



FINAL REPORT

CHILD SURVIVAL AND DEVELOPMENT GRANT SC150430

UNICEF-PERU
June 2017

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SUMMARY SHEET

Country	PERU
Programme/ Project Name	CHILD SURVIVAL AND DEVELOPMENT “Strengthening national policies for the prevention and control of zinc deficiency in vulnerable populations of Peru”
Donor	International Zinc Association through the Belgian national committee for UNICEF
Duration of Grant	Jul 2015 - May 2017
Report Type	Final Report and Utilisation
Reporting period	From April 2016 to May 2017
Report Due Date	Due date 30 June 2017
Report prepared on	Date May 2017
Strategic Plan Organizational Target for Country	<ul style="list-style-type: none"> • Increase by at least 60% and sustain the effective coverage of high impact health and nutrition intervention packages, with emphasis on the most vulnerable families living in poverty situations. • The country has a national development strategy that set medium term targets for scaling-up high impact and synergistic maternal, new-born and health and nutrition child survival intervention packages and define equity-based plans for achieving these targets, linked to medium term expenditure frameworks. • Increase by at least 50% the number of families with access to public services and essential resources that contribute to child survival, growth and development. • The country has an enabling policy environment for improved family and community care practices for survival, growth and development.
UNICEF 2012-2016 Objectives	1) Reduce maternal, infant and neonatal mortality; 2) Reduce chronic malnutrition and iron-deficiency anaemia among children under age three; 3) Improve the access of children under three to comprehensive early childhood development interventions.
Geographic Focus area	National level and Regions
Focus Population	While cooperation at the national level has an impact on children under three, interventions in the selected regions reach: <ul style="list-style-type: none"> - Children under three 208,657 - Health establishments 2,181 - Districts 464
Programme Partners	<ul style="list-style-type: none"> • Ministry of Health and Regional Directorates and their health establishments • Regional Governments
Country	PERU

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ACRONYMS

ADD	Acute Diarrheal Diseases
AISPED	Comprehensive Healthcare for Excluded and Scattered Populations
ARI	Acute Respiratory Infections
CPCV	Communitarian surveillance centre to promote the maternal and child health and nutrition.
DARES	Office of Supplies and Strategic Resources
DHS	Demographic and Family Health Survey
DIRESA	Regional Health Bureau
EESSALUD	Peru's Social Security Health Insurance
FAO	Food and Agriculture Organization
GDP	Gross Domestic Product
GRADE	Grading of Recommendations Assessment Development & Evaluation
HIS	Health Information System
IZA	International Zinc Association
MCLCP	Committee for Concerted Action in the Fight against Poverty
MEF	Ministry of Economy and Finance
MIMP	Ministry of Women's Affairs and Vulnerable Populations
MNP	Multi-micronutrient Powders
MoH	Ministry of Health
MIDIS	Ministry of Development and Social Inclusion
NGO	Non-Governmental Organization
NPAC	National Plan of Action for Children
NOTI	Epidemiology notification (surveillance) system
PAHO	Pan American Health Organization
PAN	Articulated Nutritional Strategic Programme
PIAS	Itinerant Platform of Social Action
PNCM	Cuna Más National Programme
RENIEC	National Vital Statistics Office
SIN	Comprehensive Child System
SIS	Integrated Health Insurance
SISMED	Medications and Pharmaceuticals Information System
SISMORE	Regional Monitoring System
URO	Oral Rehydration Units
UNDAF	United Nations Development Assistance Framework

I. EXECUTIVE SUMMARY

This report describes the progress, achievements and actions performed in 2016 until May 2017 within the framework of the UNICEF-International Zinc Association (IZA) partnership and through the “Zinc Saves Kids” campaign.

A new government took office halfway through 2016, ratifying the reduction of malnutrition and anaemia as one of the national priorities. The targets set by the new government are to reduce malnutrition from 13.5% to 6.9% and anaemia from 43.5% to 19%, between 2016 and 2021. In order to achieve this, MoH and MIDIS have defined the 2017 – 2021 strategy and plan for the reduction of anaemia and malnutrition.

The results of the DHS 2016 survey show a reduction in chronic malnutrition from 14.4% in 2015 to 13.5% in 2016. On the other hand, the number of children suffering from anaemia less than 3 years of age stayed the same between 2015 and 2016 (43.6%). Nevertheless, there was a two-percentage point reduction in the Andean zone (51.8%).

