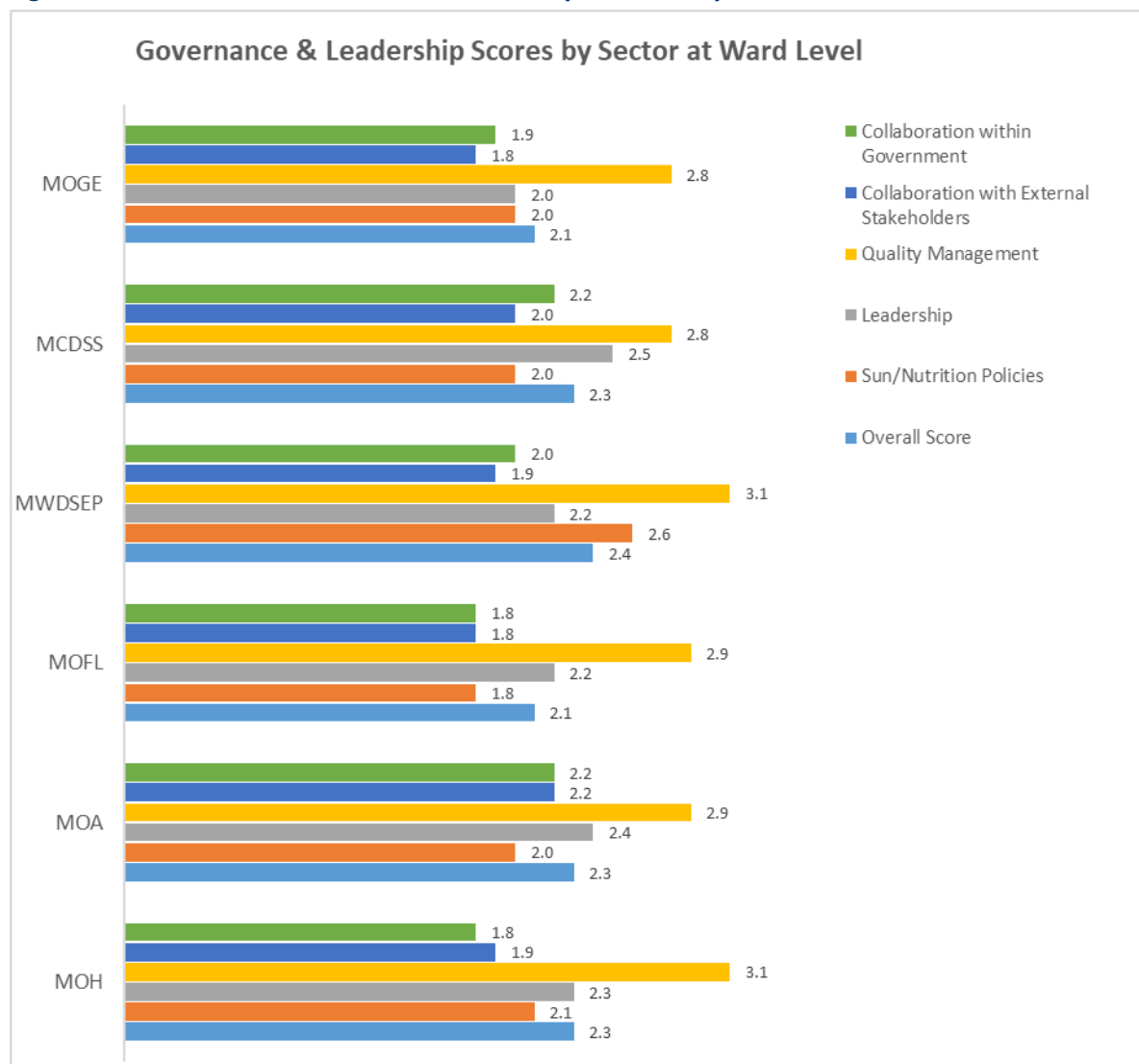
As with national and district levels, wards showed a better performance around quality management infrastructure than other governance and leadership measures (Figure 7). MOA had the highest overall score for the domain at ward level, followed by MCDSS. MOFL and MOGE had lower scores than other line ministries. The worst performing measures at ward level were again collaboration, both internal and external.

The consistency in low scores for “collaboration” across levels (national, district, and ward), points to the need to establish systemic processes and procedures around collaboration, both between government sectors and with external stakeholders, to achieve collective and multi-sectoral programme impact.

Table 2. Domain 1: Performance by District

Province	District	Overall Domain 1 scores	Nutrition/ SUN policies	Leadership	Quality Management	Collaboration with External Stakeholders	Collaboration across Government sectors
Central	Kabwe	2.0	1.8	2.0	2.7	1.5	1.5

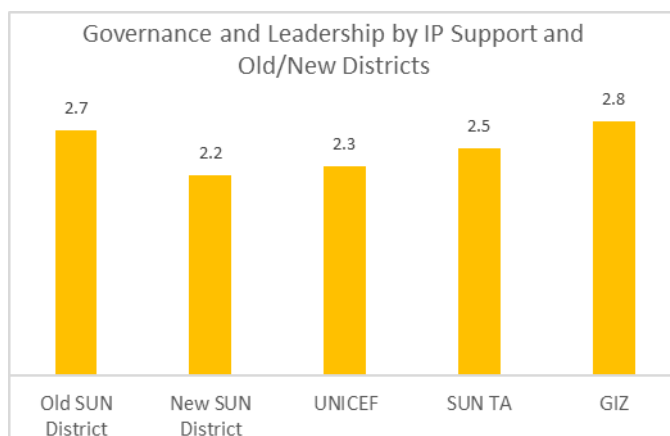
Province	District	Overall Domain 1 scores	Nutrition/SUN policies	Leadership	Quality Management	Collaboration with External Stakeholders	Collaboration across Government sectors
	Kapiri Mposhi	2.4	2.0	2.6	3.0	2.2	2.2
	Mumbwa	2.8	2.8	2.8	3.4	2.5	2.5
	Chibombo	2	1.3	1.9	3.1	1.9	1.7
Copperbelt	Kitwe	2.2	1.6	2.1	2.7	2.1	2.1
	Ndola	2.2	2.2	1.9	3.0	2.2	1.8
Lusaka	Lusaka	2.3	2.7	1.9	2.6	2.2	1.6
Eastern	Chipata	2.6	2.7	2.8	2.9	2.3	2.4
	Katete	2.9	3.3	2.8	3.2	2.5	2.8
	Lundazi	2.7	2.9	2.9	3.1	2.4	2.5
	Petauke	2.6	2.5	2.5	3.3	2.3	2.4
Luapula	Nchelenge	2.9	3.1	3.3	3	2.4	2.8
	Samfya	2.9	2.7	3.1	3.1	2.6	2.9
	Mansa	2.7	2.6	2.8	3.1	2.4	2.6
Muchinga	Mpika	2.2	1.4	1.5	2.6	1.4	1.3
	Mbala	2.8	2.7	3.1	3.2	2.4	2.8
	Isoka	1.7	1.5	1.7	2.5	1.3	1.4
	Chinsali	1.8	1.7	2	2.4	1.5	1.5
Western	Shang'ombo	2.6	1.8	3.1	3.1	2.1	2.9
	Kalabo	2.6	2.3	2.8	2.9	2.4	2.6
	Kaoma	2	2	1.4	2.8	1.9	1.7
	Mongu	2.6	2.9	2.7	2.8	2.1	2.3
North Western	Solwezi	2.0	2.0	1.6	2.7	1.6	1.8
	Zambezi	2.8	3.2	3.2	2.8	2.2	2.6
	Mwinilunga	2.5	2.7	2.5	2.7	2.2	2.4
Southern	Monze	2.7	2.4	2.1	2.8	2.1	1.9
	Choma	2.4	2.8	2.4	2.8	2.1	2.1
Northern	Kaputa	2.6	2.4	2.6	3.2	2.5	2.6
	Kasama	2.8	2.6	3.2	3.2	2.5	2.7
	Luwingu	2.6	2.1	2.2	3.2	2.3	3.0
	All districts	2.6	2.6	2.7	3.0	2.3	2.6

Figure 7. Domain 1: Performance at Ward Level by Line Ministry

3.1.1.3 Overall Performance by SUN Status and IP

Old SUN districts (SUN 1.0) and those supported by GIZ and SUN TA scored slightly better in the governance and leadership domain (Figure 8).

The higher performance of GIZ-supported districts may be attributed to the longer existence of GIZ in their operating areas compared to SUN TA. Further, old SUN districts benefited from MCDP I whose main focus was on strengthening governance and leadership to support the multi-sectoral approach for nutrition.

Figure 8. Domain 1: Mean scores by IP and SUN Status Level: Mean Scores

3.1.2 PERFORMANCE ON MEASURES AND DIMENSIONS

3.1.2.1 Nutrition / SUN Policies

The presence of a nutrition policy (or any policy that includes nutrition) was examined at national and provincial levels (but not at district or ward levels).

At national level, the nutrition policy landscape is quite strong, although some gaps still remain to be addressed. Sixteen of 17 national level management units, which included all the line ministries, NFNC, and donors, had a nutrition policy or other guideline document that included nutrition. These units had a document that was finalised, signed, and disseminated (for one donor agency the document was finalised but not signed). In all line ministries and NFNC, nutrition was fully referenced and featured prominently in policies and/or guideline documents (level 4). Of the 10 donor agencies assessed, 8 had nutrition fully-referenced and prominent in their policies/guidelines (level 4). One had nutrition partially referenced, with limited guidance (level 2) while in another, nutrition was more sufficiently referenced but considered a secondary priority (level 3).

A similar pattern was observed in the use of evidence in designing nutrition policies/guidelines – all line ministries and NFNC used current evidence to develop policies. All line ministries and NFNC indicated that stakeholders were involved in nutrition policy formulation at all stages, but 2 of 10 donor agencies indicated that stakeholders were involved only in some stages of policy formulation. Further, in 13 of 17 management units, policies/guidelines were operationalised in legal or administrative frameworks.

Table 3. Domain 1: Policy/guidelines documents and status

Sector/Organisation	Policy document(s)	Status of completion and dissemination
MOGE	School Health and Nutrition (SHN) Policy 2006	Finalised, signed and disseminated
MOFL	Second National Agricultural Policy 2016	Finalised, signed and disseminated
MOA	Second National Agricultural Policy 2016	Finalised, signed and disseminated
MCDSS	Social Protection Policy 2014-2018. This sector also mentioned the MCDSS Strategic Plan but a copy was not provided to the assessment team	Finalised, signed, and disseminated – although not updated
MOH	Zambia National Health Strategic Plan 2017 – 2021	Finalised, signed, and disseminated
MWDSEP	MWDSEP Strategic Plan 2018-2021	Finalised, signed, and disseminated
	National Water Supply and Sanitation Policy 2020	Finalised, signed, and disseminated
NFNC	The First 1000 Most Critical Days (MCDP) II Programme: Zambia's Five-Year Flagship Stunting Reduction Programme, 2018-2022	MCDP II document still in draft form
	National Food and Nutrition Strategic Plan 2017-2021: Towards Elimination of all forms of malnutrition across the Zambian Population by 2030	Completed and signed but not disseminated at the time of the assessment
Donors	Various strategic plans, mission plans, position papers, country frameworks, and development cooperation programme documents	Finalised, signed, and disseminated except for one which is finalised but not signed

It is noteworthy that two most critical policy documents that are expected to guide the multi-sectoral implementation of the MCDP program are yet to be widely disseminated. The First 1000 Most Critical Days Programme (MCDP) II (2018-2022) document, dated 2017, was still in draft form while the National Food and Nutrition Strategic Plan 2017-2021, published in 2019, was completed and signed, but the assessment team saw no evidence of its dissemination to the targeted audience.

At provincial level and district levels the question focused on districts plans and not policies. The findings

point to nutrition plans not being fully disseminated, known, or used. Only about half (56%) of provincial management units reported having relevant plans that were finalised while in 19.7% the plans were finalised but not disseminated.

The remainder reported either having no plan or having a document that was in draft form. Full prominence of

nutrition in the plans was reported among 48% of management units, use of current evidence was at 46.9%, full stakeholder involvement at 58.5%, and 35.9% were operationalised in legal or administrative frameworks. These findings suggest that the provincial level frequently works without reference to any nutrition plans, which is a weakness and renders a risk to the SUN / MCDP programme around inconsistent implementation and focus.

Box 4. SUN Policy Fundamentals

1. Minimum SUN service package defined
2. Implementation approach defined
3. Existence of M&E framework
4. Existence of financing mechanism

Nutrition policies embodying the SUN fundamentals (Box 4), were observed in 64.7% policies at national level, 37.9% at provincial level, and 37.6% at district level.

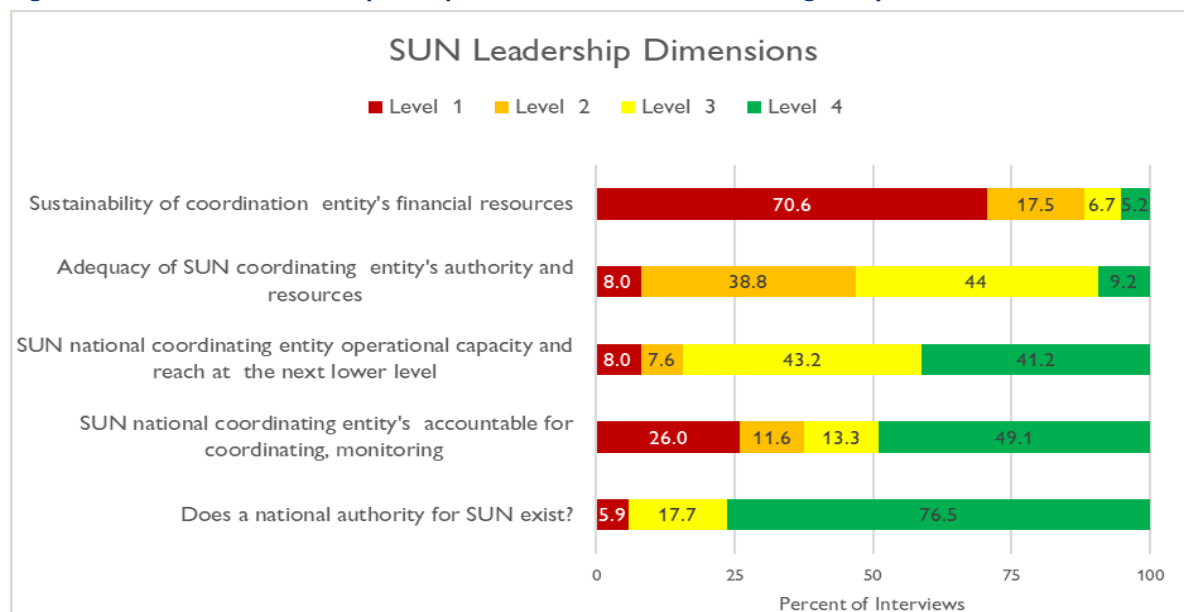
The final dimension in the policy measure examined the extent to which joint reviews of policies or plans were held at all levels. At national level, systematic reviews were held in only 23.5% of management units, 18.2% at provincial level, 35.2% at district level, and 19.2% at ward level. Thus, the systematic review of SUN policies/plans was very weak at all levels. Many respondents pointed to such reviews having been conducted well in MCDP I/SUN I, but that they had not yet started under MCDP II/ SUN II as it was still early stages of implementation. NFNC, as lead for SUN / MCDP, indicated that there were plans to commence conducting joint reviews soon.

3.1.2.2 Leadership

All respondents at national level acknowledged the existence of a national coordinating entity for the SUN 2.0/MCDP II programme with established structures, assigned personnel, and defined roles and processes, and most respondents (76.5%) recognised this entity as NFNC. However, at other levels NFNC's accountability, authority, and resources are not viewed as not strong and hence, potentially compromising its effectiveness.

First, the positioning of NFNC within the MOH hampers its authority and accountability, with many respondents noting that this positioning denies it the prominence it needs in terms of decision-making and enforcement. For example, NFNC has little power to influence or determine what other sectors actually do in nutrition, as it has no powers to actually enforce decisions. Inadequate NFNC funding and staffing were other factors which respondents felt hindered its accountability. Respondents noted, however, that there were currently advanced plans to make NFNC a statutory body under the office of the vice president in order to address these structural is.

Third, respondents had mixed reviews on NFNC's operational capacity to carry out its mandate. Equal proportions of respondents felt that NFNC's personnel capacity was sufficient or limited (Figure 9) while most indicated that NFNC's budget was too limited. Indeed, most (71%) respondents view NFNC's authority as not sustainable, as it usually only receives less than a quarter of the budget allocated from the government, which mostly arrive late.

Figure 9. Domain 1: Leadership – respondents' views on coordinating entity

3.1.2.3 Quality Management Infrastructure

Quality management infrastructure, an important part of governance and leadership, refers to the degree to which SUN services are consistent with current professional knowledge. This includes quality planning, quality control, and quality improvement infrastructure and processes.

There appeared to be a good culture around quality and improvement; 74% of management units reported a high and prominent willingness and culture of learning around quality. However, only 31.8% of management units had a complete and well-articulated guideline or policy on quality. While most units (66.6%) had implemented 3 or more quality assurance interventions (Box 5), only 47.6% were actively and regularly collecting and sharing data on quality.

Box 5. Quality Assurance Dimensions

1. Enabling environment for quality
2. Measures to safeguard quality of services provided
3. Measures to improve the quality and effectiveness of nutrition-related services
4. Measures to ensure engagement of beneficiaries on quality

Therefore, while there is commitment to quality, and quality assurance activities do occur (to some extent), the infrastructure to support systematic quality management and implementation is lacking compared to stated commitments to institutionalise quality throughout the system and in multi-sectoral plan.

3.1.2.4 Social Accountability / Collaboration

COLLABORATION WITH EXTERNAL STAKEHOLDERS

At national level, external stakeholder engagement and influence were reportedly high – all (100%) of respondents from line ministries and NFNC and 60% of donors/cooperating partners indicating that external stakeholders significantly influence in national-level SUN/MCDP planning, policies, priorities, and evaluation. However, there is a lack of consensus around the sufficiency of this collaboration with external stakeholders. There are mixed views (Figure 10) around the existence of a shared vision for SUN 2.0/MCDP II – i.e., a common understanding of the problem or approach to be taken – between government and external stakeholders – and a reported insufficiency of continuous communication and a

shared monitoring and evaluation framework (largely because no common M&E framework currently exists for the SUN 2.0/MCDP II programme)

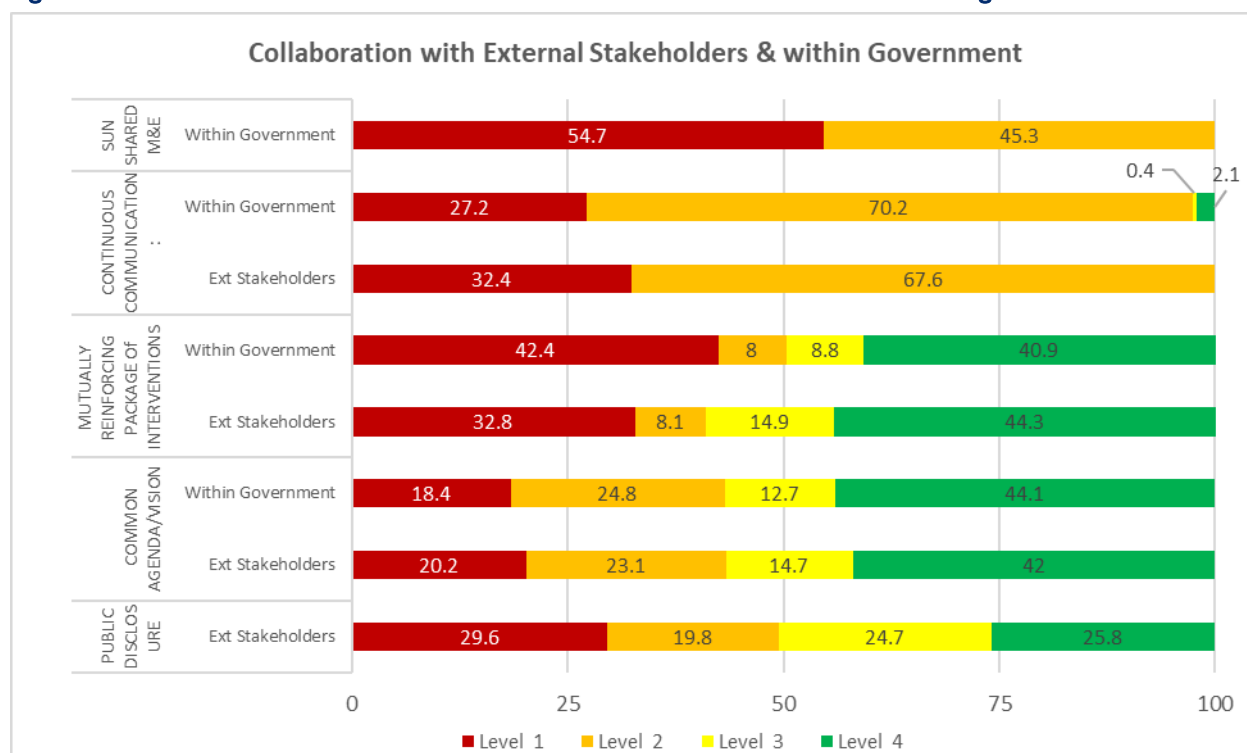
These results suggest that while government and external stakeholders meet, these meetings could be strengthened by establishing and reinforcing a common SUN / MCDP agenda, M&E framework, and improving continuous communication around the programme and its progress.