The distribution of multi-micronutrients (MNP) was universalized to the entire country in 2016 and it was possible to ensure the distribution chain of this input to all health facilities in Peru. According to the monitoring conducted in 6 regions representative of the national territory, there were no cases of shortage of this input in any of the regions. In 2016, Apurímac and Ayacucho achieved significant results, reaching the highest coverage of supplementation with MNPs in the country (46.2% and 42.5% respectively), well above the national average (29.2%).

With regards to the administration of zinc to treat diarrhoea, an important step for its national implementation was taken between December 2016 and April 2017. The Acute Diarrhoea Clinical Guide has been updated, and currently it is in the Minister’s Office for its approval. This update includes the use of zinc for the treatment of diarrheal disease and was produced using a very strict international GRADE methodology, and required hard work from MoH and the technical assistance of UNICEF.

At the regional level, with the support of UNICEF, the use of zinc to treat diarrhoea has been extended to 1,137 health facilities; corresponding to 266 additional facilities as compared to the previous year. The regions that managed to significantly improve their coverage were Ayacucho and Loreto, both with more than 70% of the children with diarrhoea receiving zinc.

This progress is significant, considering the difficulties these regions faced to be able to promote the strategies. Among them, the inauguration of the new government involved changes in authorities and technical teams; the new scheme for the treatment and prevention of anaemia that includes the use of MNPs only for prevention and; the reduction in the technical assistance provided by UNICEF at the local level.

Thanks to the support of the International Zinc Association during the last six years, it has been possible to contribute to the strengthening of MoH’s policies to reduce micronutrient deficiencies. These policies are sustainable and have increased the capacity of human resources available in the regions of intervention.

II. PURPOSE

2.1 Country Situation

Peru is a democratic, upper-middle-income State with a presidential system. Between 2004 and 2016, the country's GDP grew by an average of 5.9 per cent per year and its Human Development Index¹ (0.737) is among the highest in the region. Poverty² (21.7 per cent, 2016) and extreme poverty³ (4.0 per cent, 2016) have fallen considerably, by 36 and 12 percentage points, respectively. Economic growth (GDP) has slowed, falling to around 3 per cent in the last two years, and the inequality gaps are clear: almost half of monetary poverty (45.2 per cent) is concentrated in the rural population and the highest proportion of poor Peruvians live in the Andean (32.5 per cent) and Amazonian (28.9 per cent) zones.

Peru has made significant progress in the area of child rights, as shown by the rapid growth in public investment for this population group (24 per cent of the total budget for public spending in 2015) and by the improvement of various key indicators. The infant mortality rate decreased from 21 to 17 per 1,000 live births between 2005 and 2015; the rate of chronic malnutrition fell from 28 to 13.1 per cent over the period 2005-2016; net primary school attendance has remained above 92 per cent since 2005; and access to birth registration is nearly universal, with a rate of 96.7 per cent.

However, Peru still faces challenges to ensure that no child or adolescent is left behind, in line with the 2030 Agenda for Sustainable Development, particularly in the Amazonian and Andean regions and rural and peri-urban areas. Inequities particularly affect children in early childhood. The neonatal mortality rate remains at 11 per 1,000 live births (2015), rising to 14 per 1,000 live births in the Andean region and 12 in the Amazonian region.

While chronic malnutrition has declined among children under 5 years of age, the rate in rural areas is double the national rate and the percentage of children aged 6-36 months with anaemia remains extremely high (43.6 per cent, 2016). This, together with the fact that around 20 per cent of households (55 per cent in the Amazon region, 2015) lack access to the public water network and 36 per cent lack access to the public sewer network (2015), threatens the health of the youngest members of the population. Thus, the prevalence of diarrhoea in the country in 2016 remained the same as during the 3 previous years.

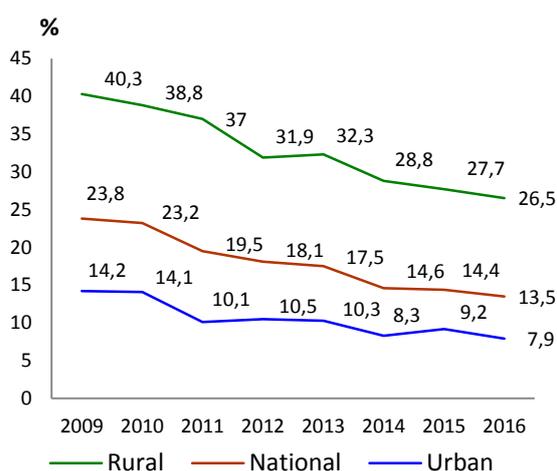
A new government period started in July 2016 until 2021. This new government ratifies as one of their priorities in the national agenda the fight against chronic malnutrition, anaemia and poverty reduction.

¹ The Human Development Index gives an idea of a country's human development with respect to its level of life expectancy, education, and per capita income. The index ranges from 0 to 1: the higher, the better.

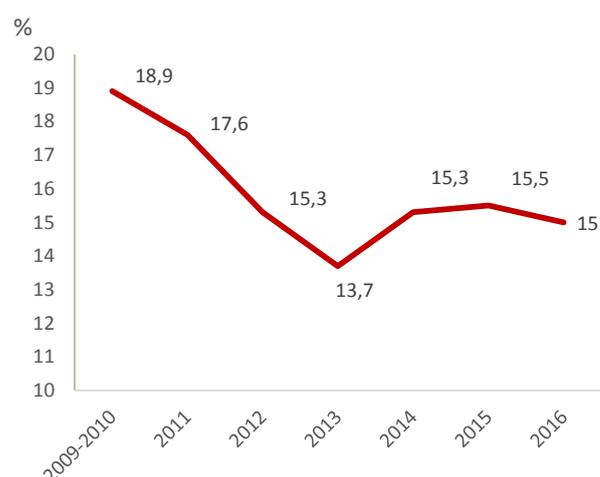
² Peru's National Institute of Statistics and Informatics (INEI) defines poverty as a condition by which a person or group of people have a level of well-being below the socially acceptable minimum.

³ In Peru, extreme poverty refers to those people that even if they use all their income to buy food they are unable to buy the basic food basket.

Prevalence of chronic malnutrition among children under 5 years of age (Peru 2009-2016)



Prevalence of diarrhoea among children under 5 years of age (Peru 2009-2016)



Source: DHS 2016

2.2 Focus Population

In 2016 the MoH universalizes the supplementation of MNP over the entire country. For 2017 in all six project-intervention regions it scheduled the provision of supplementation with micronutrients to 208,657 boys and girls (see table N°1):

Table 1. Number of children aged 6 to 36 months, health facilities, provinces and districts programmed by the MoH for supplementation in the regions of intervention in 2017

Region	Programmed			
	Children*	Health facilities	Provinces	Districts
Amazonas	21,959	455	7	84
Apurimac	20,553	378	7	81
Ayacucho	30,712	387	11	116
Cusco	54,361	331	13	110
Loreto	51,397	382	7	51
Ucayali	29,675	203	4	15
Total	208,657	2,136	49	457

*Source: Information from the FED – Stimulus Fund for Performance (Fondo de Estímulo al Desempeño)

At national level, in 2017 the MoH scheduled the provision of supplementation with MNPs to 1,250,000 children aged 6 to 36 months, all over the country.

With regards to the administration of zinc to treat diarrhoea, the table below shows the target group.

Table 2. Number of children, health facilities, provinces and districts programmed for supplementation with zinc in the regions of intervention in 2017

Region	Programmed			
	Children	Health facilities	Provinces	Districts
Amazonas	2,839	126	2	9
Apurimac	460	8	4	8
Ayacucho	2,422	45	3	11
Cusco	15,037	206	9	66
Loreto	22,566	382	7	51
Ucayali	22,090	104	3	11
Total	65,414	871	28	156

2.3 Planned Programme Results

The objectives of this work plan are within the framework of the Early Child Development component of UNICEF Country Programme. The main purpose is to contribute to the survival, growth and development of the children in Peru through the strengthening and scaling-up of the public policies aimed at preventing and reducing chronic malnutrition and diarrhoea.

The specific objectives for the 2015-2017 period have been as follows:

1. The MoH and the Regional Health Bureaus (DIREAS) improve the treatment of diarrheal illnesses through the administration of zinc and the universalization of supplementation with MMN containing 5 mg of zinc.
2. At least 60% of the children suffering from diarrhoea receive zinc tablets as part of their treatment in selected health facilities in Amazonas, Apurimac, Ayacucho, Cusco, Loreto and Ucayali.
3. All the prioritized regions develop and implement a communication for development package, aimed at disseminating the benefits of zinc and supplementation with MMN, promoting the best practices for care at home, and incorporating the intercultural approach.

The main lines of action are: Strengthening the services capacities to implement supplementation; strengthening monitoring and evaluation activities and strengthening communication and advocacy strategies.

2.4 Relation between the UNDAF and the Cooperation Programme

This programme also contributes to the UNDAF outcomes related to human capabilities, with emphasis on excluded populations and access to services, and is in line with the NPAC: objective/results 1:1 (health care during pregnancy and birth), 1:3 (breastfeeding), 1:4 (special needs in children) 1:5 (guaranteed conditions for children's right to life), 1:6 (micronutrients), and 1:7 (integral early childhood development).