COLLABORATION WITHIN GOVERNMENT

Cross-sector integrated MCDP II/SUN II planning across and between government sectors was viewed as weak by national and subnational-level respondents alike. Overall at national level, 46.9% of units indicated that all stakeholders were involved at all levels of the planning process; 25.1% indicated that planning across and between government sectors place with only a few partners and 28.1% indicated that there was no multi-sectoral planning at all. At subnational, there was evidence of cross-sector integrated planning in about 40% of units.

At the root of weak collaboration – both within government and with external partners – is poor communication worsened by lack of a communication strategy to create trust, assure mutual objectives, and create common motivation, despite the existence of some forums to encourage communication. Fortunately, a SUN / MCDP social behaviour change communication strategy was in advanced stages of development during this assessment.

Figure 10. Domain 1: Views on collaboration with external stakeholders and within government

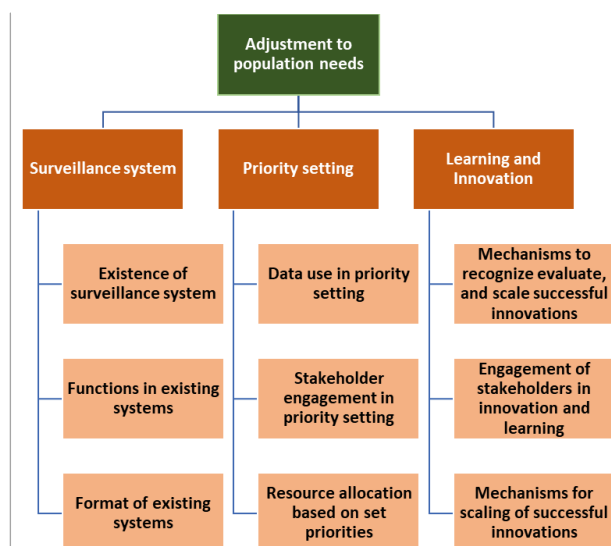


3.2 Domain 2: Adjustment to Population Needs

This domain examined the existence of 3 measures (**Error! Reference source not found.**) for the ability of the SUN 2.0/MCDP II to adjust to population needs.

- **Surveillance**^{14 15} for nutrition is the ongoing, systematic collection, analysis, and interpretation of data whether in health (for disease outbreaks or acute malnutrition), agriculture (Famine Early warning system (FEWS), drought, and aflatoxin contamination), water (pollution, diarrhoea outbreaks), etc. Strong surveillance systems that are dynamic and interlinked inform a country's ability to respond to emerging nutrition issues and needs (both chronic and acute), to adjust policy, and to build resilience.
- **Priority Setting** assessed SUN 2.0/ MCDP II-related national and subnational systems for identifying nutrition priorities and allocating resources appropriately. The dimensions examined included: (1) the frequency with which data (nutrition, burden of disease, user needs and preferences, service delivery evaluations, and cost effectiveness) are used to set nutrition service delivery priorities at the national and subnational level; (2) stakeholder engagement in priority setting; and (3) whether resource allocation is planned based on results of the nutrition priority setting exercise.
- **Learning and innovation** assessed whether SUN 2.0/ MCDP II has mechanisms (i) to learn from new evidence, research, and data and (ii) to operationalize and incorporate learning into programmatic changes at scale. This requires mechanisms to recognize and evaluate innovations as well as the operational capacity to scale successful interventions and programmes. Innovation involves interrelated changes in technological, organisational, and institutional elements of services delivery (i.e., changes in the design of services, outputs, and implementation processes; new or altered ways of organizing or administering activities; new or improved ways of interacting with other organisations and knowledge bases; new worldviews, rationalities, missions, and strategies).

Figure 11. Domain 2: Measures and Dimensions



3.2.1 OVERALL PERFORMANCE

The domain's overall mean score of 1.7 of 4 possible points (Table 4) is one of the poorest performing areas of the SUN 2.0/MCDP II programme and signifies the need for improvement. The main shortcoming is weak nutrition surveillance across most sectors and the absence of an overarching surveillance system across all sectors. Performance is similar across ministries/sectors – with overall scores ranging from 1.2 to 1.8, and most ministries performing better on the priority setting and learning / innovation measures (Table 5).

Table 4. Domain 2: Overall Performance

Measures	Mean score
Surveillance System	1.0
Priority Setting	2.2
Learning and Innovation	2.0
Overall performance	1.3

¹⁴ Save the Children, Nutrition surveillance systems, their use and value. (2016)

https://resourcecentre.savethechildren.net/node/9870/pdf/nutrition_surveillance_systems.pdf

¹⁵ WHO, Food and nutrition surveillance. (2014) <https://www.who.int/nutrition/publications/emro-food-nutrition-surveillance-trainers-guide/en/>

Table 5. Domain 2: Overall Performance by Government Sectors

Line Ministry/Agency	Overall Domain Performance	Surveillance	Priority setting	Learning / Innovation
MOH	1.2	1.0	2.5	1.9
MOA	1.4	1.0	2.1	2.5
MOFL	1.1	1.0	1.6	1.5
MWDSEP	1.4	1.0	2.1	2.0
MCDSS	1.2	1.0	2.2	2.1
MOGE	1.2	1.0	2.1	1.7
NFNC	1.8	1.0	2.5	2.3
Overall performance	1.3	1.0	2.2	2.0

3.2.2 PERFORMANCE ON MEASURE DIMENSIONS

Table 6 shows the overall mean scores by measure. The findings for each measure are discussed below.

Table 6. Domain 2: Overall performance by measure and dimensions

Measure and dimensions	Overall mean
Surveillance System	1.0
Existence of surveillance system	1.0
Number of functions in the surveillance system	1.0
Format of the surveillance system	1.0
Priority Setting	2.2
Use of data for priority setting	2.6
Stakeholder engagement in priority setting	2.3
Allocation of resources to priorities set	1.7
Learning and Innovation	2.0
Existence of mechanisms for learning and innovation	2.2
Stakeholder engagement in learning and innovation	2.5
Frequency of innovation scaled up	1.9

3.2.2.1 System surveillance

Overall, the low performance on the surveillance measure was due to the format of the available information systems (mean score 1.2) and the non-existence of an overarching surveillance system (mean score 1.0). While sector-specific information systems exist that generate information on adverse nutrition and related indicators (mean score 3.4), a major weakness is that there is no overarching system that links these systems. In terms of the format or structure of existing surveillance systems, The Ministry of Health at national level had an established surveillance system (mean score 2.6); however, it has less than the 4 recommended functions of a surveillance system (i.e., it tracks, detects and reports nutrition adverse events but does not provide timely reports from the lowest to the highest levels and back) and it is largely paper based.

3.2.2.2 Priority setting

Overall, mechanisms exist for setting priorities (mean score of 2.2); however, these fall short of some fundamentals of surveillance system. Use of data to set priorities was only done anecdotally. Engagement of stakeholders in priority setting exercises occurred in less than half of priority setting exercises (mean score 2.6), and allocation of resources based on data and stakeholder engagement

occurred in less than quarter of the priority setting exercises.

3.2.2.3 Learning and innovation

Overall, the dimensions that contributed to the low performance of this measure was the infrequent scaling of innovations based on set mechanisms for learning and innovation. This shows that innovation, learning, and scaling up of successful innovations was not done in a systematic and efforts were largely limited to pilot activities. Further, findings show that stakeholder engagement in learning and innovations only involved some stakeholders (mean score 2.2) and not all relevant ones. Mechanisms for learning and innovation were also reported to be almost non-existent as they relied mostly on individual initiative and therefore not institutionalised (mean score 2.2).

3.2.3 PERFORMANCE AT NATIONAL LEVEL

Considering only national level units, we see higher overall scores than other levels (Table 7), indicating that some recommended practices exist at national level to adjust the SUN 2.0/MCDP II programme to meet population needs. Higher high scores for learning and innovation can be explained by national-level mechanisms to assess programme implementation based on data and use of data to inform future programming. For example, the MOH conducts case reviews for nutrition adverse events and interventions and the MWDSEP conducts and relies on regular water testing and incident reviews (diarrhoea outbreaks) to assess intervention outcomes and to inform future intervention. The major weakness at national level is again the lack of an overarching surveillance system for measuring adverse nutrition events.

The MOFL's low overall score (mean score 1.5) is explained by the fact that it is a relatively new ministry with yet to be developed systems. The MWDSEP's highest mean score (2.6) is explained by their good priority setting and learning/innovation activities – namely established technical working groups that are functional and meet regularly to plan and monitor the progress of implementation.

Table 7. Domain 2: National Level Mean Scores by GRZ Ministries/Agencies

Ministries / Institution	Overall Domain 2 Score at National Level	Domain Measures		
		Surveillance	Priority Setting	Learning and Innovation
Overall	2.1	1.0	2.6	2.7
MOGE	2.0	1.3	2.3	2.3
MCDSS	2.6	1.0	3.0	4.0
MWDSEP	2.6	1.0	3.0	4.0
MOFL	1.5	1.0	1.6	2.0
MOA	2.2	1.0	2.0	3.6
MOH	2.6	1.0	3.0	4.0
NFNC	2.1	1.0	3.3	2.0

3.2.3.1 Surveillance System

At national level, all the dimensions under this measure had a mean score of 1.0. Although some ministries have information systems that are able to capture adverse nutrition indicators, these are not interlinked with other sectors' surveillance systems or into an overarching surveillance system.

3.2.3.2 Priority setting

At national level, priority setting structures and systems are strengthened by the use of data (mean score

3.3) and stakeholder engagement (mean score 2.8) in more than half of priority setting activities. The sectors with nutrition-related indicators include (i) MOH, whose information system reports on the incidence of diarrhoea, underweight, and nutrition-related mortality, among others; (ii) the MOA system that reports on agriculture food outputs and availability, drought, etc.; (iii) MWDSEP which reports on water quality and availability; and (iv) MCDSS, whose system reports on disasters and changes in food security reports across the country.

Most national level ministries performed well on stakeholder engagement (mean scores above 3) except for MOA, MOFL and MOGE. An example of stakeholder engagement reported by NFNC was the number of technical working groups (for communication, monitoring evaluation and programmes) that are convened on a quarterly basis. During these TWGs, priorities for the SUN programme are made based on data. However, the allocation of resources based on set priorities had the lowest score (mean score 1.5), due to resource allocation being largely driven by the desire to evenly distribute resources across sectors and locations, without consideration of the needs based on available data.

3.2.3.3 Learning and innovation

The learning and innovation measure performed better than all the other measures under the adjustment to population domain. While stakeholder engagement in learning and innovation occurs, the mean score of 3.0 indicates that stakeholders' roles and responsibilities in these activities were not clearly defined. In addition, national level mechanisms for conducting learning and innovation (mean score 2.8) appears to engage only some (not all) relevant stakeholders in learning and innovation activities. Finally, scaling of innovations based on set mechanisms for learning and innovation (mean score 2.6), appears to rarely take place beyond pilot projects.

3.2.4 PERFORMANCE AT DISTRICT LEVEL

Performance at district level (Table 8) showed a similar pattern as performance at national level. The overall domain score across all 30 districts was low (1.4), mainly due to low scores on surveillance. The mean score on the learning and innovation (2.0) was better than the other measures. The findings in Table 9 show performance by measure and dimensions in sectors at the district level.

3.2.4.1 Surveillance system

At district level, there is a general lack of overarching surveillance systems to monitor population nutrition needs, although some sector-specific systems exist. Where a surveillance system existed, it usually met the four recommended functions (tracking, detecting, continuous collection, and reporting adverse events), although they were largely paper based.

3.2.4.2 Priority setting

The priority setting measure was not measured at the district level for this domain. Rather, priority setting at district level is covered under Domain 7.

3.2.4.3 Learning and Innovation

The district level performed relatively better on the learning and innovation compared to the surveillance measure. Some mechanisms have been established at district level for learning and innovation (2.2) and stakeholder engagement – albeit, occasional and largely dependent on the individual initiative of the office bearers (2.5). The element that requires more improvement, is the aspect of scaling interventions based on programme learning and innovations activities. Samfya district scored highest, largely due to evidence of meetings held across most sectors around how to scale innovations through the DNCC.

Table 8. Domain 2: Performance on Adjustment to Population Needs by district and Measures

Province	District	Adjustment to Population Needs (Overall)	Surveillance	Learning and Innovation
Overall	All districts	1.3	1.0	2.0
Central	Chibombo	1.0	1.0	1.3
	Kabwe	1.1	1.0	1.2
	Kapiri Mposhi	1.2	1.0	2.1
	Mumbwa	1.1	1.0	1.5
Copperbelt	Kitwe	1.1	1.0	1.5
	Ndola	1.3	1.0	1.6
Eastern	Chipata	1.4	1.0	2.0
	Katete	1.2	1.0	2.2
	Petauke	1.1	1.0	2.0
	Lundazi	1.3	1.0	2.5
Luapula	Mansa	1.4	1.0	2.3
	Nchelenge	1.4	1.0	2.7
	Samfya	1.5	1.0	3.3
Lusaka	Lusaka	1.6	1.0	2.3
Muchinga	Chinsali	1.3	1.0	1.8
	Isoka	1.1	1.0	1.5
	Mpika	1.0	1.0	1.1
Northern	Kaputa	1.2	1.0	2.3
	Kasama	1.5	1.0	2.7
	Luwingu	1.3	1.3	1.0
	Mbala	1.3	1.0	2.3
North-Western	Mwinilunga	1.3	1.0	2.4
	Solwezi	1.3	1.0	1.8
	Zambezi	1.3	1.0	2.4
Southern	Choma	1.4	1.0	2.7
	Monze	1.4	1.0	2.7
Western	Kalabo	1.1	1.0	1.3
	Kaoma	1.1	1.0	1.7
	Mongu	1.3	1.0	1.7
	Shang'ombo	1.1	1.0	1.6
District Overall		1.3	1.0	2.0
Line Ministry	MOH	1.5	1.0	2.0
	MOA	1.7	1.0	2.4
	MOFL	1.2	1.0	1.5
	MWDSEP	1.5	1.0	2.0
	MCDSS	1.4	1.0	1.9
	MOGE	1.3	1.0	1.7
	NFNC	1.7	1.0	2.5
NGOs		1.6	1.0	2.2

Table 9. Domain 2: Performance on Adjustment to Population Needs by measures, dimensions, and agency

Ministry at district level	Surveillance System				Learning / Innovation			
	Overall Measure score	Existence of Surveillance system	No. functions in the surveillance system	Format of the surveillance system	Overall Measure score	Existence of Mechanisms for learning / Innovations	stakeholder engagement in learning / innovation	Frequency of Innovation scaled up
MOH	1.0	1.0	1.0	1.0	2.0	2.1	2.2	1.9
MOA	1.0	1.0	1.0	1.0	2.4	2.6	2.6	2.2
MOFL	1.0	1.0	1.0	1.0	1.5	1.8	1.9	1.4
MWDSEP	1.0	1.0	1.0	1.0	2.0	2.1	2.7	2.0
MCDSS	1.0	1.0	1.0	1.0	1.9	2.3	2.2	1.6
NFNC	1.0	1.0	1.0	1.0	2.5	2.4	3.5	2.2
MOGE	1.0	1.0	1.0	1.0	1.7	1.9	2.3	1.7
NGO	1.0	1.0	1.0	1.0	2.2	2.2	2.9	2.2
Total	1.0	1.0	1.0	1.0	2.0	2.1	2.5	1.9

Note: Domain 2 assessment at district level was based on only two measures – surveillance and learning/innovation. Priority setting at district level was covered under Domain 7

3.2.4.4 Performance by SUN district status and IP

As shown in Table 10, there was no difference in the domain's overall performance scores between old and new SUN districts (1.3 for both categories), although old districts have slightly better scores in the learning and innovation measure (2.2) compared to new (1.8) – mainly because many old SUN districts had planned and budgeted for quarterly review meetings which provided a platform for learning.

Similarly, there was no major difference in performance across implementing partners. The overall domain mean score was below 2. The average score under learning and innovation across all IPs was 2.

Table 10. Domain 2: Performance on Adjustment to Population Needs by SUN status and IP

Category		Domain 2 Scores at district level	Surveillance	Learning / Innovation
Overall		1.3	1.0	2.0
SUN Status	Old District	1.3	1.0	2.2
	New District	1.3	1.0	1.8
Implementing partner	UNICEF	1.3	1.0	2.0
	SUN TA	1.3	1.0	2.0
	GIZ	1.2	1.0	2.1

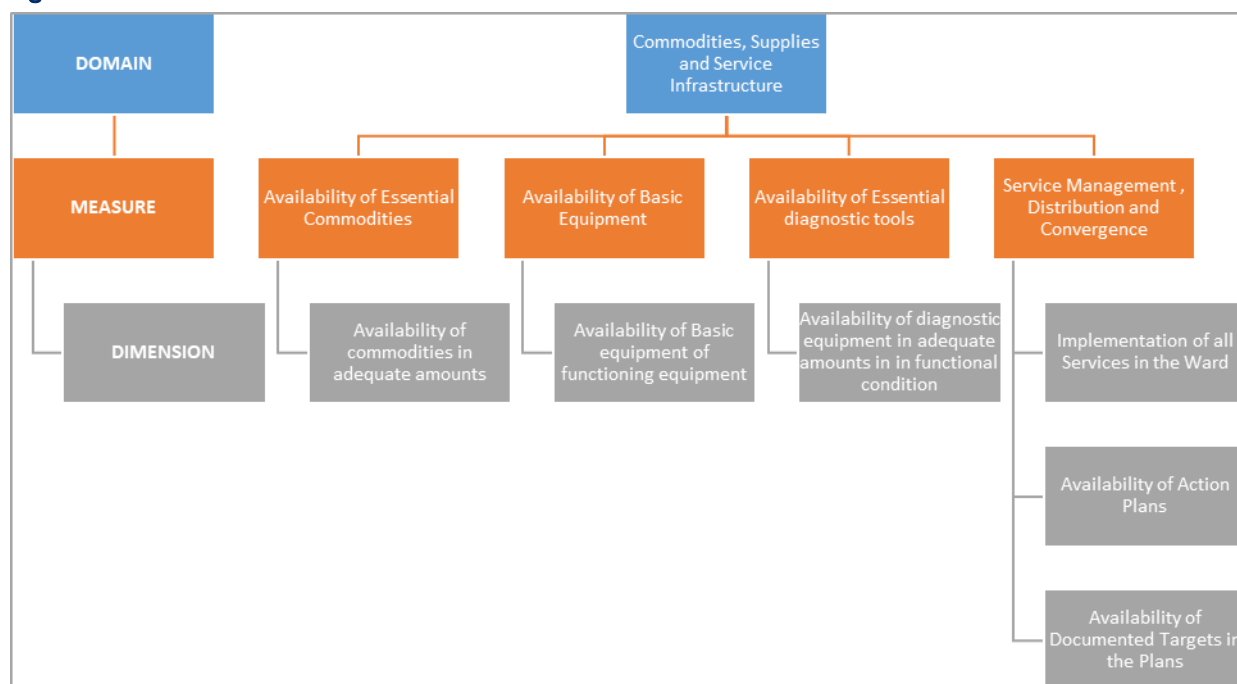
3.3 Domain 3: Commodities, Supplies, and Service Infrastructure

Ensuring that access to nutrition services requires sufficient service delivery infrastructure and sufficient supplies of key nutrition-related commodities. Well-functioning supply chains benefit public programmes by increasing programme impact, enhancing quality of services delivery, and improving cost effectiveness and efficiency.

In this domain, the SUN 2.0/MCDP II programme was assessed against four measures and associated dimensions (Figure 12) around (i) the convergence of nutrition-related interventions and services at ward

level, and (ii) the ability of the supply chain system (at all levels) to maintain an inventory and deliver essential consumables, basic equipment/supplies, and essential diagnostic tools (see Annex 2 for a list of equipment, supplies, and consumables assessed in the RPA for each sector).

Figure 12. Domain 3: Measures and Dimensions



3.3.1 OVERALL PERFORMANCE

This domain's overall mean score of 1.5 (Table 11), indicates poor overall infrastructure and supply chain management to support SUN 2.0/MCDP II service delivery across all sectors. The measure around service delivery, distribution, and convergence at ward level performed better (1.9), but still far from ideal. The lowest scores were observed on availability of essential nutrition consumables, basic equipment, and availability of essential diagnostic tools – indicating that few management units had all essential commodities, basic equipment, essential diagnostic tools, and providing all services. For instance, only 17.5% of the management units across all ministries had all basic equipment and supplies available (Annex 2). The lack of essential commodities and supplies affected all levels implying that this shortage is not just a result of a poor distribution system, but that the items were simply lacking. The results suggest a serious gap in infrastructure and supply chain management which will need to be strengthened for SUN 2.0/MCDP II to effectively deliver quality services.

Table 11. Domain 3: Overall performance by measure

Commodities, Supplies, and Service Infrastructure	Mean score
Overall mean score	1.5
Availability of Essential Nutrition Consumables	1.0
Availability of Basic Equipment	1.0
Availability of Essential Diagnostic tools	1.0
Ward coverage of all interventions	1.9

3.3.1.1 Performance at national level

Performance in this domain was similar across line ministries/agencies at the national level. The results

indicate that the essential items are not adequate at national level.

Table 12. Domain 3: Performance by Ministries / agencies

Ministries	Overall score Domain 3	Availability of Essential Nutrition Consumables	Availability of Basic Equipment	Availability of Essential Diagnostic tools	Ward coverage of all interventions
MCDSS	1.0	xx	xx	1.0	1.0
MWDSEP	1.0	xx	1.0	1.0	1.0
MOA	1.0	xx	xx	xx	1.0
MOGE	1.0	xx	xx	xx	1.0
MOH	1.0	1.0	xx	1.0	1.0
MOFL	1.0	1.0	1.0	1.0	1.0
NFNC	1.0	xx	xx	xx	1.0

Note: for cells marked 'xx', the responsible ministry did not provide a list of essential commodities, equipment, or tools to be assessed at this level

3.3.1.2 Performance by district and ward levels

Performance at district and ward levels was similar across all ministries and institutions (Table 13). Most districts and wards performed better on service delivery / convergence at ward level, but in terms of the availability of commodities, equipment, and tools, only 17.1% of management units had the requisite equipment and supplies available. No ministry had all required commodities, supplies, or tools available and in functioning condition.