2.5 Key Partnerships and Interagency Collaboration

The MoH, Regional Health Bureaus, health centres, and the Regional and District Governments of Apurimac, Ayacucho, Amazonas, Cusco, Loreto and Ucayali have been the main counterparts.

III. RESOURCES

During 2016 the component of Child Survival and Development had a funding of US\$ 1,076,124.79.

Funds / Donors	Utilized (US\$)
Regular Resources	293,271.69
NON – GRANT (GC)	183,743.43
Emergency Funds	109,528.26
Other Resources	782,853.10
Canada	164,107.98
Consolidated Funds from NatComs – International Zinc Association	153,653.47
United States Fund for UNICEF – Dominique Slavin	112,535.64
Spanish Committee for UNICEF – AQUAE	90,835.87
Spanish Committee for UNICEF – Fundación Probitas	69,728.51
Canadian UNICEF Committee – Global Affairs Canada / The 25 th Team	52,669.43
Global – Water Sanitation & Hygiene	50,167.27
Republic of Korea	48,263.94
UNICEF – Peru	32,220.61
Global – Nutrition	5,363.53
Global – Thematic Humanitarian	3,306.85
Total	1,076,124.79

IV. ANALYSIS OF RESULTS

4.1. Achievements and results

This final report will provide information on the main results accomplished in 2016 and the achievements in the first quarter of 2017. The funds provided by this partnership have complemented the strategies and actions of the UNICEF-PERU cooperation plan; therefore the results included in this report have been achieved as a result of the coordinated action with other funds and government action.

Following are the main achievements and results accomplished to date:

a) The new government comprised to reduce the anaemia to 19.5% by 2021

In 2016, UNICEF, as part of the Initiative to Fight Against Child Malnutrition, implemented an intensive advocacy strategy to position with the candidates to the Presidency of the Republic, the National Congress and the Regional Governments, the goals for the reduction of child malnutrition and anaemia. Thus, in July 2016, as soon as the new government took office, it set the goals for the 2016 - 2021 period: to reduce chronic malnutrition from 13% to 6.5% and anaemia from 43% to 19.5%. Therefore, within the first six months of the new administration, the National Plan for the Reduction of Malnutrition and Anaemia 2016 to 2021 was prepared, a plan technically led by the Ministry of Health and scaled-up to a multi-sectorial strategy by MIDIS. The plan strengthens the comprehensive approach to the problem, emphasizes the treatment of anaemia with ferrous sulphate and maintains the use of MNPs for prevention.

b) Diarrhoea Clinical Guide is updated including zinc as part of the treatment and will be regulated in the next months

After an advocacy process, in December 2016, MoH with the new authorities and technical specialists prioritized the need to update the technical guide for the diagnosis and treatment of diarrhoea including the use of zinc tablets, based on the experience developed in the regions of intervention with UNICEF.

During the first quarter of 2017, after an arduous and systematic application of the GRADE methodology, required to update clinical guides, in a short time as compared with normal practice, it was possible to have the "Clinical Practice Guide for Diagnosis and Treatment of Acute Diarrhoeal Disease in Children Under Five Years of Age" ready. Currently the guide is undergoing the required documentary process to receive the approval of the health sector.



MoH workshop to update the diarrhea Clinical Guide

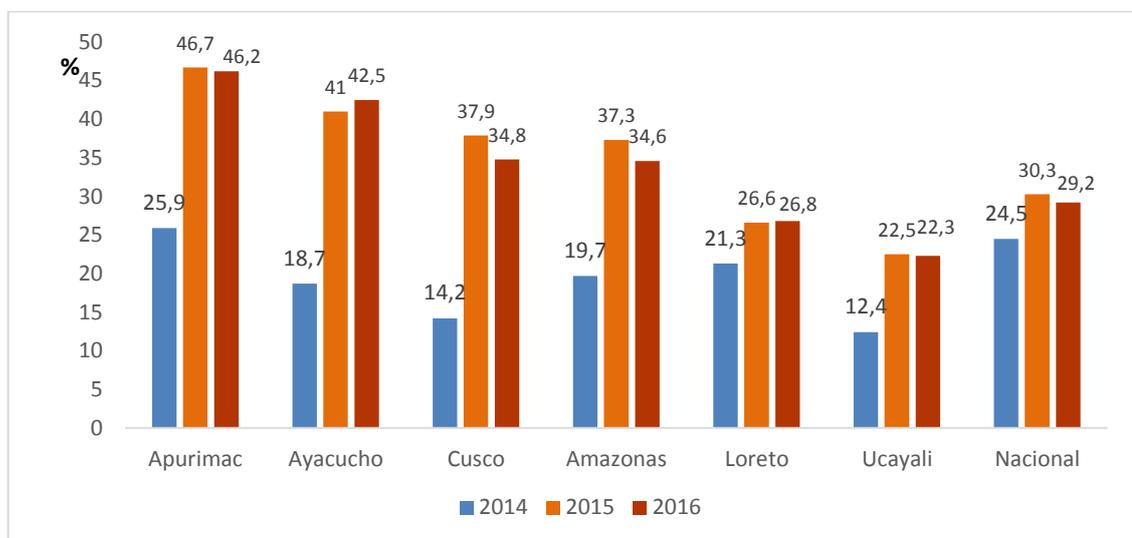
This clinical guide will allow extending the supplementation with zinc to treat diarrhoea countrywide. This document does not only endorse its use, but it is indispensable for the government to be able to procure the supplement with public funds.