Table 13. Domain 3: Performance at District and Ward Levels by Ministry/Agency

Ministry/ Institution	Overall Domain 3 score		Essential Consumables		Basic Equipment		Diagnostic tools		Service delivery, convergence	
	District	Ward	District	Ward	District	Ward	District	Ward	District	Ward
MOA	1.3	1.3	xx	1.0	xx	xx	1.0	1.0	2.1	2.0
MCDSS	1.5	1.5	xx	1.0	1.0	1.0	xx	xx	2.1	2.1
MOH	1.5	1.4	1.0	1.0	1.0	1.0	xx	xx	2.4	2.1
MOFL	1.2	1.4	1.0	1.0	1.0	1.0	1.0	1.0	2.0	1.7
MOGE	1.9	1.7	xx	1.0	xx	xx	xx	xx	1.9	1.9
MWDSEP	1.4	xx	1.0	1.0	1.0	xx	xx	xx	2.1	2.0
NGO	2.5	1.4	xx	xx	xx	xx	xx	xx	2.5	xx
NFNC	2.6	xx	xx	xx	xx	xx	xx	xx	2.6	xx

Note: for cells marked 'xx', the responsible ministry did not provide a list of essential commodities, equipment or tools to be assessed at this level

Looking more closely at the 30 SUN 2.0/MCDP II districts, we observed little difference in overall performance scores for the 4 measures (Table 14). Poor supply chains affected all districts, which on average had less than one-third of the basic essential commodities, basic equipment, and diagnostic tools available. There were no differences seen with IP support, region, and SUN status on commodity availability, implying that the delivery of nutrition services delivery at ward level is seriously constrained by the poor availability of necessary nutrition-related items.

On the other hand, service delivery distribution, and convergence was moderate across districts, with some districts (Luwingu and Samfya) scoring quite high. Variations were observed on IP support, SUN status, and region – with some of the highest performing districts overall supported by GIZ (Katete) and SUN TA (Luwingu and Samfya). This suggests that IP support contributes to ensuring that services are

well distributed and converging at lower levels. Specifically, the IP most likely has put in place activities that facilitate the process for effective service delivery at ward level in these districts. Therefore, scaling up lessons from these better performing districts may assist other district to improve delivery, and coverage and convergence of interventions.

Table 14. Domain 3 at District Level: Mean Scores by District, IPs, SUN Status and Region

Province	District	Domain 3 Overall Score	Availability of			Ward coverage of all Interventions
			Essential Nutrition Consumables	Basic Equipment	Essential Diagnostic Tools	
Central	Chibombo	1.4	1.0	1.0	1.0	1.8
	Kabwe	1.1	1.0	1.0	1.0	1.2
	Kapiri Mposhi	1.6	1.0	1.0	1.0	2.2
	Mumbwa	1.5	1.0	1.0	1.0	2.0
Eastern	Chipata	1.3	1.0	1.0	1.0	1.6
	Katete	2.1	1.0	1.0	1.0	2.8
	Lundazi	1.8	1.0	1.0	1.0	2.5
	Petauke	1.6	1.0	1.0	1.0	2.0
C/Belt	Kitwe	1.5	1.0	1.0	1.0	1.9
	Ndola	1.2	1.0	1.0	1.0	1.5
Muchinga	Chinsali	1.1	1.0	1.0	1.0	1.2
	Mpika	1.1	1.0	1.0	1.0	1.3
	Isoka	1.2	1.0	1.0	1.0	1.4
	Mbala	2.1	1.0	1.0	1.0	3.0
Northern	Kaputa	1.6	1.0	1.0	1.0	2.3
	Kasama	1.4	1.0	1.0	1.0	1.7
	Luwingu	2.2	1.0	1.0	1.0	3.1
Luapula	Samfya	2.2	1.0	1.0	1.0	3.2
	Mansa	2.0	1.0	1.0	1.0	2.8
	Nchelenge	1.9	1.0	1.0	1.0	2.5
Southern	Choma	1.5	1.0	1.0	1.0	2.1
	Monze	1.4	1.0	1.0	1.0	1.8
Lusaka	Lusaka	1.1	1.0	1.0	1.0	1.3
N/ Western	Solwezi	1.1	1.0	1.0	1.0	1.3
	Zambezi	1.6	1.0	1.0	1.0	2.1
	Mwinilunga	1.7	1.0	1.0	1.0	2.3
Western	Shang'ombo	1.4	1.0	1.0	1.0	1.7
	Kalabo	1.5	1.0	1.0	1.0	2.0
	Kaoma	1.3	1.0	1.0	1.0	1.6
	Mongu	1.3	1.0	1.0	1.0	1.5
District Overall		1.5	1	1	1	2.0
IP Support	GIZ	1.8	1.0	1.0	1.0	2.4
	SUN TA	1.7	1.0	1.0	1.0	2.2
	UNICEF	1.3	1.0	1.0	1.0	1.7
SUN Status	Old MCDP I Districts	1.6	1.0	1.0	1.0	2.1
	New MCDP II Districts	1.4	1.0	1.0	1.0	1.7
Region	Rural	1.6	1.0	1.0	1.0	2.2
	Urban	1.3	1.0	1.0	1.0	1.5

3.3.2 PERFORMANCE ON DOMAIN MEASURES

3.3.2.1 Availability of key consumables, equipment, and tools

To determine if key items were available, assessors conducted physical checks or verification of items

reported as available (in stores/warehouses or at service delivery points). Assessors also verified that relevant equipment was in working condition, and non-functional items were not considered to be available for service delivery.

Overall, only 17.1% of units had all the basic equipment and supplies available. No ministry had all required consumables, supplies, or tools available and in functioning condition (Annex 2).

BASIC EQUIPMENT

The availability of basic equipment was poor (mean score of 1.0; Table 11) with specific ministries experiencing shortages of key equipment. Only MOH management units had sufficient equipment compared to management units in other ministries. For instance, more than 80% of MOH management units had the expected nutrition-related equipment (e.g., 87.9% had height boards, and 85.7% had MUAC tapes). In comparison, only 5.1% of MOFL management units had equipment for fish feeding in breeding pens (e.g., winnowing equipment, sieving equipment, and feed mix equipment) (Annex 2). The unavailability of basic equipment in MOFL management units implies that the ministry is handicapped in promoting the production of fish for consumption as part of the SUN minimum package of interventions.

Many MOA management units also lacked basic equipment; for instance, no management units had glass slides (0%), 60% had data reporting books, but only 35.5% had solar driers (Annex 2). The unavailability of this equipment means that the MOA is seriously constrained in promoting the production of nutrient-rich foods to improve dietary diversity in households and communities.

ESSENTIAL CONSUMABLES

The availability of essential nutrition consumables was similarly poor across all ministries at district and ward level (Table 13). For the MOH, observed shortages included RUTF (only 50% of units had supplies), Vitamin A supplements (57% of units), and counselling cards (57% of units) (Annex 2.1). Most MOH management units had less than one-third of the essential consumables available at the time of the assessment, partly because the items had been distributed to lower levels. Nevertheless, discussions with the MOH respondents showed that many MOH management units at district and ward levels reported long-term stockouts of essential supplies such as therapeutic feeds for malnourished children and supplementary feeds. This suggests that these units are unable to provide a critical service to children with severe and moderate malnutrition in their catchment area. Indeed, MOH respondents appear to rely on NGOs to provide supplies to cover shortfalls (e.g., RUTF).

MOFL had shortages of chickens for the Pass On programme (available in only 16.7% of management units) and no Fish Breeding Promotion essential commodities at any units (Annex 2.2). MOFL respondents indicated that these supplies had not been available for a long time, indicating that the ministry is constrained in promoting the production of small livestock and fish in communities, and therefore unable to contribute to the convergence of the minimum package of intervention at ward level.

3.3.2.2 Service delivery distribution and convergence

Evidence shows that convergence of high-impact nutrition interventions can result in lower levels of stunting in children. In the RPA, convergence and service delivery was assessed using three dimensions:

- Convergence of SUN 2.0/MCDP II interventions in all wards of a district. A ward was counted as being “reached with all interventions” if the full range of SUN 2.0/MCDP II services in the minimum package of interventions (Box 3 on page 2) had been delivered by the ministries.
- Availability of action plans to facilitate the delivery of interventions.
- Availability of numeric targets to reach the population with relevant services.

Across all sectors, performance for this measure was slightly better than for the other measures in this

domain (Table 14), except for MOFL and MOGE at ward level. At the district level, NFNC and NGOs scored higher (2.5 and 2.6) than the rest.

COVERAGE AND CONVERGENCE OF SUN 2.0/MCDP II INTERVENTIONS

This dimension assessed both the geographic coverage and the convergence of a minimum package of SUN services at ward level. In most SUN districts, both coverage and convergence of the minimum package of interventions is very low – 18 of 30 districts had fewer than 25% of wards covered by all interventions in the MCDP II minimum package. Some factors contributing to the lack of coverage and convergence are poor supply of basic equipment, supplies, and diagnostic tools that are critical in implementing the minimum package. As stated earlier, only 17% of management units had all the basic equipment and supplies needed to provide nutrition-related services. In addition, poor workforce density (Domain 5) and funding (Domain 6) across all ministries further limits the delivery of services.

Coverage appears to be enhanced when there is support from implementing partners. Two districts supported by SUN TA (Mbala and Luwingu) scored a maximum score of 4.0, meaning that nearly all wards (90% or more) in the district deliver the minimum package of interventions. Three other IP-supported districts – Katete (GIZ-supported), Lundazi (UNICEF-supported), and Mansa (SUN TA-supported) – scored a mean of 3.0, meaning that between 51-89% of wards in those districts were reached with all services in the minimum package. Mbala's achievement may also be due to its participation in the piloting of the micronutrient supplementation programme under MCDP I. Though the pilot was not scaled up, the sectors continued promoting the practice, hence the higher score obtained.

AVAILABILITY OF ACTION PLANS TO DELIVER THE MINIMUM PACKAGE OF INTERVENTIONS

Programme action plans signify that implementation is guided by a systematic approach. Availability of ministry-specific SUN-related action plans did not vary widely by ministries, although MOFL scored more poorly than other ministries given the reasons discussed earlier. Most districts (26 of 30) had action plans for SUN 2.0/MCDP II, but few districts had evidence of implementing these actions. Only 2 districts of 30 – Luwingu and Nchelenge (SUN TA-supported) districts – had documented progress on the implementation of their action plans, though targets had not yet been met.

AVAILABILITY OF NUMERIC TARGETS TO DELIVER THE MINIMUM PACKAGE OF INTERVENTIONS

The availability of numeric targets in action plans was low at both district and ward levels. More than half of districts (19 of 30) had no numeric targets for the minimum package of interventions. The remaining districts had numeric targets for only one-third of the services they were providing. Minimal variations were observed by the supporting IP, region, or SUN status across the districts.

3.4 Domain 4: Information Systems

This domain examined the availability, coordination, and interoperability of vital statistics for managing information systems, beneficiary records systems, and infrastructure. The domain has two key measures:

- 1) Management information systems (MIS) which are necessary for planning, managing, and decision-making at the SDP, district, provincial, and national levels; and
- 2) Beneficiary records, which play an important role in fostering quality, and continuous, and coordinated care. By maintaining relevant information in one place, beneficiary records make it easier to identify and follow trends, understand chronic conditions, and address any gaps in service. Comprehensive beneficiary records should include five components: (i) unique client identification numbers (IDs) or household numbers, (ii) problem lists, (iii) service history and

notes, (iv) medication/nutrition consumables list, and (v) referrals and results of referrals.

3.4.1 OVERALL PERFORMANCE

The overall mean score for this domain was 1.8 with the MIS measure scoring significantly lower (1.4) than the beneficiary records measure (2.5). The MIS score is one of the lowest scores in the entire RPA and is due to lack of a standardized, consolidated SUN programme management information system. Most management units are not reaching expectations with regard to the presence and functionality of a consolidated management information system to facilitate SUN programme management.

Concerning beneficiary records, an overall mean score of 2.5 implies that most sectors use longitudinal beneficiary records, but these are not comprehensive, i.e., they contain only 3 of the 5 recommended components listed above.

3.4.1.1 Performance by Sector

Most institutions scored below the mean of 2 for the domain across all levels (national, provincial, district, and ward) indicating that all ministries lag behind with regard to MIS and the keeping of beneficiary records.

Table 15. Domain 4: Performance overall and by Ministry/Agency

Agencies	Domain 4	MIS	Beneficiary records
MOH	1.9	1.5	2.5
MOA	1.9	1.5	2.7
MOFL	1.7	1.6	2.5
MWDSEP	1.7	1.6	2.5
MCDSS	1.9	1.5	2.6
MOGE	1.6	1.4	2.1
NFNC	1.8	1.8	xx
Overall	1.4	1.8	2.5

Note: cells marked 'xx' indicates that NFNC does not maintain beneficiary records

MANAGEMENT INFORMATION SYSTEM

The SUN programme's overarching MIS system is the Multi-Sectoral Nutrition Activity Report form (MARF) which is a paper-based system. At district level, each sector is supposed to populate their specific MARF report and submit to the DNCC. However, the MARF was only operational in the old SUN districts.

Many line ministries have stand-alone MISs for their sector programmes. For example, the MOGE's Education Management Information System (EMIS) mostly measures progress on activities related to education, pupils' progression, and enrolment analysis, and the MOH's robust District Health Information System (DHIS) tracks the delivery of health services. But many ministerial MISs are not as robust as the MOH system nor do they all collect nutrition-related data points. Overall, there is still a need for a consolidated and more robust multi-sectoral SUN MIS.

BENEFICIARY RECORDS

The beneficiary records measure had slightly better average scores (above 2) than the MIS measure, with MCDSS scoring the highest mean score of 2.7 and MOGE the lowest at 2.0. There are a variety of longitudinal beneficiary records used by the various institutions (e.g., social cash transfer records, under-5 child health records, and farmer registers) that have more than 3 (of 5) required components. These

beneficiary records are nearly all paper-based, although in some cases, the information from the paper records is transcribed into an electronic system, usually at a higher level. For instance, growth monitoring data is recorded at the health facility level and the records are kept by both beneficiaries (mothers/ enter caregivers) and the health facility to enable district staff to access the information to include in the DHIS2. The MOA uses farmer registers for programmes such as the Farmer Input Support Programme (FISP).

While most beneficiary records are not exclusive to SUN 2.0/MCDP II, some data points may apply to the programme. However, there is no consolidation of the sectors' stand-alone beneficiary records systems to manage the multi-sectoral SUN 2.0/MCDP II programme.

3.4.2 PERFORMANCE AT DISTRICT LEVEL

At district level, the overall performance for the domain was 1.9, with mean scores for MIS and beneficiary records 1.6 and 2.7, respectively.

Most districts scored slightly above the mean of 2 for information systems (Table 16). Mumbwa and Luwingu districts (SUN TA-supported) and Petauke (GIZ-supported) had the highest mean scores of 2.5. Mumbwa district's high score of 3.4 for beneficiary records is attributed to an earlier project implemented in the district (the Realigning Agriculture to Improve Nutrition (RAIN) project). Some RAIN project components absorbed into MCDP II led to higher overall performance compared to other districts. Overall, GIZ-supported districts performed better in the two measures and the domain. UNICEF-supported districts' slightly lower scores may be attributed to the late start of UNICEF's support compared to other partners.

Table 16. Domain 4: Mean scores by district and measure

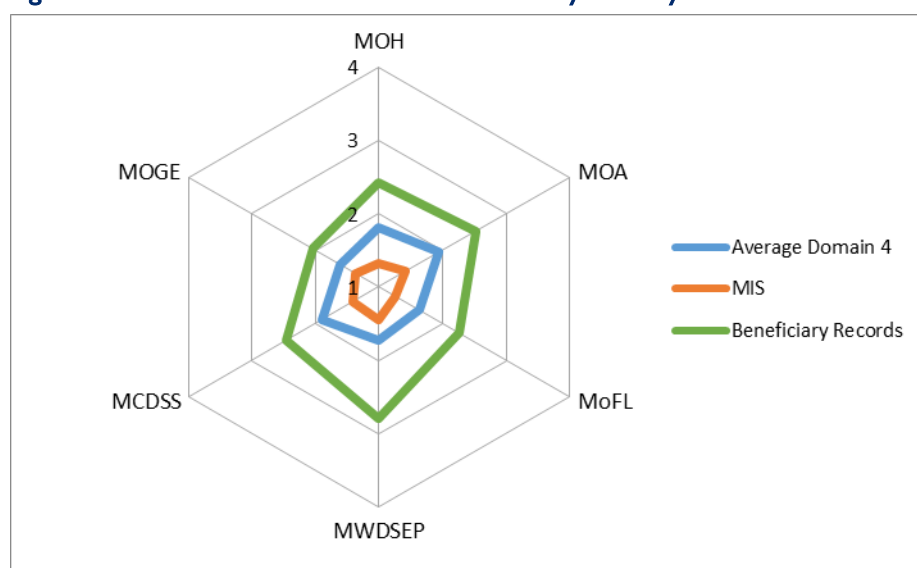
Province	District	Domain 4: Information Systems	MIS	Beneficiary Records
	All Districts	1.9	1.6	2.7
Central	Chibombo	1.3	1.0	1.9
	Kabwe	1.5	1.3	2.8
	Kapiri Mposhi	2.3	1.7	2.8
	Mumbwa	2.5	2.0	3.4
Copperbelt	Kitwe	2.1	1.6	2.8
	Ndola	1.9	1.7	2.1
Eastern	Chipata	2.1	1.9	2.9
	Katete	2.3	1.9	3.1
	Petauke	2.5	2.0	3.3
	Lundazi	2.4	2.0	2.9
Luapula	Mansa	2.0	1.7	2.6
	Nchelenge	2.1	1.6	2.6
	Samfya	2.4	1.9	3.3
Lusaka	Lusaka	1.5	1.0	3.0
Muchinga	Chinsali	1.8	1.3	2.3
	Isoka	1.4	1.1	1.9
	Mpika	1.2	1.0	2.3
Northern	Kaputa	2.4	1.7	3.0
	Kasama	2.3	1.6	3.1
	Luwingu	2.5	2.3	2.2
	Mbala	2.1	1.4	2.9

Province	District	Domain 4: Information Systems	MIS	Beneficiary Records
	All Districts	1.9	1.6	2.7
Northwestern	Mwinilunga	2.3	1.9	2.8
	Solwezi	1.6	1.0	2.5
	Zambezi	2.2	1.6	2.7
Southern	Choma	1.8	1.5	2.5
	Monze	1.6	1.3	2.6
Western	Kalabo	2.1	2.0	2.2
	Kaoma	1.6	1.0	2.5
	Mongu	2.1	1.7	3.0
	Shang'ombo	2.1	1.9	2.3
Districts Overall		2.0	1.6	2.7

Ward-level performance for this domain follows a similar pattern to district and national level. Similar to the national level, overall performance at the ward level was low (1.8), with higher scores for beneficiary records (2.4) than MIS (1.8) (Figure 13). In terms of the performance by line ministries at ward level, MOGE and MOFL had the lowest mean score (1.6) for the overall domain, while MOA and MCDSS had the highest mean score of 1.9.

Detailed data on the performance of the Information Systems domain, measures, dimensions, and districts is presented in Annex 3.4.

Figure 13. Domain 4: Ward Level mean scores by ministry



3.5 Domain 5: Workforce

The workforce domain focused on the need for sufficient numbers, distribution, and quality of nutrition workers to meet population needs, promote equitable access to quality services, and achieve effective coverage of nutrition services delivery.

Three measures were assessed under this domain:

1. **Workforce density and distribution:** Achieving effective coverage of nutrition services is dependent on having enough skilled professionals who are equitably distributed and accessible to the population. For this measure, only qualified professionals in each sector who actively provide services were counted in order to maintain fidelity to international (WHO and FAO) guidance.
2. **Workforce competencies:** Competencies are the observable abilities of individual workers relating to specific work that integrates knowledge, skills, and behaviour. Competencies are durable, trainable, and measurable. This measure assessed whether evidence-based and locally adapted competencies relevant to nutrition service delivery were defined for the SUN workforce and whether standards for education outcomes, based on these competencies, had been established.

Defining competencies for all occupations of the SUN workforce is essential for aligning education programmes and workforce practice with population nutrition needs and ensuring that the SUN workforce is capacitated to deliver the core functions of SUN (including, but not limited to continuity, comprehensiveness, coordination, and person-centeredness). Defining competencies in relation to the SUN service package is a mechanism for ensuring that the SUN workforce executes their job requirements and deliver the core functions of SUN.
3. **Community workers:** This measure is about a cadre of workers whose primary responsibility is to conduct proactive outreach in the community to meet local population nutrition-sensitive and nutrition-specific needs. Community workers involved in outreach can deliver a range of preventive, promotive, and curative nutrition services, thus help reduce inequalities in access. The five characteristics assessed are considered best practices for community-based workers based on the “WHO guidelines on health policy and system support to optimize community health worker programmes.”
 - a) Trained and accredited to provide a suite of preventative, promotive, and curative (where appropriate) nutrition services tailored to the local population
 - b) Formally employed and remunerated appropriately, as per the local community worker salary scale
 - c) Supported at frequent, regular intervals by a designated supervisor
 - d) Integrated into local sector service delivery system or teams
 - e) Integrated into local sector data reporting and feedback systems

Box 6. Types of Nutrition-related personnel

- **Skilled health professionals:**
Doctors, nurses and midwives who actively provide nutrition care
- **Skilled Agricultural officers:**
Agriculturalists, agronomist, extension officers, and front-line agriculture camp assistants involved in facilitating agricultural production (crops, livestock and fish)
- **Food and nutrition officers:**
Nutritionists and other related staff
- **Skilled water officers,** water engineers

3.5.1 OVERALL PERFORMANCE

The Workforce domain scored an average of 2.1 (Table 17), indicating that Zambia’s SUN workforce is characterized by an insufficient number of skilled nutrition professionals that were not equitably distributed and accessible by the population. An inadequate workforce may inhibit the programme’s ability to achieve stunting reduction and effective coverage of nutrition services at large.

Further examination by measure showed a low mean score for workforce density and distribution (1.8), indicating critical workforce shortages to meet basic nutrition needs. Indeed, the SUN-related workforce was below Zambia's nutrition and nutrition-related staff establishment benchmarks (for all assessed ministries and agencies) – less than 25% of established nutrition and nutrition-related positions were filled. Moreover, most established positions were vacant and not filled because of a government-wide freeze in hiring. Others were pending recruitment authorization, particularly for nutrition-related staff in nutrition-sensitive ministries such as Agriculture and Fisheries and Livestock. Several frozen SUN positions required Treasury authority for reactivation.

Table 17. Domain 5: Overall Performance

Domain and Measure	Mean score
Workforce density and distribution	1.8
SUN workforce competencies	2.1
Community workers	2.4
Overall performance	2.1

Of all management units assessed, we found 155 nutritionists (26% at degree and 76% at diploma and certificate level) and 224 nutrition-related staff at degree and diploma levels with other nutrition-related qualifications. These staff were distributed across only a few geographic areas and were providing only a limited scope of proactive nutrition outreach services. For example, community workers in nutrition-sensitive sectors (namely MOA, MOFL, MCDSS, MOWDSEP) were assigned to only some geographic areas (not all areas) and did not provide a complete complement of services within the minimum package of services (e.g. they usually do not provide nutrition-sensitive education to farmers). These nutrition-related cadres had some competencies (skills or criteria), but not all were required to implement SUN interventions.

The workforce competencies score of 2.2 indicates that some gaps exist among current staff in the necessary core competencies required for SUN implementation. Although mechanisms were in place (e.g., short-term and long-term training and regular capacity building programs) to ensure that competencies among current staff were kept up to date with SUN priorities, these were infrequent and ad hoc.

Detailed performance scores on the Workforce domain, measures, and dimensions are presented in Annex 3.5

3.5.2 PERFORMANCE BY LEVEL

3.5.2.1 National Level

Only NFNC, MOH, and MOA had dedicated national-level staff positions clearly defined to implement SUN programmes. MOFL, MWDSEP, MCDSS, and MOGE had no dedicated staff positions but instead relied on focal-point persons and auxiliary staff to implement SUN activities, considered secondary to their primary roles and responsibilities.

Although the MOH, MOA, and MOFL performed relatively better in terms of workforce density, they still had an insufficient workforce to achieve high coverage across the broad range of nutrition services specified in the SUN minimum package. Only 26-60% of established positions were filled in these ministries and most had a workforce density below 50% of the recommended staff allotment. NFNC and MWDSEP both had clearly defined workforce competencies, but low workforce density. The poor scores by MCDSS and MOGE point to critical workforce shortages to meet basic SUN programme needs, with less than 25% of established positions filled.

Table 18. Domain 5: Performance by Ministry/Agency (National Level)

National Ministries	Overall Domain Score	Workforce density	Workforce competencies
MOH	2.7	2.4	3.0
MOA	2.3	2.3	2.3
MOFL	2.1	2.1	2.0
MWDSEP	2.8	1.5	4.0
MCDSS	1.9	1.6	2.3
MOGE	1.7	1.8	1.5
NFNC	2.3	1.8	2.8

MWDSEP's high mean score (4.0) for workforce competencies showed that the ministry's national-level positions and competencies/responsibilities were all defined and well understood, necessary competencies exist, and mechanisms/systems were in place to ensure regular training and supportive supervision. In contrast, lower scores (less than 3.0) for other ministries meant that competencies required to support and implement SUN were not clearly or sufficiently defined, and there were weak mechanisms in place to ensure competencies among current staff were kept up to date with SUN priorities.

3.5.2.2 Provincial and District levels

There was insufficient workforce density (below 50 % of the recommended staff allotment) at provincial level. Provincial level nutrition staff primarily coordinate nutrition-related programmes and activities in the province, but inadequate staff makes it difficult to ensure effective supervision and coverage of nutrition services. Workforce density and distribution was inadequate to achieve high coverage of the broad range of nutrition services specified in the minimum nutrition package, except at the Ministry of General Education. This was because the MOGE had just recruited a nutrition officer to specific spearhead nutrition matters in the Ministry. As noted above, where nutrition and nutrition staff positions existed, they were vacant or frozen awaiting treasury authority to be funded.

Aside from an insufficient workforce, there were also reported gaps in competencies necessary to ensure well-coordinated implementation of SUN activities. Despite efforts or mechanisms in place to ensure that current staff are kept up to date with SUN priorities, these were infrequent, ad hoc, and mainly supported by cooperating partners.

Table 19. Domain 5: Performance by Line Ministries/Agencies (Provincial level)

Provincial Ministries	Overall Domain Score	Workforce density and distribution	Workforce competencies
MCDSS	1.3	1.0	1.6
MOA	2.2	2.0	2.4
MOFL	1.3	1.0	1.5
MOGE	2.9	4.0	1.8
MOH	2.0	2.0	2.1
MWDSEP	1.5	1.0	1.9
NFNC	2.5	2.0	2.9
Province			
Central	2.3	2.0	2.6
Copperbelt	2.4	2.1	2.6
Eastern	2.6	2.5	2.8

Provincial Ministries	Overall Domain Score	Workforce density and distribution	Workforce competencies
Luapula	2.8	2.8	2.7
Lusaka	1.9	2.1	1.8
Muchinga	1.9	1.6	2.3
Northern	2.5	2.5	2.6
Northwestern	1.9	2.0	1.9
Southern	1.6	1.8	1.5
Western	1.8	1.7	1.8

3.5.2.3 District and Ward Level

At district level, the overall mean Workforce score was similar to that seen at national and provincial level (2.0; Table 20) with the weakest scores seen for the workforce density measure. At the ward level, overall workforce performance was slightly poorer (mean score of 1.9), and was also characterized by critical shortages of SUN workforce. These weaknesses risk the ability of the programme to effectively implement a broad array of nutrition services specified in the minimum nutrition service package.

WORKFORCE DENSITY

At district level, there was a serious shortage of skilled SUN workers (mean score of 1.3). Most districts' scores of 1.0 indicate that less than 25% of established positions were filled. Districts that scored 2.0 had 26-60% of the positions filled. In contrast, only Kasama (SUN TA-supported) and Choma (UNICEF-supported) districts had a sufficient workforce with more than 90% of staff positions filled.

At ward level, the workforce density and distribution measure was similarly low (mean score 1.0) indicating a critical shortage SUN workforce, with less than 25% of positions filled.

As shown in

Table 21, SUN TA districts scored relatively better on workforce density (mean score 2.0) compared to UNICEF- and GIZ-supported districts (mean score 1.0, respectively). There were no differences in workforce density between old MCDP I and new MCDP II districts, indicating a broader systemic problem with low staffing.

WORKFORCE COMPETENCIES

Workforce competencies score of 2.4 indicates that some (but not all) skills or criteria have been clearly and sufficiently defined, and significant gaps exist in terms of all necessary competencies among the current staff to carry out SUN implementation. The high scores seen in Kasama district (SUN TA-supported; mean score 3.1) indicate that it had specific and dedicated permanent positions appointed to SUN with clearly defined and understood roles. SUN TA and GIZ-supported districts scored higher (mean score 3.0) than UNICEF-supported districts (mean score 2.0) on the workforce competency measure, but there was no difference between MCDP I (old) and MCDP II (new) districts (

Table 21).

As shown in

Table 21, SUN TA and GIZ again scored higher than UNICEF around workforce competencies.

COMMUNITY WORKERS

Overall, the score on the community workers measure (2.4) indicated the presence of community workers to conduct proactive community outreach for both nutrition-sensitive and nutrition-specific

population needs, but only in a few (selected) geographic areas, providing only a limited scope of proactive outreach services, and meeting 2-3 of the 5 occupation criteria listed on page 29.

Again, SUN TA and GIZ-supported districts scored higher (3.0) than UNICEF-supported districts on the community worker measure, but there was no variation between MCDP I (old) and MCDP II (new) districts (

Table 21). High scores seen in Kasama and Mbala districts (SUN TA-supported) and Choma and Monze districts (UNICEF-supported) reflect that community workers (camp extension officers, community health assistants, etc.) were present in most geographic areas, although they provide only a limited scope of proactive outreach services and met 4 of the 5 occupation criteria (listed on page 29). The four districts that scored below 2.0 (Table 20) had relatively few community workers in few geographic areas providing only a limited scope of proactive outreach services and met 0-1 of the 5 of the occupation criteria on average.

Table 20. Domain 5: Performance on Workforce by districts and measures

Province	District	Workforce (Overall score)	Workforce density/distribution	SUN workforce competencies	Community workers
Central	Chibombo	1.8	1.0	2.5	2.0
	Kabwe	1.7	1.0	1.9	2.4
	Kapiri Mposhi	1.7	1.0	2.4	1.7
	Mumbwa	2.0	1.0	2.6	2.3
Copperbelt	Kitwe	1.9	1.0	2.4	2.2
	Ndola	2.3	2.0	2.4	2.5
Eastern	Chipata	1.9	1.0	2.3	2.4
	Katete	2.0	1.0	2.6	2.4
	Petauke	1.7	1.0	2.2	1.8
	Lundazi	1.7	1.0	1.9	2.4
Luapula	Mansa	2.1	2.0	2.3	2.0
	Nchelenge	1.8	1.0	2.3	2.1
	Samfya	2.1	1.0	2.7	2.5
Lusaka	Lusaka	2.2	2.0	2.2	2.3
Muchinga	Chinsali	2.2	2.0	2.0	2.5
	Isoka	1.7	1.0	2.0	2.1
	Mpika	1.9	1.0	2.4	2.3
Northern	Kaputa	1.9	1.0	2.3	2.4
	Kasama	3.4	4.0	3.1	3.2
	Luwingu	1.9	1.0	2.1	2.6
	Mbala	2.1	1.0	2.3	3.0
North Western	Mwinilunga	1.8	1.0	2.3	2.1
	Solwezi	2.0	1.0	2.4	2.6
	Zambezi	1.5	1.0	1.7	1.9
Southern	Choma	3.3	4.0	2.5	3.6
	Monze	2.3	1.0	2.5	3.2
Western	Kalabo	2.0	1.0	2.7	2.4
	Kaoma	1.8	1.0	2.5	1.8
	Mongu	1.8	1.0	2.4	2.0
	Shang'ombo	2.0	1.0	2.4	2.7
Districts Overall		2.0	1.3	2.3	2.4

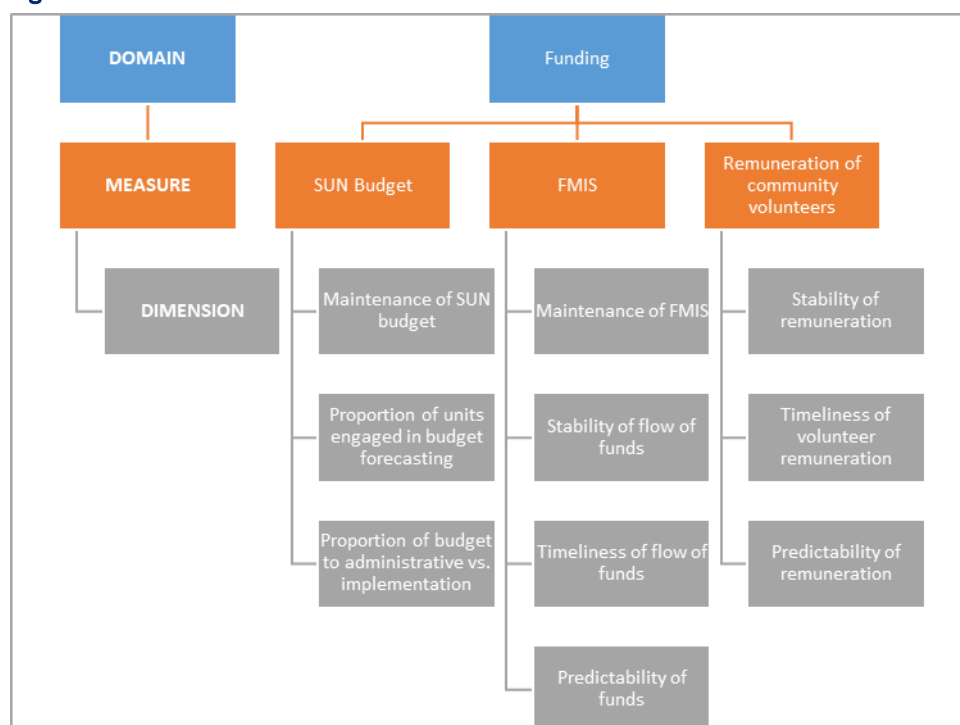
Table 21. Domain 5: Performance by IPs and SUN status

District/ Measure	Overall Domain 5 scores	Workforce density and distribution	SUN workforce competencies	Community workers
UNICEF	1.7	1.0	2.0	2.0
SUN TA	2.7	2.0	3.0	3.0
GIZ	1.7	1.0	3.0	3.0
MCDP I Districts	2.0	2.0	2.0	2.0
MCDP II Districts	2.0	2.0	2.0	2.0

3.6 Domain 6: Funding

At the time of the assessment, there were two main funding streams for the SUN programme in Zambia:

- Government direct financing to Ministries, Provinces, and other Spending Agencies (MPSAs) through the Medium-Term Expenditure Frameworks (MTEF) budgets. Government budget lines are documented in the annual Yellow Book, but allocations for the SUN programme are too low to be reflected separately.
- External donor financing through the SUN Fund with direct support to NFNC and national line Ministries. Donor financing was the main source of SUN funding for implementation at district level, and these funds were managed outside of Government structures limiting potential for institutional capacity strengthening.

Figure 14. Domain 6: Measures and dimensions

According to MCDP II programme documents, SUN funding was based on a 'nutrition budget and policy cycle' approach to build the capacity of the NFNC and line Ministries through standardized annual

planning and budgeting exercises aligned with existing government systems. Consequently, this domain examined the presence of financial mechanisms and systems ability to support effective delivery of nutrition services through 3 measures (Figure 14) focusing on the availability and use of budgets at various levels, the appropriate management of funds to track cash flows and revenue, and the reliability of remuneration of community volunteers.

3.6.1 OVERALL PERFORMANCE

The overall average score for this domain was 1.8 (Table 22), reflecting that expected funding mechanisms and systems (budgets, FMIS, remuneration of volunteers) were in place for fewer than 25% of management units. Specifically, maintenance of budget scored 2.1 and existence of a Financial Management Information system (FMIS) scored 1.5. Funding was mostly concentrated at National and District levels funded directly by Government and the Cooperating Partners characterised by top-down management approach.

Performance on this domain was worse at lower management levels (districts and wards), because these lower units were not fully decentralised and depend on higher-level management units (national level) for budgets to implement specific activities. This therefore limited their capacity to effectively plan and implement the SUN program due to lack involvement in the financial priority setting process.

Table 22. Domain 6: Overall performance

Funding Measure	Score
Maintenance of Budget	2.1
Existence of FMIS	1.5
Remuneration of community volunteers	1.4
Overall Mean score	1.8

3.6.2 PERFORMANCE BY MEASURE

3.6.2.1 Maintenance of an annual SUN budget

The overall score of 2.1 for maintenance of an annual SUN budget reflects that (i) an annual budget for SUN was maintained for 26-59% of management units, (ii) systematic SUN budget forecasting (for more than one-year period) was done by 26-59% of management units, and (iii) a significant proportion (50-79%) of the budget was directed to administrative use as opposed to direct implementation.

3.6.2.2 Existence of a FMIS

In assessing the existence of a Financial Management Information System (FMIS), the RPA examined whether the existing FMIS met the following three (3) conditions;

1. there is a financial management system (sectoral or donor or SUN) that is used by SDPs and management units used for tracking SUN-related revenues and expenditures;
2. the FMIS and its processes are clearly defined and understood; and
3. the system is consistently used across SDPs /management units and accounts for line-item SUN budgets such as well as internally generated funds and other incomes.

The overall mean score of 1.5 showed that less than 50% of the management units maintained a FMIS. Further, respondents noted a wide range of challenges:

- Unstable and unpredictable flows of SUN funds to SDPs and management units, with common delays in regard to timeliness.
- Inadequate financial management capacity among district and ward level implementers.

- Unclear and stringent financial procedures required to process and account for funds.
- Erratic funding disbursements.
- Apprehensions surrounding communication and transparency about available funding and decision making over how resources are released and used.

Funding mechanisms and flow information was scanty, and irregular coupled with unpredictable funding flows thus seriously hindered implementation of SUN activities across management units.

Although funding mechanisms for SUN were in place at national, provincial and district levels – coordinated by NFNC, Provincial Nutrition Coordinating Committee (PNCCs), and DNCCs – financial systems (budget, FMIS) for managing the funding were generally weak at all levels. The current system seemed to be tailored to facilitate donor reporting requirements. In contrast, government financing channelled through line Ministries, and joint planning and budgeting seldom occurred because of lack of or inadequate and irregular funding. This phenomenon continues to be an impediment in SUN / MCDP implementation.

Current financial systems were also not comprehensive enough to track financial flows to nutrition interventions. The ZAMNIS that was expected to integrate SUN funding and financial management system with the Zambian Government Integrated Financial Management System (IFMIS) was not in place in all management units, particularly in districts and wards. It is hoped that once ZAMNIS is in place, integrated, and interoperable with IFMIS, the system will spur better financial planning and efficient utilisation of SUN funds.

3.6.2.3 Remuneration of community volunteers

This domain also examined the reliability and dependability of remuneration (wages/ salaries, including benefits and allowances) for community volunteers, where applicable. The measure did not examine how adequate the payments were; rather it examined how reliable and dependable such payments were, i.e., whether the payments were paid in its entirety, predictable in terms of when and how the remuneration is delivered to volunteers, and made on time.

In this regard, remuneration of community volunteers scored poorly (1.4), indicating unstable remuneration, that the remuneration was always delayed, and very unpredictable.

Combined these weaknesses in the funding domain can adversely affect the SUN programme's ability to reach its overall goals and objectives.

3.6.3 PERFORMANCE AT NATIONAL LEVEL

At national level, NFNC is the backbone structure for coordinating the funding and implementation of SUN 2.0/MCDP II programmes and activities. With reference to maintenance of budgets performance at national level (Table 23), NFNC and MOA scored highest (3.0 each) indicating that an annual SUN budget was maintained for 60-89% of the management units. MOFL scored lowest (1.0), indicating that an annual SUN budget was maintained for less than 25% of SDPs and management units.

Table 23. Domain 6: Performance by ministry/agency

Level and Ministry/ Implementer	Maintenance of budget	Existence of FMIS	Overall Domain 6 score
National Level			
NFNC	3.0	2.3	2.7
MOH	2.0	1.0	1.5
MOA	3.0	1.3	2.2
MOFL	1.0	1.8	1.4

Level and Ministry/ Implementer	Maintenance of budget	Existence of FMIS	Overall Domain 6 score
MWDSEP	2.0	1.0	1.5
MCDSS	2.0	1.0	1.5
MOGE	2.5	2.0	2.3
Overall national level score	2.2	1.5	1.9
Provincial Level			
MOH	1.4	1.2	1.3
MOA	1.7	1.1	1.4
MOFL	1.6	1.1	1.4
MWDSEP	1.3	1.3	1.3
MCDSS	1.4	1.2	1.3
NFNC	2.0	1.4	1.7
MOGE	1.5	1.4	1.5
Overall provincial level Score	1.6	1.2	1.4
District Level			
MOH	2.4	1.8	2.1
MOA	2.3	1.4	1.9
MOFL	1.9	1.5	1.7
MWDSEP	2.1	1.5	1.8
MCDSS	2.4	1.4	1.9
NFNC	2.9	1.5	2.2
MOH	1.9	1.5	1.7
D-NGO	2.7	2.6	2.7
Overall district-level score	2.3	1.7	2.0

With respect to the presence of a FMIS at national level, all national-level ministries have a FMIS called the Integrated Financial Management Information System (IFMIS), while NFNC uses a PASTEL-based system to track revenue and expenditure flows. However, Ministries do not always use the IFMIS when preparing accounts and making payments, due to inadequate computers and instability in internet connectivity, and this makes tracking revenue and expenditure flows problematic. On this measure, NFNC scored highest (2.3), followed by MOGE (2.0) indicating that the NFNC and MOGE maintain a FMIS that includes 1-3 of the components listed on page 35. Other Ministries scored less than 2.0.

Few national level ministries/agencies (only 3 of 7; MOH, MOA and NFNC) maintain separate budgets for SUN-related programmes and activities. The MOH implements a wide range of nutrition-related programmes, such as support for primary health care, Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH), and nutrition services, among others. Similarly, the MOA maintains SUN budgets with budget lines for nutrition and education, crop diversification and yield improvement, food conservation, preservation, storage and utilisation farmer trainings and support to scaling up nutrition. No such provisions that were clearly defined for MOFL, MCDSS and MOGE.

Generally, flow of SUN funds to ministries was unstable, more often delayed than on time and unpredictable. NFNC scored relatively better than other implementers demonstrating that flow of funds was moderately stable, more often on time than delayed and somewhat predictable.