c) The percentage of children receiving supplementation with iron and MNP increased in Ayacucho, maintained in 3 intervention regions and reduced in the 2 of them and at the National level

The region of Ayacucho was the only one that increased its supplementation coverage and together with Apurimac, are the regions that have the best coverage in the country. Ayacucho is one of the regions that has strengthened the most its anaemia prevention and control strategy.

At the national level, supplementation coverage declined, as did in 16 of the country's regions. Possibly the change of government and the new strategy of MoH which is to only use ferrous sulphate syrup to treat anaemia and leave the MNPs for prevention, might have had some effect in this reduction, compared to the significant increase observed between 2014 and 2015, as most regions did not have sufficient stock of ferrous sulphate.

Figure 1. Proportion of children 6 to 36 months of age who received iron supplements* 2014-2016



Source: DHS - ENDES 2014-2016

*Considers children who received the supplement during the last 7 days of the survey. That included MNP with zinc.

d) Expansion to 1,137 health facilities using zinc for the treatment of diarrhoea

At the beginning of 2016, the number of facilities that provided zinc was 871. Throughout the year the strategy expanded and in the first quarter of 2017, the number of health facilities providing zinc was 1,137. That means that 266 additional health facilities are using zinc now.

It is expected that with the update of the clinical guide for the treatment and diagnosis of diarrhoea, MoH will procure the product required to supply the regions of intervention this year and start the expansion countrywide in 2018.

Table 3. Number of health centres incorporating zinc supplementation for the treatment of diarrhoeal diseases, 2011-2017

Region	2011	2012	2013	2014	2015	2016	2017**
Amazonas	0	0	0	19	62	126	144
Apurímac	0	0	0	0	0	8	90
Ayacucho	6	7	18	18	18	45	127
Callao	18	16	50	50	50	---	---
Cusco	0	0	0	266	266	206	324
Loreto	0	22	66	115	282	382	373
Ucayali	0	0	59	76	76	104	79
Total	24	45	193	544	760	871	1,137

*In 2016 work with the Province of Callao will not continue, since it is no longer part of the cooperation programme.

**Information corresponding to the first quarter of 2017. Most of the regions started showing an expansion between the second and third semester of 2016.

The regions of Loreto and Cusco have managed to reach the whole region with this intervention. In Amazonas, the strategy has been expanded to the province of Bagua, besides continuing in Condorcanqui, thus covering the entire Amazon indigenous zone of this region, which has the higher prevalence of diarrhoea. In Ayacucho, the intervention has been expanded to the two largest provinces of the region and one province in the jungle of Ayacucho. This has resulted in an increase of almost nine thousand children with diarrhoea who received zinc in 2016 compared to 2015 (Table 4), notwithstanding that the region of Callao is not part of the cooperation programme anymore since 2016.

Table 4. Coverage of children under five years old that received zinc in 2015 and 2016

Region	Children	
	2015	2016
Amazonas	1,918	3027
Ayacucho	1,200	2914
Callao	954	-----
Cusco	7,016	12,323
Loreto	14,500	20,510
Ucayali	6,990	1.796
Total	32,578	41,370