3.6.3.1 Performance at provincial level

The performance of the provincial level on this measure was similar to that seen at national level. Apart from NFNC, budget forecasting was done by less than 25% of the management units. As expected, most

of the provincial SUN budget (80% and above) was allocated to administrative costs rather than direct implementation. This was because the main role of the provincial level is oversight and facilitation of SUN, rather than direct implementation.

MOH maintained SUN budgets at provincial and district levels, with a clear budget line for RMNCAH and nutrition services. MOA had budget lines for coordinating and promoting crop diversification and yield improvement, farmer trainings on food conservation, preservation, storage, and utilisation.

Despite most provincial-level ministries having the IFMIS to track revenue and expenditure flows, use of the system was reportedly hindered by lack of appropriate equipment and stability of internet connection. Flow of funds to provincial level was also highly unstable, almost always delayed, and very unpredictable.

3.6.3.2 Performance at District level

Funding for SUN / MCDP II (including from Cooperating Partners) was concentrated at district level, which championed implementation at community and household level. Overall, district-level management units scored between 2.0 and 2.9 for maintaining budgets – meaning that annual SUN budget was maintained by only 26-59% of management units. Low scores for MOFL and MOGE (less than 2.0) reflect that an annual SUN budget was maintained for less than 25% of its SDPs and management units (Table 24).

Regarding the existence of FMIS, the low scores (below 2.0) indicates that less than 50% of the district level management units maintained a FMIS which was normally paper based. Budget forecasting was done by 26-59% of SDPs and district management units, with a moderate proportion (50-79%) of the budget directed their budgets to administrative costs vs direct implementation.

These results clearly indicate that although many districts maintain a budget for the SUN 2.0/ MCDP II programme, most do not have a financial management information system to manage the financial resources. While the Government has been rolling out IFMIS to improve efficiency and accountability of public resources, at the time of the RPA, the IFMIS had not been rolled out at district level. As such, the lack of FMIS capacity constrained the ability of districts to manage and track SUN funding.

Table 24. Domain 6: Performance by district and measure

PROVINCE	District	Overall Domain Score	Maintenance of Budget	Existence of FMIS
Central	Chibombo	1.7	2.0	1.4
	Kabwe	1.9	2.2	1.6
	Kapiri Mposhi	1.7	2.0	1.3
	Mumbwa	2.3	2.9	1.6
Copperbelt	Kitwe	1.7	1.8	1.6
	Ndola	1.8	1.9	1.7
Eastern	Chipata	2.1	2.9	1.3
	Katete	2.4	2.8	1.9
	Petauke	2.4	2.8	1.9
	Lundazi	2.5	3.1	1.8
Luapula	Mansa	2.3	2.7	1.8
	Nchelenge	2.3	2.6	1.9
	Samfya	2.3	2.6	1.9
Lusaka	Lusaka	1.9	2.3	1.4

PROVINCE	District	Overall Domain Score	Maintenance of Budget	Existence of FMIS
Muchinga	Chinsali	1.6	1.8	1.3
	Isoka	1.5	1.4	1.5
	Mpika	1.6	1.9	1.2
Northern	Kaputa	1.9	2.6	1.1
	Kasama	2.1	2.7	1.5
	Luwingu	2.4	3.2	1.6
	Mbala	2.8	2.1	1.5
North-western	Mwinilunga	2.2	2.7	1.6
	Solwezi	1.5	1.6	1.3
	Zambezi	2.1	2.6	1.5
Southern	Choma	1.8	1.7	1.9
	Monze	1.9	1.9	1.9
Western	Kalabo	1.6	1.4	1.7
	Kaoma	1.3	1.2	1.4
	Mongu	2.0	2.0	1.9
	Shang'ombo	1.5	1.4	1.5
Overall		1.9	2.2	1.6

There was no difference in districts supported by implementation partners, compared to other districts, with results generally mirroring those results presented for national, provincial, and district levels (Table 25). As would be expected, old SUN/MCDP I districts had slightly higher scores on all measures compared to SUN II districts, although the differences are not significant.

Table 25. Domain 6: Performance by IP and SUN status and measure

Supporting Partner	Overall Domain 6 score	Budgets	FMIS	Remuneration of volunteers
UNICEF	1.5	1.9	1.4	1.3
SUN TA	1.6	2.1	1.4	1.4
GIZ	1.9	2.5	1.7	1.4
Old MCDP I districts	1.7	2.2	1.5	1.5
New MCDP II districts	1.7	2.0	1.4	1.2

3.6.3.3 Funding Performance at Ward level

At ward level, performance mimicked national, provincial, and district levels. Maintenance of budgets scores highest, while the presence of an FMIS and remuneration of volunteers had low mean scores. Again, where budgets were maintained, 80% or more of the budget was directed to administrative costs, while funding was unstable, almost always delayed, and very unpredictable.

Table 26. Domain 6: Performance at ward level by line Ministry and measure

Ministry	Budgets	FMIS	Remuneration of volunteers
MOH	2.1	1.3	1.5

Ministry	Budgets	FMIS	Remuneration of volunteers
MOA	2.0	1.3	1.4
MOFL	1.9	1.2	1.2
WASH	2.1	1.4	1.3
MOGE	2.1	1.4	1.3
MCDSS	2.0	1.4	1.4
Overall	2.0	1.3	1.4

All ministries scored poorly (less than 1.5) in relation to having a FMIS at ward level - meaning that less than 50% of SDPs and managements units maintained a FMIS. At the ward level, ministries use a combination of electronic and paper-based FMIS. Normally, information is collected manually on paper-based information sheets and later transcribed to other ICT systems. As cited above, the Government-wide FMIS has not yet rolled out to districts and sub-district levels, hence the low scoring at ward level.

Equally, remuneration of community volunteers (i.e., lead farmers, community health workers, SAGSs etc.) was highly unstable, always delayed, and very unpredictable as indicated by the low scores.

Community volunteers play an important role in promoting child health and nutrition. Remuneration of volunteers is therefore important to ensure their optimal performance as a strategy to improve maternal and child nutrition practices and work incentives are critical for their continued engagement. If this problem is not resolved, retention of volunteers becomes difficult and exacerbates the workforce deficiencies discussed under Domain 5, with adverse consequences on service delivery. Suffice to say that if the Volunteer Policy is finalised, remuneration of volunteers will be formalised whilst ensuring the spirit of voluntarism is sustained in the delivery of nutrition programs in Zambia.

Detailed data on the performance of the Funding domain, measures, dimensions, and districts is presented in Annex 3.6.

3.7 Domain 7: Population Nutrition Management

The Population Nutrition Management domain includes a set of four measures that refer to approaches, conditions, or factors that influence the delivery of nutrition services to the target populations:

- 1) Priority setting at local level (district and ward). Priority setting refers to the translation of national or provincial policies into local strategic action plans that respond to needs and preferences of the population.
- 2) Community engagement, a process of developing relationships that enable stakeholders to work together to address nutrition-related issues and promote well-being to achieve positive nutrition impact and outcomes
- 3) Empanelment, also referred to as rostering, is a continuous, iterative process to identify and assign populations to services, teams, or providers who have a responsibility to know the individuals in their assigned population and to proactively deliver coordinated services to them
- 4) Proactive population outreach, which refers to systems in place to actively reach out to communities, particularly those that are underserved or marginalized, to provide necessary services aligned with local SUN priorities and nutrition burden of disease.

The domain's performance was assessed at district and ward levels only.

3.7.1 OVERALL PERFORMANCE AT DISTRICT AND WARD LEVELS

Overall, the domain's mean score (2.2) indicated a fair set of interrelated approaches, conditions, and factors that influence the delivery of SUN 2.0 / MCDP II services (Table 27). Performance was highest in the priority setting measure (2.6) and lowest (1.6) on the proactive population outreach measure.

Performance was similar across ministries and management units at district and ward levels (Table 29), with MOH and NGOs having slightly higher scores than other ministries. The MOFL's relatively lower scores was expected as the ministry is new and structures to support population nutrition management had not yet been established.

Table 27. Domain 7 at district and ward levels: Overall performance by measure

Measure	Overall Mean Score
Priority Setting	2.6
Community engagement	2.4
Empanelment	2.3
Proactive Population outreach	1.6
DOMAIN Overall	2.2

3.7.2 PERFORMANCE BY DISTRICT AND MEASURE

Generally, the domain's overall performance was affected by the performance of the proactive population outreach measure (Table 28).

3.7.2.1 Priority setting

Priority setting scores did not vary much across the 30 districts (Table 28). Most districts that performed poorly on the domain also had low scores on the priority setting measure. Districts that scored higher on priority setting had better practices around collecting data for strategic planning use and involving communities in data interpretation and the priority setting process. Communities were given equal voice and decision-making power on nutrition programme management like other stakeholders.

Generally, better performance in priority setting is seen when the district is supported by GIZ or SUN TA, possibly because they facilitate priority setting processes in the districts they support.

3.7.2.2 Community engagement

Nearly all districts solicit inputs from ward management units on the way SUN programme should be managed, but higher scores in Nchelenge, Katete and Petauke can be attributed to IP support from GIZ and UNICEF who appear to facilitate community engagement (Table 28).

3.7.2.3 Empanelment or rostering of population

Most districts had panels or rosters of the beneficiaries they serve. However, in districts with higher scores (Table 28), most SDPs had panelled their community for service delivery and their panels were updated regularly. The higher scores in Petauke are most likely due to the GIZ-supported FANSA programme in that district, which uses a care group model to promote panelling of communities and to effectively deliver services. In contrast, Luwingu and most districts in Muchinga Province are new SUN districts and most of the approaches to ensure community service delivery have not yet been actualised, hence a lower score on empanelment.

3.7.2.4 Proactive population outreach

Proactive Population outreach was generally very poor across all districts (Table 28) – only Solwezi district scored 2.0 – indicating that most districts do not provide services directly to home or communities, potentiality leading to lack of convergence of services at community level. In addition,

most management units did not have records to identify and track high priority beneficiaries who require more assistance or interventions. One contributing reason for lower scores in districts was the lack of evidence of the records that management units use to register beneficiaries at the time of assessment. Most management units reported that they compiled records, but in nearly all cases, there were no copies to be verified because the records are sent to the district.

Lack of documentation make it difficult to follow up on clients and provide continuity of service. The results suggest that systems to actively reach out to communities, particularly those that are unable to access service delivery points, are weak across most districts.

Table 28. Domain 7: Performance by IP, SUN status, and district

Categories	Partners	Domain 7 overall score	Priority Setting	Community engagement	Empanelment	Proactive Population outreach
IP Support	GIZ	2.7	3.3	3.1	3.0	1.4
	SUN TA	2.3	2.7	2.6	2.6	1.5
	UNICEF	2.1	2.4	2.1	2.0	1.7
SUN Status	New MCDP II District	2.1	2.4	2.1	2.1	1.7
	Old MCDP I District	2.4	2.8	2.6	2.6	1.5
Region	Rural	2.3	2.6	2.4	2.5	1.6
	Urban	2.2	2.6	2.3	2.0	1.8
Province and District						
Central	Chibombo	1.5	2.0	1.2	1.3	1.7
	Kabwe	1.5	1.8	1.2	1.3	1.9
	Kapiri Mposhi	2.4	2.9	2.4	2.6	1.5
	Mumbwa	2.5	3.1	2.9	2.6	1.5
Eastern	Chipata	2.2	2.5	2.3	2.3	1.7
	Katete	2.6	3.3	3.2	2.6	1.3
	Lundazi	2.5	3.2	2.8	2.5	1.4
	Petauke	2.8	3.2	3.1	3.4	1.6
Muchinga	Mpika	1.6	1.7	1.3	1.5	1.8
	Isoka	1.8	2.0	1.7	1.5	1.8
	Chinsali	1.7	1.9	1.6	1.5	1.9
	Mbala	2.6	2.8	2.8	3.3	1.5
Northern	Kasama	2.7	3.2	2.9	3.3	1.4
	Kaputa	2.5	3.1	2.8	2.6	1.3
	Luwingu	1.7	1.8	1.7	1.8	1.5
Lusaka	Lusaka	2.1	2.9	2.0	1.7	1.9
Copperbelt	Kitwe	2.4	2.5	2.5	2.5	1.9
	Ndola	2.3	2.8	2.6	2.2	1.7
Southern	Choma	2.2	2.8	2.1	2.1	1.7
	Monze	2.0	2.3	1.9	2.1	1.7
Luapula	Mansa	2.5	2.7	2.9	3.1	1.3
	Nchelenge	2.8	3.1	3.5	3.4	1.3
	Samfya	2.7	2.9	3.2	3.3	1.4
Northwestern	Mwinilunga	2.3	2.5	2.5	2.3	1.7
	Solwezi	2.0	2.1	2.0	1.9	2.0
	Zambezi	2.5	3.0	2.9	2.4	1.6
Western	Mongu	2.1	2.5	2.2	2.2	1.4

Categories	Partners	Domain 7 overall score	Priority Setting	Community engagement	Empanelment	Proactive Population outreach
	Shang'ombo	1.9	2.2	1.8	1.9	1.7
	Kalabo	2.0	2.3	1.8	2.2	1.9
	Kaoma	2.0	2.1	1.7	2.3	1.8
Districts Overall		2.2	2.6	2.4	2.4	1.6

3.7.3 PERFORMANCE BY MEASURE

3.7.3.1 Priority setting

Priority setting varied across ministries at district and ward levels (Table 29). District-level management units scored slightly higher compared to ward-level units, with MOH, NFNC, and NGOs scoring highest (3.2) at district level. These institutions collect data for planning, but use data inconsistently, and have minimal involvement of stakeholders in priority-setting exercises – mainly engaging stakeholders after the fact to provide feedback on analysis, alternatives, and/or decisions in the priority-setting process (Annex 3.7). Higher data use among MOH and NGOs is rooted in well-established information systems that exist in these institutions. Similarly, NFNC has its MARF which is used to report information that is made available for their planning at district level.

At ward level, MOH scored the highest (2.7) followed by NGOS (2.6); MOGE and MOFL had the lowest scores (2.3 each). MOH consistently uses data and ensures stakeholder involvement in analysis, alternative, and decision making throughout the priority setting process.

3.7.3.2 Community engagement

The community engagement measure scored fairly across all sectors at both district and ward levels (Table 29). As with priority setting, NGOs scored highest (2.9) followed by MOH and MWDSEP (2.7 each), while MOFL and MOGE scored lowest (2.3) at both district and ward levels. This was because most management units in the MOH (46.7%) or NGO (40%) solicit input from stakeholders on services and there is significant community influence on how the programme is structured. A contributing factor for this is that community engagement has now become the main focus of programme delivery in all ministries hence the similarity in scores.

3.7.3.3 Empanelment

Performance on the empanelment measure did not vary across all ministries both at district level and ward level (Table 29). However, slightly higher scores in the MOH and MOA are due to record-keeping systems in place in these ministries. For MOH, health centres have registers of clients served, and MOA keeps records of farmers who receive inputs especially from the well-established Farmer Input Support Programme (FISP). These records are the major tool used to track beneficiaries and were verified during the assessment.

3.7.3.4 Proactive population outreach

Performance was generally poor for this measure both at district and ward levels (Table 29), although districts tended to have slightly higher scores than wards. MOGE scored highest both at district (1.8) and ward level (2.0) while NGOs scored lowest at district level (1.3). MOH and MWDSEP had the lowest scores at ward level (1.3).

Table 29. Domain 7: Performance at district and ward level by ministries and measures

Ministry	Domain 7 overall score		Priority setting		Community engagement		Empanelment		Proactive Population Outreach	
	District	Ward	District	Ward	District	Ward	District	Ward	District	Ward
MOA	2.2	2.3	2.5	2.5	2.4	2.4	2.4	2.7	1.7	1.5
MCDSS	2.3	2.1	2.7	2.5	2.5	2.3	2.6	2.3	1.5	1.5
MOH	2.5	2.3	3.2	2.8	2.7	2.3	2.6	2.7	1.6	1.3
MOFL	2.2	2.1	2.5	2.4	2.2	2	2.1	2.3	1.9	1.7
MOGE	2.2	2.0	2.4	2.3	2.3	2.1	2.1	1.8	2.0	2.0
NGO	2.5	NA	3.1	NA	2.7	NA	2.9	NA	1.3	NA
MWDSEP	2.3	2.3	2.6	2.8	2.7	2.6	2	2.6	1.9	1.2
NFNC	2.4	NA	3.2	NA	2.5	NA	2.3	NA	1.5	NA
Overall	2.3	2.2	2.7	2.5	2.5	2.3	2.3	2.4	1.7	1.5

Note: NA= Not assessed at these levels

3.8 Domain 8: Service Organisation and Management

The Service Organisation and Management domain focuses on measures that address the effective organisation of service delivery operations; deployment of human resources in multi-disciplinary teams; routine data collection and use of information systems to establish targets, monitor progress, and implement ongoing quality improvement initiatives; and the capability of managers to oversee, support, and enforce these processes. The three measures were assessed:

1. Service Management Capability and Leadership is essential for facilitating the continuous delivery of high-quality nutrition services. This measure focused on the degree to which managers were formally oriented/trained in service management and whether or not they are regularly evaluated based on their management capabilities and performance.
2. Information Systems Use measure included the routine and timely collection and reporting of public nutrition data (including surveillance data and SDP data) and the use of this data for coordinating/tracking clients and for quality improvement across all levels.
3. The Supportive Supervision measure addressed both supportive and continuous supervision of staff as well as the routine establishment of performance targets, monitoring of progress towards these targets, and implementation of quality improvement initiatives to address identified gaps.

The findings on performance on domain 8 are presented in the separate study on Community and Facility readiness to implement multi-sectoral nutrition interventions.

4 CONCLUSIONS AND RECOMMENDATIONS

In conclusion, the readiness and performance levels were fair in all 30 districts. An overview shows that the main overarching weaknesses to effective management and performance of the programme are:

- 1) The absence of both a common measurement framework and routine data on MCDP II services delivery for key interventions in the minimum package (indicated in Box 3) (although these will hopefully be addressed with the CRF and associated district scorecard)
- 2) Insufficient collaboration between GRZ ministries (at all levels) and with external stakeholders around the common agenda of the programme and performance against that agenda
- 3) Insufficient workforce numbers and competencies to implement the programme
- 4) Insufficient basic commodities and equipment to deliver the services in key ministries such as MOFL, MOA and MOH
- 5) Poor management and utilisation of community workers for proactive outreach, possibly due to insufficient financial processes and systems.

If these things are addressed quickly, the programme could see a big boost in performance.

Figure 15. Overall Performance across Domains and Measures

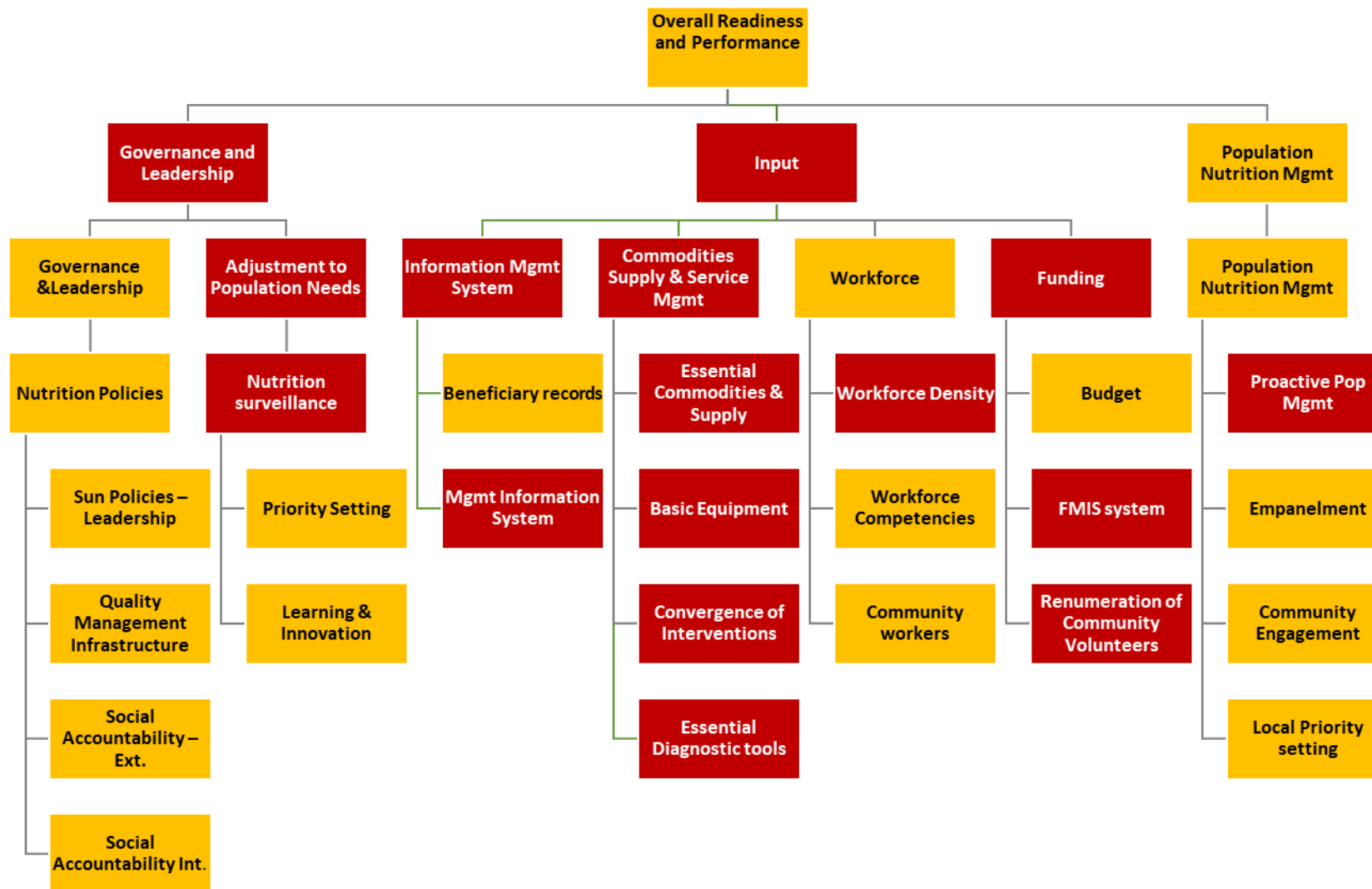


Table 30. Conclusions and Recommendations

CONCLUSIONS	RECOMMENDATIONS
GOVERNANCE AND LEADERSHIP The governance and leadership environment for SUN 1.0 is moderate and has room for improvement. Overall, the average score for governance and leadership was 2 (out of a possible maximum of 4). The national-level performance was relatively stronger, averaging 3 and above. Joint annual reviews (JAR) – forums where progress is reviewed by all stakeholders - take place but not regularly. Districts under SUN 1.0 fared slightly better than those under SUN 2.0/ MCDP II. GIZ-supported districts performed somewhat better than those supported by SUN TA and UNICEF. Across the agencies, NFNC had the highest average score for nutrition governance and leadership, which is reassuring as its mandate is to take the lead at the policy level. The government sectors generally scored low on collaboration and leadership both within government and with external stakeholders.	Overall, all sectors should improve on collaboration both between government sectors and with external stakeholders A more multi-sectoral approach and standard guidelines need to be developed for quality improvement Governance and leadership structures should be set up and strengthened in both SUN 1.0 and SUN 2.0/MCDP II districts Processes to review policy implementation, such as joint annual reviews, should be strengthened across sectors Enhance NFNC's financial sustainability to strengthen its authority and accountability
ADJUSTMENT TO POPULATION NEEDS The overarching problem under Adjustment to Population Nutrition needs is mainly around the surveillance of nutrition events. Where a surveillance system was functional, evidence showed that the system was able to perform at least three of the four functions. At the district level, the problem around surveillance was more pronounced as most reported the absence of such a system Aside from a few districts, most districts performed above average on learning and innovation. Overall, it was the irregularity in the practice of the recommended learning and innovation practices that contributed to low mean scores. Furthermore, there was no systematic application of lessons to scaling up interventions. Under priority setting, the major gap was around the allocation of resources based on evidence.	There is a need for a surveillance system for the nutrition programme. Systems need to be put in place in each sector and ultimately linked to an overarching multi-sectoral system so that all relevant nutrition events can be monitored by the relevant sectors and trigger a coordinated response There is need to establish a standard mechanism for learning and innovation, including applying the lessons to scale up interventions. Though learning efforts exist, they are mainly informal and based on individual initiative and therefore require standardisation/ institutionalisation. The nutrition programme needs to strengthen the use of data for priority setting. One aspect that requires more attention is the use of data to inform resource allocation
COMMODITIES, SUPPLIES AND SERVICE INFRASTRUCTURE Generally, the performance on the Commodities,	There is an urgent need by government and implementing partners to support the provision

CONCLUSIONS	RECOMMENDATIONS
Supplies, and Service Infrastructure domain was low at a score of 1.9. The major setback for the performance of the domain was the low score on the availability of essential commodities. The results indicate that the performance of supply chains at Service Delivery points is poor. This implies that beneficiaries are not able to receive all the necessary nutrition service they need for a healthy well-being as service providers are only providing minimal services due to shortages of essential commodities and supplies.	of basic equipment and essential commodities and supplies at district and ward levels to improve service delivery. Strengthen strategies to enhance convergence of interventions in all districts to ensure sufficient population coverage to achieve impact. Decentralise the planning process to ensure that lower-level sectors can plan their interventions based on need, and include numeric targets to monitor progress on the reach of the nutrition interventions. Direct more IP support towards underperforming districts (Muchinga and Northern Provinces) and sectors, i.e., MOA, MOGE, and MOFL, giving SUN 2.0/MCDP II districts a higher priority
INFORMATION MANAGEMENT SYSTEMS The information systems domain evaluated two measures that are critical in tracking the performance of various projects that are implemented under the scaling up nutrition programme. The overall mean MIS score is way below the acceptable level for all the line ministries, indicating that most of the sectors do not have a standardized SUN MIS at all levels. This limits the use of routine data and makes it difficult to reach decisions about the delivery of nutrition-specific services that reflect the community's needs. Though data is collected that could help with making decisions on beneficiaries, none of the sectors scored above the mean of 3 for beneficiary records, implying that not all the required components of beneficiary records are being captured. Further, the use of such data is very low, indicating that the information is collected for upward reporting but not usually used. This is partly due to limited skills in the local use and interpretation of data to make decisions.	Ensure that sectors have a functional standardised SUN MIS at all levels to reach decisions based on valid data supplied by various sectors under the SUN programme. Further, the various sectors need to improve on capturing the information required for the beneficiary records. Doing so will help track the beneficiaries, monitor their progress, and determine the right combination of services to provide to beneficiaries, clients or groups of beneficiaries. Upgrade the management information system to an electronic format, preferably online, as this would be more efficient and provide timely data for decision making Some line ministries already have specific MIS in place, and establishing a separate system may be costly. There is a need to find ways of incorporating the SUN programme into the already existing systems
WORKFORCE SUN workforce adequacy, compared to international and Zambian benchmarks, is insufficient to achieve high coverage across the broad range of nutrition	Employ more nutritionist, supporting staff, and community workers to increase the number of skilled professionals available to support the

CONCLUSIONS	RECOMMENDATIONS
services specified in the SUN minimum nutrition package More than 50% of sector administrative units and SDPs have a workforce density below 50% of the recommended staff allotment Although there are specific/ dedicated permanent positions appointed to SUN, with clearly defined roles across levels in some sectors (NFNC, MOH, and MOA), some positions and competencies have not been clearly defined particularly in nutrition-sensitive sectors. There are also some gaps in necessary competencies among current staff/team to implement the SUN programme, despite staff competencies update (staff training programme) mechanism being in place as competency updates are infrequent and characterised by ad hoc activities/training. Further, there are limited community workers tasked with proactive population outreach	SUN programme and ensure equitable distribution and access by the population. Ensure specific/dedicated permanent positions, with clearly defined roles and responsibilities, are appointed to the SUN programme. Ensure efforts/mechanisms are in place to ensure that competencies among current staff are kept up to date with SUN priorities and sustain operational excellence. Institute measures/processes to ensure there are enough community workers to conduct proactive outreach in all communities and SDPs There is need for MOFL, MWDSEP, MCDSW, and MOGE to establish dedicated SUN positions
FUNDING Most implementers reported maintaining a budget for SUN at management units (national, provincial, district, ward), but only a few had budgeted for SDPs. A significant proportion of the budget went to administrative costs at the expense of direct service delivery activities. The flow of funds to both SDPs and management units was unstable, irregular, and unpredictable. More than 50% of management units do not maintain an FMIS for tracking SUN-related revenues and expenditures, especially at the ward level. Remuneration of Community Volunteers at Ward level is highly unstable, unpredictable, and almost always delayed.	Roll out SUN budgets and FMIS to enhance planning and tracking of revenue and expenditure flows at all levels. Ensure a larger share of the budget goes to implementing SUN activities, i.e., allocate more than 70% of funding towards programme implementation Ensure the flow of funds to SDPs and management units, particularly at the ward level, is stable and regular Expedite timely and predictable remuneration of volunteers to motivate them to provide nutrition services to the population they serve
POPULATION NUTRITION MANAGEMENT The Population Nutrition Management domain performance was very low (mean of 1.8). The major drawback in this domain was the poor performance of the service management and infrastructure and proactive population outreach measures. These results indicate that approach on interrelated conditions and factors that are necessary to influence	Strengthen systems that support the service delivery to the target population specifically: Set up or strengthen systems that would improve identification and support to priority target beneficiaries who require more assistance. Strengthen stakeholder participation in the management of the MCDP programme at all

CONCLUSIONS	RECOMMENDATIONS
the delivery of services to the populations are generally weak. Therefore, measures that influence the provision of services are performing below average in most districts. Poor overall performance by Kabwe district as well as districts in Muchinga and Western provinces are noteworthy.	levels

Annex 1. RPA Domains and Measures Assessed

RPA Domain	What the Domain examines	RPA standards
1. Governance and Leadership	Strategic policy frameworks, plans, guidelines; effective oversight; coalition-building; regulation; attention to system-design; and accountability	1. Nutrition/MCDP/SUN policies (laws, guidelines, and frameworks) and government commitment 2. Nutrition/MCDP/SUN policies - leadership 3. Quality Management infrastructure 4. Social Accountability (collaboration with external, i.e., non-GRZ stakeholders) 5. Social Accountability – multi-sectoral action (within Government sectors).
2. Adjustment to Population Needs	Routine information about nutrition status/needs; use of information to set/implement priorities; continual learning/adaptation based on emerging evidence/data	6. Surveillance and surveys 7. Priority setting (and allocating resources appropriately) 8. Learning and Innovation (mechanisms to recognise innovations and integrate into interventions)
3. Commodities, supplies and Service Infrastructure	Performance of supply chains; availability of essential consumables, products, and technologies at health facilities / community level	9. Availability of essential nutrition consumable commodities 10. Availability of basic nutrition equipment/supplies 11. Essential nutrition diagnostic supplies 12. Coverage of the package of services, distribution, and convergence 13. Service delivery point amenities 14. Standard precautions and equipment
4. Information Systems	Availability, coordination, and interoperability of civil registration/vital statistics, routine MIS, and beneficiary records systems and infrastructure	15. Management information system (for both multi-sectoral coordination and sector specific). 16. Beneficiary records (for individuals and households) documenting their history and experience with the programme
5. Workforce	Sufficiency and distribution of workers to meet population nutrition needs and access to quality services, quality of workforce education and practice.	17. Workforce density and distribution (based on defined complement of staff) 18. Workforce competencies 19. Community workers
6. Funding	Management of funds to address recurrent and fixed programme costs incurred at all levels, including payment of staff salaries.	20. Budgets 21. Financial Management Information System (financial flow) 22. Remuneration (community workers)
7. Population Nutrition Management	Priority setting, community engagement, empanelment, population outreach	23. Local priority setting 24. Community engagement (in design, financing, governance, and implementation) 25. Empanelment (providers know who they are responsible for and how many)

RPA Domain	What the Domain examines	RPA standards
		26. Proactive population outreach
8. Service Organisation and Management	Effective service operation organisation; HR deployment in multi-disciplinary teams; routine reporting against targets, QI initiatives; and management oversight.	27. Team-based services delivery (single unit, shared identity, coordinated) 28. Existence of service management capability and leadership for each sector (professionalised, service trained and evaluated) 29. Information systems use 30. Performance measurement and management 31. Supportive supervision

Annex 2. Equipment, Commodities, and Diagnostic Tools by Ministry and District

Annex 2.1. Availability of essential consumables and basic equipment (MOH, MWDSEP, MCDSS)

Basic Equipment	% of Management Units with the Equipment/ available	Essential commodity	%of Management Units with all essential nutrition consumables
MWDSEP			
ODF strategy	100	Chlorine	27.5
Feature Phone	29.0	Standard tool kits for repairs to their level	33.3
SOMAP shop i.e., sustainable, operation and maintenance (it contains all equipment's)	67.7	STS bottles for water quality measurements	9.7
MOH			
MUAC Tapes	85.7	Iron /Folate	72.0
Scales	96.6	Under-five cards	87.8
height boards	87.9	RUTF	50
MUAC Tapes (children and Adults)	94.8	Training material for all nutrition-related programmes, e.g., MIYCN, GMP, IMAM	83.2
		Vitamin A supplements are found in the essential Drug kit	57.0
		Counselling cards	57.0
MCDSS			
Bag pack for materials /FSP- Fertiliser & Seed during the rainy season/	44.2	cooking utensils	18.6
Lit programme- teaching aids	37.2		
Talking walls/Flip Charts	16.3		
food processing teaching /learning aids	27.9		
Budget and Funds to Purchase foods for vulnerable people (Baby foods/ rel)	41.4		
Vehicle	69.2		
Baby foods	24.1		
Relief foods	20.7		
Education support	51.7		
Bicycles	38.5		
District- Value addition equipment at FTCs for training farmers	29.0		
Tablets	14.6		

Annex 2.2. Availability of basic equipment, commodities and diagnostic tools (MOFL and MOA)

Basic Equipment	% of Management Units with the Equipment available	Essential commodities	% of Management Units with essential commodities available	Essential Diagnostic tools	% of Management Units with diagnostic tools available
MOFL					
Soil Augers	2.4	Diving Kit	9.5	Microscopes	51.2
Theodolite or Dumpy levels	9.5	Marine Multi meter water checker	26.2	Sampling bottle and tubes	51.2
GPS	26.2	Marine still and video Camera	2.4	Freezers and Fridges	68.3
Still and Video Camera	4.8	Water current and tide meter	2.4	Sample Incubators	21.9
Line Levels	50.0	Eco Sounder	7.1	Water quality checkers	14.6
Water quality Multi-Parameter checkers	26.2	Water depth Measuring Meter	19.1	Plankton nets and scoops	24.4
Waterflow meters	4.8			Magnifying glass	29.3
Genset for power during the training	14.1			Fish diseases sampling charts/guides	24.4
Proximate analysis equipment set	0.0			Water Chemical parameter fixers	7.3
Min feed plant	10.3			Formalin or alcohol preservatives	56.1
Mini feed plants Equipment	5.1				
Winnowing or blowing Equipment	5.1				
Sieving equipment	5.1				
Mixer or Feed mixing machine	5.1				
Milling machine or hammer mill	11.5				
Mincing Machines	5.1				
Extruder for floating fish feed production	2.6				
Pellet machine	6.4				
Fish egg Incubation jars, fry trays	11.5				
Solar/electrically powered Air blowers for oxygenation	5.1				
Air tubes and air stones for Aeration	9.0				
Fry netting materials	14.1				
Solar Geysers for temperature maintenance	2.6				
Solar well submersible pumps for water recirculation	6.4				
Biofilters for water purification	7.7				
Fish cages	3.9				
Fishing gear (Seine Nets, hand nets, hapas)	32.1				

Basic Equipment	% of Management Units with the Equipment available	Essential commodities	% of Management Units with essential commodities available	Essential Diagnostic tools	% of Management Units with diagnostic tools available
Fish pens	5.1				
Different culture fish species	24.4				
Ponds, and tanks	33.3				
Breeding facilities	11.5				
Freezing facilities	11.5				
scales for fish weighing	0.0				
Fish cleaning equipment	0.0				
Fish handling dishes	0.0				
Plastic bags	0.0				
Oxygen cylinders	0.0				
Rubberlings	0.0				
Common coarse salt	0.0				
Fowls for research breeding	0.0				
Breeding stock	0.0				
Hay forage equipment	16.7				
Milking equipment	9.5				
Egg Incubators	9.5				
IEC materials for training for various programmes	48.7				
chicken -for the start through a pass on programme.	16.7				
Eggs- for the start through a pass on programme	2.8				
Goats-for the start through a pass own programme	27.8				
Hay Bulking centre	0.0				
Milk bulking centre	5.6				
Tablets	5.6				
Boats for Island	10.3				
MOA					
Peanut butter making machines (Value addition Machines, types depend on	41.9			Soil Augers	5.1
Motor bike	45.8			soil testing kits	2.6
Solar dryer	35.5			reagents	1.3
Polythene Sample bags	2.5			sample bottles	2.6
Glass Slides	0.0			soil ph meter	1.3

Basic Equipment	% of Management Units with the Equipment available	Essential commodities	% of Management Units with essential commodities available	Essential Diagnostic tools	% of Management Units with diagnostic tools available
Data Recording books	60.8			Microscopes	1.3
Energy sources (Solar Panel)	12.5			Sampling bottle and tubes	1.3
Compendium of plant diseases (catalogues of pictures on common pests and diseases)	45.8			Magnifying glass	3.9
				Crop diseases sampling charts/guides (catalogues of pictures on common pest	46.2
				Manual of remedies	50.0
				Formalin or alcohol preservatives	0.0
				Secateurs	1.3
				Tablets for ICT and data processing	11.7
				Polythene Sample bags	1.1
				Data Recording books	51.1
				Energy sources (Solar Panel)	9.6
				Compendium of plant diseases (catalogues of pictures on common pests and diseases)	40.4

Annex 3. Analytical Tables by Ministry and District

Annex 3.1. Governance and Leadership

	Nutrition/SUN Policies							SUN policies- Leadership					Quality Management Infra					Collaboration with External Stakeholder							Collaboration across govt Sectors					
CATEGORY	Policy Exist	Nutrition Prominence	Evidence Base	Participatory Process	Legal /Admin Framework	SUN fundamental	Joint Review	SUN National Authority	Accountability	Operational Capacity	Authority & Resources	Sustainability/Financial	Commitment on Quality	Quality Policy/Guideline	Quality Assurance Int	Routine Quality Data	Willingness to Learn	Stakeholder Engagement	Stakeholder Influence	Public Disclosure	Common Agenda/Vision	Mutually Reinforcing Interv	Continuous communications	Common M&E	Integrated Planning	Subnational Intg planning	Common Agenda/Vision	Mutually Reinforcing Interv	Common M&E	Common M&E
Overall Score	3.3	3.1	3.1	3.4	3.0	2.8	2.2	3.6	2.5	3.2	2.5	1.5	2.0	2.5	3.5	3.0	3.5	3.4	4.0	2.5	2.8	1.7	1.7	1.4	2.8	2.4	2.8	2.5	1.8	1.5
MINISTRY/AGENCY																														
MOH	3.5	3.3	3.7	3.3	3.1	3.2	2.3	4.0	2.9	3.4	2.7	1.5	2.0	2.7	3.7	3.7	3.5	4.0	4.0	2.4	2.7	3.1	1.7	1.5	3.0	2.3	2.7	2.5	1.7	1.4
MOA	3.5	3.5	3.1	3.7	3.2	2.8	2.1	3.0	2.9	3.0	2.5	1.2	2.0	2.5	3.3	2.8	3.5	4.0	4.0	2.8	2.9	2.9	1.7	1.4	3.0	2.5	3.0	2.6	1.8	1.5
MoFL	3.0	2.1	2.1	2.4	2.1	2.0	2.0	3.0	2.6	3.0	2.6	1.5	2.0	2.2	3.4	2.8	3.3	3.0	4.0	2.2	2.4	2.1	1.6	1.2	2.4	2.0	2.6	2.1	1.7	1.4
MWDSEP	2.8	2.6	2.2	3.2	2.9	2.6	2.4	4.0	3.0	3.1	2.5	1.4	2.0	2.4	3.7	3.1	3.4	4.0	4.0	2.5	2.7	2.3	1.7	1.4	2.6	2.6	2.8	2.4	1.9	1.4
MCDSS	3.3	3.1	2.9	3.4	3.1	2.6	2.1	4.0	2.9	3.1	2.6	1.8	2.0	2.4	3.3	2.7	3.5	3.0	4.0	2.4	3.0	2.7	1.7	1.4	3.1	2.7	2.9	2.6	1.9	1.5
MOGE	3.3	3.2	3.1	3.5	2.7	3.1	2.0	4.0	2.5	3.2	2.4	1.2	2.0	2.8	3.4	2.9	3.4	4.0	4.0	2.3	2.4	2.5	1.6	1.3	2.8	2.2	2.7	2.3	1.7	1.4
NFNC	3.6	3.7	3.8	3.6	3.1	3.4	2.4	4.0	3.6	3.4	2.7	1.5	2.0	3.2	3.7	3.3	3.8	4.0	4.0	2.4	3.8	3.7	2.0	1.8	3.3	3.3	3.6	3.6	1.9	1.8
IMPLEMENTING PARTNER																														
UNICEF	3.4	3.1	3.1	3.6	3.0	2.7	2.2	3.6	2.7	3.1	2.4	1.4	2.0	2.2	3.3	2.8	3.3			2.4	2.5	2.4	1.6	1.4	2.5	2.2	2.6	2.1	1.7	1.4
SUN TA	3.2	3.1	3.0	3.2	2.9	3.0	2.1		3.1	3.2	2.6	1.5	2.1	3.0	3.6	3.2	3.6			2.5	3.1	3.0	1.8	1.4	3.1	2.6	3.0	2.8	1.9	1.5
GiZ						2.9	3.6		2.9	3.5	3.0	2.2	2.0	2.4	3.8	3.8	3.8			2.8	3.0	3.6	1.8	1.7	3.5	3.0	3.0	3.1	1.8	1.7
SUN STATUS																														
New SUN Districts	3.4	3.2	3.1	3.4	3.1	2.6	2.0	3.6	2.4	2.8	2.4	1.3	2.1	2.1	3.4	2.9	3.4			2.3	2.5	2.4	1.6	1.3	2.5	2.0	2.5	2.0	1.7	1.3
Old SUN Districts	3.2	3.0	2.9	3.4	2.8	3.1	2.4		3.3	3.5	2.7	1.6	2.0	2.9	3.5	3.1	3.5			2.6	3.1	3.0	1.7	1.5	3.2	2.8	3.2	3.0	1.8	1.6
GEOGRAPHIC REGION																														
Rural	3.1	2.8	2.9	3.3	2.7	2.8	2.3		2.9	3.2	2.6	1.6	2.0	2.8	3.5	3.0	3.5			2.5	2.8	2.9	1.7	1.4	3.3	2.5	2.9	2.6	1.8	1.5
Urban	3.4	3.2	3.1	3.4	3.1	2.8	2.1	3.6	2.7	3.1	2.5	1.3	2.0	2.3	3.4	2.9	3.4			2.4	2.7	2.5	1.6	1.4	2.4	2.2	2.6	2.3	1.7	1.4