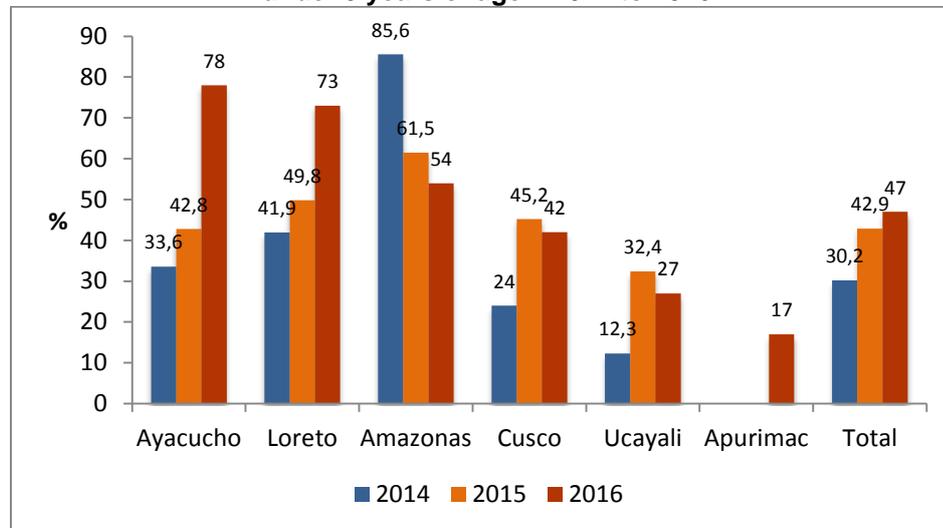
Source: Data of SISMED of each region.

e) Increased access of children with diarrhoea to zinc supplementation by 4 percentage points

Zinc administration coverage in the case of diarrhoea improved by four percentage points, although in the second half of 2016 there were already problems of shortages. In 2016 the regions of Ayacucho and Loreto far exceeded the goal of 60% of supplementation coverage (Figure 2). In the case of Amazonas, the coverage fell because in 2016 the strategy expanded to a whole new province. Apurímac, Ucayali and Cusco, showed the lowest coverage. Apurímac just started the strategy in 2016 and in

Ucayali there was sub-registration of coverage due to problems with their monitoring systems. These systems were strengthened as part of this programme to improve their registration and thus the coverage reports. In Cusco the number of trainings for health personnel in the first semester of 2016 was low and although the number increased in the second semester, there was an impact on the coverage.

Figure 2. Coverage of use of zinc for the treatment of diarrhoea in children under 5 years of age – 2014 to 2016



Source: Build based on the data of NOTI and SISMED

4.2. Activities

This report gives account of the actions implemented in 2016 and until May 2017. As indicated in previous reports, most of the actions have been funded by the State, which is key for the sustainability and continuity of this strategy. The contribution of UNICEF has been focused on the technical assistance, both for capacity building as well as for advocacy processes. It's worth mentioning that very few resources were received from this alliance this year, and the technical assistance has been complemented with funds from other donors.

a) Strengthening the services capacities to implement supplementation

With regards to the administration of zinc to treat diarrhoea, this strategy has extended further over 2016. This has involved the training of professionals like physicians, nurses and technicians. The training of medical personnel has been more intensive because initially they were the least involved and they are the ones that prescribe the zinc.

The areas where the strategy expanded were the ones that required most of the training; these were the province of Bagua in Amazonas, the provinces of Huanta and Huamanga in Ayacucho and districts that started the strategy in Apurímac. Due to the weak implementation in Apurímac and Cusco, technical assistance was provided in the second half of the year to train facilitators and intensify training. In Amazonas training was provided in the entire province of Bagua and refreshment training was provided in the province of Condorcanqui.



Training to health personnel on ADDs and the use of zinc in Cusco and Apurimac

In relation to the strategy for the prevention and control of anaemia, during the first half of 2016, the capacity building for the health personnel continued focusing on the new regulations that included supplementation with ferrous sulphate drops for children 4 to 5 months of age. In the second semester, with the new government already in office, training on the 2016 – 2021 anaemia prevention plan started.

The training was given to nursing and obstetrics staff, nutritionists, physicians, and nurse aids. Approximately 900 professionals and technicians have been trained in the 6 regions of intervention. This has included the training of medical graduates doing their Rural Medical Services (serumista: professionals who perform a year of rural work as part of their professional career) in the regions of Loreto, Amazonas and Ucayali.

Articulated work with social programmes has continued, especially with the Cuna Mas and JUNTOS National Programmes, Peru's Early Childhood Development programmes, as well as with the education sector (Pre-school Education Cycle I). This articulation has been more systematic in the regions of Loreto, Ucayali and Amazonas. This has involved capacity building, implementation of joint actions and monitoring.

In several regions, work with community health agents and grassroots organizations has been strengthened. This work is focused both on the promotion of the reduction of anaemia and the administration of zinc for the treatment of ADDs. Loreto has been the region with the most action in this field, training community agents, and facilitators from the Cuna Mas National Programme and leaders from the Glass of Milk Programme. In Amazonas the work with the Glass of Milk Programme was also promoted. Approximately 500 people received training in all regions.



Training with community leaders from the Glass of Milk Programme and Boards - Loreto

It is important to highlight the momentum Loreto is still experiencing in the implementation of Oral Rehydration Units (URO for its acronym in Spanish) both at the community and institutional levels to promote treatment for ADDs including the

administration of zinc. There are currently 65 UROCs (Community UROs) active. DIRESA has mobilized resources to provide them with the inputs necessary for their operation. Likewise, Loreto continues working with the four Itinerant Platforms of Social Action (PIAS for its acronym in Spanish), which have managed to provide health care to almost 400 children under 5 years of age from the most inaccessible indigenous communities in the region.



Installation of the Institutional and Community Oral Rehydration Units (URO) in Loreto

b) Strengthening monitoring and evaluation activities

At the national level, in 2016 the national strategy for food and nutrition together with MoH's office of strategic resource procurement, designed the plan to monitor the supplementation with MNPs in 6 regions of the country, three of them in the zones of intervention of UNICEF. Throughout the year it was possible to visit one to two times each region, detecting the main bottlenecks and positive aspects of the strategy. A significant improvement was observed in the MNP distribution chain up to the health facility level. All regions had almost all of their health facilities supplied with MNPs. No shortage of MNP was detected at any time.

However, several bottlenecks were identified in the strategy, the most important being the adherence of boys and girls to taking the supplement. One of the weakest aspects identified in the monitoring was family counselling and monitoring of adherence to MNP. The management of technical contents on the importance and relevance of anaemia in the child's life was not very clear in the staff. A serious problem was the weak management of the intercultural approach, the lack of conviction of the health personnel about the effectiveness of the MNPs and the lack of communication materials for families. The very few home visits and the weak work with community agents for monitoring adherence were other bottlenecks identified. In some regions poor intra- and intersectoral articulation and limited monitoring and follow-up of the strategy were identified.

Road maps and/or work plans have been developed in all regions of intervention with the aim of strengthening anaemia prevention strategies and the administration of zinc to treat anaemia. The regions that have managed to implement them more have been Loreto, Ucayali and Amazonas (Bagua and Condorcanqui).

The regions that had more progress in the monitoring of the strategies were Ayacucho and Loreto. The Bagua Health Network in the Amazon region also strengthened its strategy extensively. Different strategies have been implemented in all regions to strengthen monitoring.

The regions of Ayacucho, Ucayali and Loreto have strengthened their information and monitoring system. Ayacucho continues using the DASHBOARD, as a tool to analyse information in a timely manner and make decisions related to the health services. Ucayali has implemented the use of the Comprehensive Child System (Sistema Integral del Niño - SIN) that records electronically the information related to the health provided to children in the health facility itself. This has allowed making a better analysis of the information and has reduced in a



SISMORE Validation Meeting - UCAYALI

significant manner the time the health personnel had to spend filling in forms to use it in the actual appointment with the family. It has also implemented the Regional Monitoring System (SISMORE) that articulates different administrative systems with information from the social sectors, to monitor the services that are provided to children. They have a multi-disciplinary team that follows the SISMORE. Loreto is implementing traffic-light style app that allows following up indicators through risks signals. All these experiences have had the technical assistance of UNICEF.

To monitor health facilities, all regions have established mechanisms to monitor the progress of strategies. Ayacucho has maintained and recognized with a directorial resolution the technical teams for sectorized monitoring. With this team they have managed to reach all networks more systematically, currently they have a monitoring guide. Loreto and Ucayali have continued and strengthened the work with regional monitors. Loreto continues having field monitors "sanichos" (28), mainly community agents who visit homes. In Amazonas, cross monitoring (peer-to-peer monitoring in health facilities) has allowed reinforcing the implementation of strategies in health facilities. Bagua, in Amazonas signed an agreement with the Higher Technological Institute and 30 students of the public health course carried out home visits during 6 months to 300 children under the age of three.

Meetings for information analysis have been held in all regions to make decisions. Loreto and Ayacucho are the regions that have maintain these dynamics in a more systematic way.

In the second quarter of 2017, the documentation with the lessons learned from zinc supplementation for the treatment of diarrhoea is being prepared. This document will help the health sector and the Regional Health Directorates to develop a proper national implementation of the strategy.

c) Strengthening communication and advocacy strategies

National campaigns for the prevention of anaemia were promoted in 2016. Action was taken in all regions to promote, communicate and mobilize society. Although in the second half of the year, due to the change of government, these campaigns did not take place at the national level and therefore were not promoted at the regional level, the zones of intervention in the regions continued their development. Loreto and Ayacucho develop these actions more intensively.