CATEGORY	Policy Exist	Nutrition Prominence	Evidence Base	Participatory Process	Legal/Admin Framework	SUN fundamental	Joint Review	SUN National Authority	Accountability	Operational Capacity	Authority & Resources	Sustainability/Financial	Commitment on Quality	Quality Policy/Guideline	Quality Assurance Int	Routine Quality Data	Willingness to Learn	Stakeholder Engagement	Stakeholder Influence	Public Disclosure	Common Agenda/Vision	Mutually Reinforcing Interv	Continuous comm	Common M&E	Integrated Planning	Subnational Intg planning	Common Agenda/Vision	Mutually Reinforcing Interv	Common M&E	Common M&E		
PROVINCE AND DISTRICT																																
CENTRAL	2.5	2.5	2.4	2.5	2.1	2.5	1.9		2.7	2.7	2.7	1.5	2.0	2.6	3.5	3.3	3.6			2.2	2.6	2.5	1.6	1.3	2.9	2.3	2.5	2.0	1.6	1.3		
Chibombo						2.0	1.0		2.1	2.6	2.4	1.3	2.0	2.6	3.6	3.4	3.6			1.9	2.5	3.0	1.5	1.1	3.0	1.9	2.2	1.8	1.5	1.0		
Kabwe						2.0	1.7		2.5	3.0	2.5	1.0	2.0	2.1	3.2	3.0	3.2			1.7	1.8	1.5	1.3	1.0	1.8	1.9	2.0	1.4	1.3	1.0		
Kapiri Mposhi						3.6	1.8		2.9	1.9	3.0	1.7	2.0	2.6	3.5	3.2	3.5			2.5	2.9	3.1	1.7	1.3	4.0	2.5	2.8	2.2	1.8	1.5		
Mumbwa						3.1	2.9		3.2	3.3	2.9	2.1	2.0	3.6	3.9	3.7	4.0			2.9	3.2	3.4	2.0	1.8	3.9	2.8	3.1	2.8	1.9	1.6		
LUSAKA	3.7	3.4	3.3	3.7	3.5	3.0	2.1		2.2	2.8	2.4	1.3	2.1	1.5	3.2	2.4	3.6			2.6	2.4	2.3	1.5	1.5	1.7	1.2	1.8	1.8	1.6	1.3		
Lusaka						3.0	2.1		2.2	2.8	2.4	1.3	2.1	1.5	3.2	2.4	3.6			2.6	2.4	2.3	1.5	1.5	1.7	1.2	1.8	1.8	1.6	1.3		
COPPER BELT	3.6	3.4	3.0	3.4	3.6	2.9	1.7		2.5	3.1	2.5	1.1	2.0	2.5	3.4	2.8	3.6			2.8	2.8	2.8	1.6	1.3	2.5	2.0	2.5	1.9	1.8	1.4		
Kitwe						2.9	1.4		2.5	3.0	2.3	1.0	1.9	2.3	3.4	2.6	3.3			2.8	2.8	3.0	1.6	1.3	3.5	2.5	2.8	2.0	1.7	1.4		
Ndola						2.9	1.9		2.5	3.1	2.7	1.1	2.0	2.6	3.3	3.0	3.8			2.8	2.9	2.6	1.7	1.3	2.0	1.7	2.4	1.9	1.8	1.4		
EASTERN	3.4	2.6	2.6	3.0	2.7	2.9	2.9		3.0	3.5	2.8	1.9	2.0	2.5	3.6	3.4	3.7			2.9	2.9	3.4	1.7	1.7	3.4	2.9	3.0	2.9	1.8	1.7		
Chipata						2.9	2.6		2.9	3.5	2.6	1.6	2.0	2.4	3.3	3.1	3.5			3.0	2.8	3.0	1.6	1.7	3.0	2.7	2.9	2.6	1.7	1.8		
Katete						3.1	3.5		3.1	3.6	3.1	1.8	2.0	2.0	3.8	3.8	3.8			2.9	3.4	3.4	1.8	1.6	3.3	3.3	3.4	3.3	1.9	1.9		
Lundazi						2.9	3.1		3.3	3.6	2.6	1.9	2.0	2.9	3.7	3.2	3.8			3.1	3.0	3.6	1.7	1.7	4.0	3.0	3.0	2.9	1.7	1.6		
Petauke						2.7	2.6		2.8	3.4	2.9	2.4	2.0	2.9	3.8	3.8	3.9			2.7	2.6	3.9	1.8	1.7	3.7	2.7	2.7	2.8	1.8	1.6		
LUAPULA	3.3	3.0	3.1	3.4	2.8	3.2	2.6		3.6	3.4	2.6	1.8	2.0	3.2	3.7	3.0	3.7			2.8	3.3	3.4	1.9	1.6	3.4	3.1	3.4	3.2	1.9	1.8		
Nchelenge						3.4	3.1		3.8	3.5	2.5	1.7	2.0	3.1	3.6	3.0	3.5			2.9	3.2	3.1	1.8	1.5	3.7	3.2	3.3	3.4	2.0	1.8		
Samfya						3.5	2.6		3.6	3.8	3.1	1.8	2.0	3.4	3.8	2.8	3.8			2.9	3.6	3.8	2.0	1.7	3.7	3.4	3.6	3.5	2.0	1.8		
Mansa						3.0	2.4		3.5	3.1	2.4	1.7	2.0	3.2	3.6	3.2	3.6			2.7	3.2	3.3	1.9	1.6	3.1	2.8	3.4	2.9	1.9	1.7		
WESTERN	3.8	3.5	3.3	4.0	3.0	2.8	2.0		2.9	3.2	2.3	1.3	2.0	2.5	3.6	3.0	3.2			2.2	2.8	2.7	1.7	1.5	2.8	2.5	3.2	2.6	1.9	1.5		
Shang'ombo						2.7	1.4		3.3	3.5	2.5	1.0	2.0	2.9	3.5	3.1	3.7			2.0	3.1	2.4	1.5	1.8	3.7	3.3	3.7	3.3	2.0	1.9		
Kalabo						3.3	1.9		3.2	3.4	2.6	1.3	2.0	2.6	3.6	3.1	3.1			2.4	2.9	4.0	1.7	1.8	2.6	2.6	3.8	3.3	1.9	1.6		
Kaoma						2.1	2.1		1.8	1.7	1.7	1.0	2.0	2.3	3.5	2.9	3.3			2.3	2.4	2.0	1.8	1.1	2.7	1.9	2.3	1.4	1.7	1.1		
Mongu						2.9	2.4		3.2	3.2	2.2	1.3	2.0	2.4	3.7	3.0	2.9			2.2	3.0	2.5	1.8	1.3	2.5	2.3	3.0	2.6	1.9	1.6		
NORTH WESTERN	3.5	3.7	4.0	3.2	3.3	2.8	2.3		2.8	3.4	2.8	1.3	1.9	2.5	3.1	2.5	3.6			2.5	2.5	2.0	1.6	1.4	3.0	2.6	2.7	2.4	1.7	1.5		
Solwezi						2.4	1.4		1.9	2.9	3.0	1.0	1.9	2.3	3.1	2.5	3.7			1.8	2.2	1.5	1.6	1.1	2.3	2.0	2.4	2.0	1.5	1.2		
Zambezi						3.1	3.1		3.8	3.6	2.8	1.6	2.0	2.4	3.1	2.6	3.8			3.2	2.6	2.1	1.7	1.6	3.3	3.0	3.1	2.7	1.9	1.9		
Mwinilunga						3.1	2.8		3.1	3.6	2.6	1.0	1.8	3.0	3.0	2.5	3.4			2.7	2.8	2.9	1.6	1.5	3.8	3.0	2.8	2.8	1.7	1.5		
SOUTHERN	3.4	2.6	2.8	4.0	2.6	2.4	2.7		2.8	2.9	1.9	1.2	2.0	2.0	3.5	2.7	3.4			2.4	2.6	2.6	1.8	1.4	2.5	2.3	2.8	1.7	1.7	1.3		
Monze						2.0	2.5		2.5	2.7	2.3	1.0	1.9	2.0	3.7	2.4	3.6			2.5	2.6	2.4	1.8	1.3	2.5	2.4	2.9	1.4	1.6	1.1		
Choma						2.6	2.9		3.0	3.1	1.7	1.3	2.0	2.0	3.4	2.9	3.3			2.4	2.7	2.6	1.8	1.5	2.5	2.2	2.8	1.9	1.8	1.4		
NORTHERN	3.7	3.6	3.6	3.4	3.1	3.3	2.2		3.3	3.6	2.6	1.3	2.2	3.3	3.8	3.3	3.5			2.4	3.6	3.5	1.9	1.4	3.6	2.7	3.6	3.6	2.2	1.4		
Kaputa						3.1	2.2		2.9	3.8	2.8	1.7	2.0	3.3	3.9	3.3	3.4			2.9	3.5	3.4	1.8	1.5	3.3	2.5	3.4	3.5	1.9	1.5		
Kasama						3.4	2.0		3.7	3.8	3.0	1.1	2.0	3.4	3.7	3.4	3.5			2.5	3.7	3.4	1.9	1.2	3.5	3.0	3.3	3.5	1.9	1.4		
Luwingu						2.6	2.3		2.7	3.3	1.4	2.0	3.1	3.0	3.6	3.2	3.1			1.8	3.7	3.6	1.9	1.5	3.8	2.0	3.8	4.0	3.4	1.5		
MUCHINGA	2.0	2.6	2.3	3.6	2.1	2.0	1.4		2.2	2.6	2.4	1.0	1.9	2.0	3.0	2.6	2.7			1.7	1.7	1.3	1.3	1.0	1.8	1.5	1.8	1.4	1.4	1.1		
Mpika						1.5	1.4		2.0	1.5	2.2	1.0	1.9	2.2	3.3	2.7	2.5			1.6	1.6	1.3	1.4	1.0	2.2	1.2	1.4	1.5	1.5	1.0		
Mbala						3.8	2.4		3.7	3.6	3.1	1.2	2.0	3.6	3.9	3.2	3.6			2.5	3.4	3.6	1.9	1.2	3.7	2.9	3.9	3.7	1.9	1.4		
Isoka						1.7	1.6		2.1	2.2	2.2	1.0	2.0	1.3	3.4	2.5	2.6			1.6	1.4	1.0	1.3	1.0	1.8	1.4	1.9	1.2	1.5	1.1		
Chinsali						2.3	1.3		2.4	3.6	2.8	1.0	1.8	2.3	2.5	2.6	2.8			1.9	1.9	1.5	1.3	1.0	1.7	1.7	2.0	1.5	1.4	1.1		

Annex 3.2. Adjustment to Population Needs

Category	Adjustment to population needs	Surveillance System				Priority Setting				Learning and Innovation			
		All	Existence of Surveillance system	Number of functions in the surveillance system	Format of the surveillance system	All	Use of data for priority setting	Stakeholder engagement in priority setting	Allocation of Resources to priorities set	All	Existence of Mechanisms for learning and Innovations	Stakeholder engagement in learning and innovation	Frequency of innovation scaled up
Sectors - Overall from Lowest to National Level													
MOH	1.2	1.0	1.0	1.0	1.0	2.5	3.4	2.7	1.6	1.9	2.0	2.4	1.8
MOA	1.4	1.0	1.0	1.0	1.0	2.1	2.6	2.0	1.8	2.5	2.8	2.6	2.3
MOFL	1.1	1.0	1.0	1.0	1.0	1.6	1.4	1.4	2.0	1.5	1.8	1.8	1.4
MWDSEP	1.4	1.0	1.0	1.0	1.0	2.1	2.6	2.2	1.7	2.0	2.1	2.6	2.0
MCDSS	1.2	1.0	1.0	1.0	1.0	2.2	2.2	2.6	1.7	2.1	2.4	2.4	1.9
MOGE	1.2	1.0	1.0	1.0	1.0	2.1	2.8	1.8	1.7	1.7	1.9	2.3	1.7
NFNC	1.8	1.0	1.0	1.0	1.0	2.5	2.8	3.3	1.5	2.3	2.3	3.3	2.0
Donor/CP	2.0	1.0	1.0	1.0	1.0	2.7	3.2	3.0	1.5	2.3	2.5	3.0	2.2
NGO/CSO	1.6	1.0	1.0	1.0	1.0	3.0	4.0	4.0	1.0	2.2	2.2	2.9	2.3
Total	1.3	1.0	1.0	1.0	1.0	2.2	2.6	2.3	1.7	2.0	2.2	2.5	1.9
National Level													
NFNC	2.1	1.0	1.0	1.0	1.0	3.3	4.0	4.0	2.0	2.0	2.0	2.0	2.0
MOH	2.6	1.0	1.0	1.0	1.0	3.0	4.0	4.0	1.0	4.0	4.0	4.0	4.0
MOA	2.2	1.0	1.0	1.0	1.0	2.0	3.0	1.0	2.0	3.6	4.0	3.0	4.0
MOFL	1.5	1.0	1.0	1.0	1.0	1.6	2.0	1.0	2.0	2.0	2.0	2.0	2.0
MWDSEP	2.6	1.0	1.0	1.0	1.0	3.0	4.0	4.0	1.0	4.0	4.0	4.0	4.0
MCDSS	2.6	1.0	1.0	1.0	1.0	3.0	4.0	4.0	1.0	4.0	4.0	4.0	4.0
Donors	2.0	1.0	1.0	1.0	1.0	2.7	3.2	3.0	1.5	2.3	2.5	3.0	2.2
MOGE	2.0	1.3	2.0	1.0	1.0	2.3	4.0	1.0	2.0	2.3	2.0	2.0	3.0
Total	2.1	1.0	1.0	1.0	1.0	2.6	3.3	2.8	1.5	2.7	2.8	3.0	2.6
Province Level													
Central	1.1	1.0	1.0	1.0	1.0	1.9	2.1	2.1	1.6	1.5	1.6	2.3	1.2
Copperbelt	1.2	1.0	1.0	1.0	1.0	2.4	3.0	2.7	1.5	1.6	1.7	1.7	1.5

Category	Adjustment to population needs	Surveillance System				Priority Setting				Learning and Innovation			
		All	Existence of Surveillance system	Number of functions in the surveillance system	Format of the surveillance system	All	Use of data for priority setting	Stakeholder engagement in priority setting	Allocation of Resources to priorities set	All	Existence of Mechanisms for learning and Innovations	Stakeholder engagement in learning and innovation	Frequency of innovation scaled up
Eastern	1.3	1.0	1.0	1.0	1.0	2.3	2.8	2.5	1.5	2.1	2.1	2.7	2.1
Luapula	1.4	1.0	1.0	1.0	1.0	2.3	2.5	2.7	1.7	2.7	2.9	3.0	2.4
Lusaka	1.6	1.0	1.0	1.0	1.0	2.4	2.9	2.5	1.6	2.3	2.6	2.5	2.2
Muchinga	1.2	1.0	1.0	1.0	1.0	2.1	2.2	2.2	1.8	1.6	1.8	2.0	1.5
Northern	1.3	1.0	1.0	1.0	1.0	2.1	3.1	1.7	1.5	2.1	2.2	2.8	2.0
Northwestern	1.3	1.0	1.0	1.0	1.0	2.0	2.3	1.8	1.8	2.2	2.3	2.5	2.2
Southern	1.4	1.0	1.0	1.0	1.0	2.1	2.0	2.6	1.8	2.7	3.1	2.4	2.9
Western	1.2	1.0	1.0	1.0	1.0	2.3	2.5	2.6	2.0	1.6	1.9	2.5	1.4
Total	1.3	1.0	1.0	1.0	1.0	2.2	2.6	2.3	1.7	2.0	2.2	2.5	1.9
Province Level Sectors													
MOH	1.7	1.0	1.0	1.0	1.0	2.5	3.3	2.5	1.6	1.5	1.5	3.0	1.5
MOA	1.9	1.0	1.0	1.0	1.0	2.2	2.6	2.2	1.8	2.7	3.1	2.5	2.6
MOFL	1.3	1.0	1.0	1.0	1.0	1.6	1.4	1.5	2.0	1.5	1.7	1.7	1.6
MWDSEP	1.5	1.0	1.0	1.0	1.0	2.0	2.4	2.0	1.7	1.7	1.8	1.6	1.7
MCDSS	1.8	1.0	1.0	1.0	1.0	2.1	2.1	2.5	1.8	2.3	2.5	2.6	2.3
NFNC	1.9	1.0	1.0	1.0	1.0	2.5	2.7	3.2	1.5	2.2	2.2	3.4	1.8
MOGE	1.6	1.0	1.0	1.0	1.0	2.0	2.6	1.8	1.6	1.7	2.0	2.4	1.5
NGO	2.4	1.0	1.0	1.0	1.0	3.0	4.0	4.0	1.0	3.3	4.0	3.0	3.0
Total	1.7	1.0	1.0	1.0	1.0	2.1	2.4	2.2	1.7	2.0	2.1	2.5	1.9
Districts													
Chibombo	1.0	1.0	1.0	1.0	1.0					1.3	1.4	1.6	1.2
Kabwe	1.1	1.0	1.0	1.0	1.0					1.2	1.4	2.3	1.1
Kapiri Mposhi	1.2	1.0	1.0	1.0	1.0					2.1	2.5	2.3	1.7
Mumbwa	1.1	1.0	1.0	1.0	1.0					1.5	1.5	2.7	1.2
Kitwe	1.1	1.0	1.0	1.0	1.0					1.5	1.7	1.5	1.4
Ndola	1.3	1.0	1.0	1.0	1.0					1.6	1.7	1.8	1.6

Category	Adjustment to population needs	Surveillance System				Priority Setting				Learning and Innovation			
		All	Existence of Surveillance system	Number of functions in the surveillance system	Format of the surveillance system	All	Use of data for priority setting	Stakeholder engagement in priority setting	Allocation of Resources to priorities set	All	Existence of Mechanisms for learning and Innovations	Stakeholder engagement in learning and innovation	Frequency of innovation scaled up
Chipata	1.4	1.0	1.0	1.0	1.0					2.0	2.1	2.7	2.0
Katete	1.2	1.0	1.0	1.0	1.0					2.2	2.1	3.5	2.0
Petauke	1.1	1.0	1.0	1.0	1.0					2.0	2.0	2.6	1.8
Lundazi	1.3	1.0	1.0	1.0	1.0					2.5	2.2	2.3	3.0
Mansa	1.4	1.0	1.0	1.0	1.0					2.3	2.6	2.3	2.2
Nchelenge	1.4	1.0	1.0	1.0	1.0					2.7	2.7	3.6	2.3
Samfya	1.5	1.0	1.0	1.0	1.0					3.3	3.6	3.5	2.8
Lusaka	1.6	1.0	1.0	1.0	1.0					2.3	2.6	2.5	2.2
Chinsali	1.3	1.0	1.0	1.0	1.0					1.8	2.0	2.5	1.7
Isoka	1.1	1.0	1.0	1.0	1.0					1.5	1.8	1.5	1.5
Mpika	1.0	1.0	1.0	1.0	1.0					1.1	1.3	1.0	1.1
Kaputa	1.2	1.0	1.0	1.0	1.0					2.3	2.5	2.5	2.1
Kasama	1.5	1.0	1.0	1.0	1.0					2.7	2.7	3.0	2.5
Luwingu	1.3	1.3	1.2	1.0	1.0					1.0	1.0		1.0
Mbala	1.3	1.0	1.0	1.0	1.0					2.3	2.5	2.7	2.0
Mwinilunga	1.3	1.0	1.0	1.0	1.0					2.4	2.5	2.2	2.7
Solwezi	1.3	1.0	1.0	1.0	1.0					1.8	2.1	2.6	1.7
Zambezi	1.3	1.0	1.0	1.0	1.0					2.4	2.5	2.6	2.5
Choma	1.4	1.0	1.0	1.0	1.0					2.7	3.1	2.4	2.8
Monze	1.4	1.0	1.0	1.0	1.0					2.7	3.0	2.3	3.1
Kalabo	1.1	1.0	1.0	1.0	1.0					1.3	1.5	2.5	1.2
Kaoma	1.1	1.0	1.0	1.0	1.0					1.7	2.5	1.2	1.4
Mongu	1.3	1.0	1.0	1.0	1.0					1.7	1.9	3.0	1.6
Shang'ombo	1.1	1.0	1.0	1.0	1.0					1.6	1.7	4.0	1.4
Total	1.3	1.0	1.0	1.0	1.0					2.0	2.2	2.5	1.9

Annex 3.3. Commodities, supplies, and service Infrastructure

Category	Subcategory	Mean No. of wards covered with All interventions	Mean No. of SDPs with Action Plans to Deliver Services	Mean No. of SDPs with overall Numeric Targets for each Intervention
Province	District			
Central	Chibombo	1.0	2.4	1.9
	Kabwe	1.0	1.8	1.3
	Kapiri Mposhi	2.0	2.6	1.9
	Mumbwa	1.0	2.6	2.4
Eastern	Chipata	1.0	2.4	2.4
	Katete	3.0	3.0	2.4
	Lundazi	3.0	2.3	2.2
	Petauke	1.0	2.7	2.3
Muchinga	Chinsali	1.0	1.5	1.3
	Mbala	4.0	2.5	2.4
	Isoka	1.0	2.0	1.3
	Mpika	1.0	1.8	1.0
Northern	Kaputa	2.0	2.4	2.5
	Kasama	1.0	2.5	2.7
	Luwingu	4.0	3.1	2.2
Lusaka	Lusaka	1.0	2.4	1.9
	Kitwe	1.0	2.6	2.0
	Ndola	1.0	2.4	1.6
Luapula	Mansa	3.0	2.9	2.3
	Nchelenge	2.0	3.0	2.6
	Samfya	4.0	2.8	2.9
Southern	Monze	1.0	2.5	1.9
	Choma	2.0	1.9	2.4
Western	Mongu	1.0	2.3	1.9
	Shang'ombo	1.0	2.3	1.9
	Kalabo	2.0	2.4	1.7
	Kaoma	1.0	2.3	1.5
	Mwinilunga	2.0	2.5	2.2
	Solwezi	1.0	2.0	1.1
	Zambezi	1.0	2.8	2.4
IP Support	UNICEF	1.3	2.2	1.8
	SUN TA	2.0	2.6	2.2
	GIZ	1.9	2.9	2.4
SUN status	MCDPI districts	1.9	2.5	2.3
	New MCDP II districts	1.4	2.4	1.8
Region	Rural	1.9	2.5	2.1
	Urban	1.1	2.3	1.9
Ministry / Institution	MOH	1.6	2.8	2.2
	MOA	1.6	2.4	2.3
	MOFL	1.7	2.1	1.8
	MWDSEP	1.6	2.4	2.0
	MCDSS	1.8	2.3	2.0
	MOGE	1.6	2.2	1.7
	NFNC	1.7	3.2	2.3
	Donor/CP	1.0		

Category	Subcategory	Mean No. of wards covered with All interventions	Mean No. of SDPs with Action Plans to Deliver Services	Mean No. of SDPs with overall Numeric Targets for each Intervention
	NGO/CSO	1.8	3.0	2.6

Annex 3.4. Information Systems

Category	Subcategory	Average Domain 4	MIS	Beneficiary Records
Ministry/Agency	MOH	1.9	1.5	2.5
	MOA	1.9	1.5	2.7
	MOFL	1.7	1.3	2.4
	MWDSEP	1.7	1.5	2.5
	MCDSS	1.9	1.5	2.6
	MOGE	1.6	1.4	2.1
	NFNC	2.0	1.8	2.9
IP	UNICEF	1.7	1.4	2.4
	SUN TA	1.8	1.5	2.5
	GIZ	2.2	1.8	2.9
SUN Status	Old SUN District	1.9	1.6	2.6
	New SUN District	1.7	1.4	2.4
Geographic Region	Rural	1.9	1.5	2.5
	Urban	1.7	1.4	2.6
Province	District			
Central	Chibombo	1.3	1.1	1.7
	Kabwe	1.3	1.2	2.1
	Kapiri Mposhi	2.0	1.4	2.6
	Mumbwa	2.2	1.8	3.1
Copperbelt	Kitwe	1.7	1.3	2.3
	Ndola	1.7	1.4	2.2
Eastern	Chipata	1.8	1.6	2.7
	Katete	2.3	1.8	2.9
	Petauke	2.2	1.8	2.9
	Lundazi	2.2	1.8	2.7
Luapula	Mansa	2.0	1.7	2.6
	Nchelenge	2.0	1.5	2.5
	Samfya	2.2	1.8	2.8
Lusaka	Lusaka	1.9	1.4	3.0
Muchinga	Chinsali	1.4	1.1	2.1
	Isoka	1.3	1.1	1.8
	Mpika	1.3	1.1	1.8
Northern	Kaputa	2.0	1.4	2.8
	Kasama	1.8	1.4	2.7
	Luwingu	2.3	1.9	2.2
	Mbala	1.9	1.2	2.7
North Western	Mwinilunga	1.9	1.7	2.5
	Solwezi	1.5	1.2	2.3
	Zambezi	2.1	1.7	2.6

Category	Subcategory	Average Domain 4	MIS	Beneficiary Records
Southern	Choma	1.6	1.3	2.5
	Monze	1.7	1.3	2.5
Western	Kalabo	1.8	1.6	2.1
	Kaoma	1.7	1.0	2.5
	Mongu	1.8	1.5	2.6
	Shang'ombo	1.9	1.8	2.2

Annex 3.5. Workforce

Measure		Workforce density and distribution		SUN workforce competencies				Community workers	
Province	District	Workforce adequacy compared to Zambia's staff establishment benchmarks	Percentage of administrative units/sectors or SDPs that have a workforce density below 50% of the recommended staff allotment	There specific/ dedicated staff appointed to SUN with clearly defined roles in this sector	Competencies (skills or criteria) required to implement SUN clearly and sufficiently defined for these positions	To what extent are all necessary competencies in place with the current staff/team to carry out SUN implementation	Efforts / Mechanisms are in place to ensure that competencies among current staff are kept up to date with SUN priorities	There is an occupation of worker whose primary responsibility is to conduct proactive outreach in the community to meet local population nutrition needs	Does the occupation meet the criteria
Central	Chibombo			2.5	1.9	1.9	1.2	1.7	2.9
	Kabwe	2.0	1.9	2.7	1.7	2.1	1.3	1.9	2.6
	Kapiri Mposhi			2.6	2.1	2.0	1.5	3.3	3.9
	Mumbwa			2.9	1.9	2.2	1.9	2.7	3.7
Copperbelt	Kitwe			3.1	2.3	1.8	1.8	2.6	3.5
	Ndola	1.7	1.4	2.7	1.9	2.0	1.8	2.3	3.8
Eastern	Chipata	1.9	2.3	2.8	2.3	2.0	2.0	2.6	3.2
	Katete			2.7	2.5	2.4	2.3	2.6	3.6
	Petauke			3.0	2.8	2.4	2.0	2.6	3.8
	Lundazi			3.4	2.8	2.6	2.2	2.4	3.4
Luapula	Mansa	1.9	2.0	3.4	2.8	2.1	2.1	2.2	3.2
	Nchelenge			3.6	3.1	2.2	2.4	2.6	3.9
	Samfya			3.8	3.5	2.7	2.8	2.6	3.7
Lusaka	Lusaka	1.8	1.8	2.8	2.3	1.5	1.8	1.9	2.8
Muchinga	Chinsali	1.7	1.3	2.4	1.6	1.5	1.3	2.1	3.0
	Isoka			2.1	1.6	1.6	1.2	2.2	2.8
	Mpika			1.9	1.2	1.4	1.2	2.2	3.5
Northern	Kaputa			3.1	2.6	2.0	1.9	2.4	3.9
	Kasama	1.3	2.4	3.1	2.8	2.6	2.3	2.5	3.5
	Luwingu			2.4	2.0	2.4	1.9	2.2	3.9
	Mbala			3.1	2.9	2.2	1.7	2.2	3.7
North Western	Mwinilunga			2.6	1.8	1.8	1.1	2.0	3.3
	Solwezi	1.3	2.3	2.2	1.8	1.8	1.5	1.9	2.3

Measure		Workforce density and distribution		SUN workforce competencies				Community workers	
Province	District	Workforce adequacy compared to Zambia's staff establishment benchmarks	Percentage of administrative units/sectors or SDPs that have a workforce density below 50% of the recommended staff allotment	There specific/ dedicated staff appointed to SUN with clearly defined roles in this sector	Competencies (skills or criteria) required to implement SUN clearly and sufficiently defined for these positions	To what extent are all necessary competencies in place with the current staff/team to carry out SUN implementation	Efforts / Mechanisms are in place to ensure that competencies among current staff are kept up to date with SUN priorities	There is an occupation of worker whose primary responsibility is to conduct proactive outreach in the community to meet local population nutrition needs	Does the occupation meet the criteria
	Zambezi			3.1	2.6	2.4	1.4	1.8	2.7
Southern	Choma	1.6	1.0	2.4	1.8	1.7	1.5	1.4	1.8
	Monze			2.1	1.4	1.5	1.4	1.7	3.3
Western	Kalabo			2.4	1.5	1.6	1.2	1.6	2.8
	Kaoma			2.1	1.1	1.3	1.2	1.9	2.9
	Mongu	1.8	2.0	2.1	1.5	1.8	1.5	1.8	3.9
	Shang'ombo			2.1	1.2	2.3	1.8	1.5	3.8
Ministries	MOH	1.6	1.9	2.9	2.4	2.1	1.8	2.7	3.3
	MOA	1.7	2.3	2.8	2.4	2.1	1.8	2.7	3.5
	MOFL	1.9	2.4	2.3	1.7	1.7	1.4	1.9	3.3
	MWDSEP	1.5	1.4	2.7	1.9	2.1	1.8	1.8	3.4
	MCDSS	1.8	1.5	2.8	2.0	1.7	1.5	2.4	3.4
	MOGE	1.8	1.7	2.4	1.7	1.7	1.5	1.5	3.3
	NFNC	1.7	1.9	3.8	3.4	2.8	2.2	2.0	3.5

Annex 3.6. Funding

Measure		Budgets			Financial Management Information System				Remuneration of community volunteers		
Province	District	Maintenance of an annual budget for SUN at management units	Engagement in a systematic SUN budget forecasting	Proportion of the budget that is directed to administrative vs direct imple	Maintenance of a financial management information system for SDPs/ manageme	Stability of flow of SUN funds to SDPs and management units	Timeliness of flow of SUN funds to SDPs and management units	Predictability of flow of SUN funds to SDPs and management units	Stability of remuneration at this level	Timeliness of volunteer remuneration at this level	Predictability of volunteer remuneration at this level
Central	Chibombo	1.1	1.1	3.4	1.4	1.2	1.1	1.1	1.3	1.1	1.1
	Kabwe	1.5	1.4	3.5	1.3	1.4	1.2	1.3	1.0	1.3	1.3
	Kapiri Mposhi	1.2	1.7	3.8	1.7	1.2	1.1	1.2	1.0	1.0	1.0
	Mumbwa	2.0	2.1	3.8	1.1	1.3	1.6	1.5	1.5	1.5	1.5
Copperbelt	Kitwe	1.2	1.6	3.7	1.7	1.5	1.3	1.3	1.0	1.0	1.0
	Ndola	1.2	1.3	3.6	1.2	1.4	1.1	1.3	1.3	1.1	1.0
Eastern	Chipata	1.9	1.7	4.0	1.2	1.6	1.5	1.6	1.7	1.7	1.4
	Katete	1.9	1.8	3.8	1.7	1.9	1.7	1.9	1.2	1.7	1.7
	Petauke	1.9	2.1	3.7	1.3	1.8	1.7	1.9	1.0	1.3	1.3
	Lundazi	2.2	2.1	3.7	1.1	2.1	1.5	2.0	1.4	1.6	1.5
Luapula	Mansa	2.0	1.8	3.6	1.1	1.7	1.4	1.3	2.0	2.0	1.8
	Nchelenge	1.1	2.3	3.9	1.4	2.2	1.5	1.6	1.6	1.7	1.9
	Samfya	1.8	1.9	3.7	1.4	2.3	1.8	2.0	1.3	1.1	1.4
Lusaka	Lusaka	2.2	2.0	3.8	1.2	1.4	1.5	1.7	1.0	1.6	1.6
Muchinga	Chinsali	1.4	1.1	3.3	1.5	1.1	1.0	1.1	1.3	1.3	1.4
	Isoka	1.3	1.0	3.2	1.9	1.2	1.2	1.2	1.0	1.3	1.3
	Mpika	1.2	1.1	3.3	1.8	1.4	1.5	1.5	1.6	1.6	1.6
Northern	Kaputa	1.3	1.7	4.0	1.1	1.9	1.7	1.7	1.6	1.8	1.8
	Kasama	1.1	2.1	3.7	1.1	1.7	1.5	1.5	1.4	2.1	1.5
	Luwingu	4.5	1.3	4.0	1.8	1.3	1.3	1.3	1.0	1.0	1.0
	Mbala	1.1	1.9	3.3	1.3	1.8	1.5	1.6	1.2	1.8	1.7
North Western	Mwinilunga	2.1	2.0	3.2	1.4	1.9	1.5	1.6	1.5	1.3	1.2
	Solwezi	1.9	1.6	2.8	1.4	1.2	1.0	1.3	1.4	1.4	1.3
	Zambezi	1.8	1.9	4.0	1.6	2.2	1.7	1.9	2.4	1.8	1.9
Southern	Choma	1.5	1.1	3.9	1.4	1.3	1.4	1.5	1.0	1.3	1.2
	Monze	1.5	1.2	3.9	1.7	1.5	1.3	1.7	1.0	1.0	1.0
Western	Kalabo	1.5	1.0	3.0	1.5	1.6	1.5	1.5	1.3	1.2	1.2
	Kaoma	1.4	1.2	3.4	1.7	1.3	1.2	1.2	1.0	1.0	1.0

Measure		Budgets			Financial Management Information System				Remuneration of community volunteers		
Province	District	Maintenance of an annual budget for SUN at management units	Engagement in a systematic SUN budget forecasting	Proportion of the budget that is directed to administrative vs direct imple	Maintenance of a financial management information system for SDPs/ manageme	Stability of flow of SUN funds to SDPs and management units	Timeliness of flow of SUN funds to SDPs and management units	Predictability of flow of SUN funds to SDPs and management units	Stability of remuneration at this level	Timeliness of volunteer remuneration at this level	Predictability of volunteer remuneration at this level
	Mongu	1.9	1.5	3.2	1.3	1.4	1.5	1.6	1.0	1.0	1.0
	Shang'ombo	1.5	1.1	3.5	1.7	1.6	1.4	1.5	1.0	1.0	1.0
Ministry	MOH	1.7	1.7	3.6	1.2	1.6	1.4	1.5	1.3	1.5	1.5
	MOA	1.6	1.5	3.8	1.5	1.4	1.2	1.3	1.3	1.4	1.4
	MOFL	1.4	1.4	3.6	1.5	1.4	1.2	1.3	1.2	1.3	1.2
	MWDSEP	1.7	1.6	3.5	1.5	1.6	1.3	1.4	1.2	1.4	1.3
	MCDSS	1.6	1.6	3.7	1.4	1.5	1.3	1.4	1.4	1.4	1.4
	MOGE	1.6	1.5	3.5	1.4	1.4	1.4	1.5	1.3	1.3	1.2
	NFNC	2.4	2.2	4.0	1.4	1.4	1.4	1.7			

Annex 3.7. Population Nutrition Management

Province	District	Priority Setting		Community engagement			Empanelment		Proactive Population Outreach	
		Collect or receive data for strategic Planning on an annual basis	Involvement of local leaders in Priority setting Exercise	Districts Solicit inputs from Wards on the way SUN services are financed, governed, and implemented	Wards Solicit inputs from communities on the way SUN services are financed, governed, and implemented	Involvement of local leaders in Priority setting Exercise	Proportion of the population at this SDP or community service level that is empanelled to a nutrition-related provider, care team or SDP	Frequency at which panels are updated at least once per year	Provide proactive population outreach according to local nutrition needs and priorities	Registries or lists to identify relevant priority beneficiaries for proactive outreach are available
Central	Chibombo	2.9	2.6	2.6	2.4	2.8	3.1	2.0	2.2	1.4
	Kabwe	2.6	2.6	2.6	2.9	2.8	3.0	3.1	1.5	1.4
	Kapiri Mposhi	2.9	2.6	2.7	2.8	2.9	2.9	2.5	1.8	1.2
	Mumbwa	2.8	2.4	2.3	2.1	2.8	2.3	2.1	1.6	1.6
Eastern	Katete	2.5	2.1	2.4	2.2	2.8	2.8	2.8	1.9	1.4
	Chipata	3.4	2.6	2.4	1.8	2.7	2.6	2.4	2.0	1.4
	Lundazi	2.9	2.9	2.9	2.3	3.2	2.9	2.9	1.6	1.3
	Petauke	3.0	2.8	2.6	2.9	3.4	2.0	2.1	1.9	1.3
Muchinga	Mpika	2.5	2.5	3.0	1.7	2.4	3.4	2.1	2.2	1.5
	Mbala	2.5	2.5	2.8	1.8	2.4	2.4	2.4	2.0	1.5
	Isoka	2.4	2.6	2.1	2.0	2.6	3.0	2.4	1.6	1.5
	Chinsali	2.8	2.5	2.3	2.4	2.5	3.5	2.8	1.9	1.5
Lusaka	Lusaka	3.1	2.7	2.8	1.9	2.3	2.8	2.4	1.9	1.4
Northern	Kaputa	3.1	2.3	2.1	1.6	2.5	3.3	2.3	1.8	1.5
	Kasama	2.6	2.3	2.9	1.9	2.4	2.4	1.7	2.0	1.4
	Luwingu	2.0	1.8	2.1	1.4	1.9	2.6	1.8	2.0	1.7
Copperbelt	Kitwe	2.3	2.3	2.1	2.0	2.5	3.0	2.1	1.9	1.4
	Ndola	2.4	2.6	2.9	1.7	2.8	2.8	2.4	1.9	1.4
Luapula	Mansa	2.8	2.8	2.7	2.6	2.9	2.7	2.3	1.6	1.4
	Nchelenge	3.0	2.4	2.1	2.6	2.3	2.8	2.4	1.8	1.4

Province	District	Priority Setting		Community engagement			Empanelment		Proactive Population Outreach	
		Collect or receive data for strategic Planning on an annual basis	Involvement of local leaders in Priority setting Exercise	Districts Solicit inputs from Wards on the way SUN services are financed, governed, and implemented	Wards Solicit inputs from communities on the way SUN services are financed, governed, and implemented	Involvement of local leaders in Priority setting Exercise	Proportion of the population at this SDP or community service level that is empanelled to a nutrition-related provider, care team or SDP	Frequency at which panels are updated at least once per year	Provide proactive population outreach according to local nutrition needs and priorities	Registries or lists to identify relevant priority beneficiaries for proactive outreach are available
Southern	Samfya	2.4	2.7	3.3	2.6	3.0	3.5	2.8	1.6	1.4
	Choma	3.3	2.6	3.0	2.0	3.1	2.7	2.4	1.8	1.4
	Monze	3.2	2.9	2.9	3.1	2.7	3.4	2.3	1.7	1.3
N/Western	Mwinilunga	3.1	2.2	2.4	2.3	2.9	2.5	2.8	1.6	1.5
	Solwezi	2.8	2.9	2.6	3.0	3.6	3.0	2.5	1.9	1.3
	Zambezi	2.6	2.4	2.3	2.1	3.0	2.9	2.3	1.8	1.4
Western	Mongu	2.5	2.3	2.6	2.8	3.1	3.1	2.3	1.7	1.4
	Shang'ombo	2.3	2.7	2.9	1.7	3.0	2.8	2.9	1.7	1.3
	Kalabo	3.1	2.4	2.7	2.5	2.8	3.0	2.8	1.8	1.4
	Kaoma	3.1	2.9	2.8	2.2	2.9	2.5	2.4	2.1	1.4
Ministries	MOA	2.5	2.5	2.6	.	2.8	3.0	2.4	1.9	1.4
	MCDSS	2.7	2.6	2.6	.	2.7	2.9	2.7	1.9	1.1
	MOH	3.6	2.9	2.8	.	2.9	2.8	2.7	1.6	1.4
	MOFL	2.6	2.5	2.4	.	2.7	3.1	2.1	2.2	1.6
	MOGE	2.7	2.2	2.3	.	3.1	3.4	2.1	2.1	1.6
	NGO	3.5	3.2	2.9	.	3.4	3.2	3.0	1.3	1.2
	MWDSEP	2.8	2.6	2.7	.	3.3	2.6	1.9	2.1	1.6
	NFNC	3.6	2.8	2.6	.	2.6	2.8	2.6	1.9	1.1

Annex 4. Assessment Tool

Attached to the report as a separate document

Annex 5. Sample Description and Target and Response Rate

Annex 5.1. Intended RPA Sampling Strategy for Management Level

Vertical Level	Target Group	Intended No. of Interviews	Comments
National Level	GRZ staff	7	In each of the 6 ministries and NFNC listed in Box 1, we targeted one interview with one or more respondents who have significant roles in SUN 2.0/MCDP II as well officials from the NFNC.
	Donors and Co-operating partners	10	We targeted one interview with nutrition/health focal points from each donor agency or co-operating partner involved in the SUN 2.0/MCDP II programme – namely: FCDO (formerly, DFID), USAID, European Union, SIDA, Irish Aid, GIZ, UNICEF, WFP, FAO, KfW
Provincial Level	GRZ staff	80	In each of the 10 provinces, targeted one interview with each of the 6 ministries and NFNC listed in Box 1 - preferably PNCC members (n = 1 respondent x 6 ministries x 10 provinces). Other experts within the respective ministries were identified and consulted to provide accurate information as part of the group interview. We also targeted to interview provincial nutrition coordinators (10)
District	GRZ staff	240	In 6 ministries and NFNC listed in Box 1, we targeted nutrition focal-point persons (preferably DNCC members) in all 30 districts (n = 1 respondent x 6 ministries x 30 districts). We will also targeted interviews with district nutrition coordinators (30)
	Implementing Partners	30	In each of the 30 districts, we targeted one interview with an implementing partner supporting the district in the SUN 2.0/MCDP II programme implementation. In cases where more than one partner is involved, we selected the partner with the widest coverage (n=30 districts x 1 IP respondent).
Ward		360	In each of the 30 districts, we randomly selected 2 wards. In each ward, targeted interviews with representatives from each of the 6 sectors (n=30 districts x 2 wards x 6 sectors).
TOTAL Targeted / Intended Interviews		728	

Annex 5.2. Response Rate: Intended and actual interviews by sector and level

	National	Provincial	District	Ward	Total
Intended No. Interviews	17	80	270	360	728
Actual No. Interviews					
MOH	1	9	30	58	98
MOA	1	10	30	49	90
MOFL	1	10	30	37	78
MWDSEP	1	9	29	11	50
MCDSS	1	10	29	41	81
MOGE	1	9	30	58	98
NFNC	1	8	9	0	18
Donor/CP	10	0	0	0	10
NGO/CSO	0	1	25	0	26
Total	17	66	212	254	549
% of Intended Interviews conducted	100%	83%	79%	71%	75%