In almost all regions, articulated actions have been developed with local governments and social programs to promote practices to prevent and control anaemia, including consumption of MNPs. Loreto has strengthened the work with 4 local governments in the city of Iquitos, with which mobilizations have been carried out through the Glass of Milk Programmes. Ayacucho had a Meeting of Local Governors, and 22 of them signed agreements to fight malnutrition and anaemia. In Ucayali the articulated work with the Municipality of Coronel Portillo is still in place. Likewise in Amazonas, the articulated work with the district of Imaza and the Province of Condorcanqui has allowed them to carry out joint actions to promote the prevention and control of anaemia.



Communications campaigns to prevent anaemia with participation of the Governor of Loreto

Regarding the advocacy work with social programs, work has been strengthened in all regions with the Cuna Más and JUNTOS Programmes, and in several areas the work with the Qali Warma School Nutrition Programme and the education sector has also been strengthened, especially for pre-school education cycle I (responsible of the programmes for children under two years of age). Through this articulation we have managed to reach the technical operators and community agents who work with these programs. Training was given on the importance of anaemia, how to approach it and the prevention of ADDs including zinc. This information was also disseminated.

Work with the media has also continued. In Ayacucho the agreement with 13 radio stations has been renewed to continue broadcasting radio spots and slots. The communication material has been adapted to the Awajun and Wampis languages in Amazonas.

Last year, Loreto started doing advocacy work with poultry producers and slaughterhouses in order to improve the access of *sangrecita* (chicken and cattle blood) to homes to reduce anaemia. Due to the high level of informality of these businesses and the very poor sanitation conditions, it was complicated to fit them up to ensure a good quality product. However, a research project has been started with the School of Food Engineering of the National University of the Amazon and the Economic and Social Development Office of the Regional Government, to evaluate the conditioning of the slaughterhouse and the costing of the production and distribution of the product. The calculation of the monthly demand for *sangrecita* of the Cuna Más Programme and the soup kitchens of 4 municipalities in the city of Iquitos is being conducted.

4.3. Limitations and lessons learned

Critical Factors and Constraints

- Halfway through the year, there was a shortage of zinc tablets in some of the zones of intervention, especially in the region of Loreto, which affected the intervention. This involved the mobilization of this input from some regions to others. During the last quarter of the year the product procured by UNICEF could be distributed to some regions.
- The new government administration, which started in July 2016, redefined the anaemia treatment strategy, that now includes the use of ferrous sulphate syrup, leaving the use of MNPs as an alternative for prevention. This resulted in a great deal of confusion in the regions, there was not sufficient stock of ferrous sulphate to meet this requirement and possibly this has influenced the reduction of coverage in the use of iron supplements in 2016.
- As of April 2016, only one region, out of the six regions of intervention, could have a consultant to provide technical assistance. Even with the support of national consultants and the UNICEF team, this has weakened technical assistance and monitoring of actions at the local level.
- The MoH has a very small technical team to support all actions related to the child's life stage. Only one person at the national level is responsible for prevalent childhood illnesses, respiratory infections and acute diarrhoeal diseases. This has involved a great effort to support and meet all the methodological requirements for updating the ADD clinical guide.

Lessons learned

- The continuous changes in the direction or regulation of the strategy to reduce anaemia in recent years by the health sector have weakened its implementation extensively. It is not enough to have a well-designed plan, continuity is very important to have results.
- The development of local experiences that show the feasibility of implementing a strategy, such as the administration of zinc to treat diarrhoea, is a powerful element for advocacy vis-à-vis the public policy. Thanks to these years of implementation, it is possible to expand this experience to the whole country.
- The sustainability of strategies should be based on building the capacities of institutions to be able to expand and maintain them. In the six regions of intervention, there are professionals and technicians trained to continue implementing the administration of zinc for the treatment of diarrhoea and the prevention and control of anaemia, with their own financial resources.

V. FUTURE WORK PLAN

The new UNICEF-Peru Cooperation Programme 2017- 2021, maintains among its outcomes the contribution to the reduction of inequities in the chronic malnutrition and anaemia indicators, especially in vulnerable areas. The progress made so far thanks to the support of the International Zinc Association, in the improvement of the implementation of interventions to reduce chronic malnutrition and diarrheic diseases, as well as in the development of formative processes, communication and monitoring, will help to continue supporting the current government's National Plan for Reduction of Chronic Malnutrition and Anaemia 2017- 2021.

In addition, in the second semester of 2017 the document with lessons learned on the supplementation with zinc to treat diarrheic diseases will be disseminated. This document will contribute to the national implementation of the "Practical Clinical Guide for Diagnosis and Treatment of Acute Diarrheic Diseases in children under five years of age" in the health sector.