Zinc Saves Kids
Progress Report PERU
2014-2015
Executive Summary

This report highlights the substantial progress made in combating chronic child malnutrition and acute diarrheal diseases from July 2014 - June 2015.

Zinc Saves Kids-supported advocacy activities undertaken by UNICEF have again been key in expanding and strengthening national supplementation programs. In September 2014 the Peruvian Government approved HealthDirective 056 which regulates the use of multiple micronutrient powders (MNP) for the prevention and treatment of early childhood anemia and chronic malnutrition. MNP containing 5mg of zinc was made available throughout the country and UNICEF strongly promoted the adequate consumption in the seven intervention regions supported by Zinc Saves Kids. As a result, nationwide, chronic malnutrition declined by 2.9 percentage points to 14.6% in 2014. Within just four years IZA/ZSK has helped to cut this rate by 40%.

Zinc Saves Kids also contributed to an increase in the number of health centers administering zinc for the treatment of diarrhea from 544 in 2014 to 760 in June 2015 in six intervention regions. This is a 40% increase. Particular focus was on strengthening indigenous communities. While nationwide the prevalence of diarrhea increased by 1.6% during the reporting period, it continued to decline in the Zinc Saves Kids-supported intervention regions with the highest reduction reported for Ayacucho: 5%.

Peru has been internationally recognized for its success. In September 2014 Peru was honored to showcase its multi-sectoral social inclusion program including targeted interventions to improve nutrition to country delegations from Africa, Asia and Latin America.
Country Situation

Key facts of Peru:

Country: 1,285,220 Km²
Population: 30.77 billion (2014)
Children under 5: 2.9 million (2012)
GDP growth: 2.4% (2014)
growth rate 2013: 5.8% ; expected growth 2015: 3.9%
GNI per capita: 6.410 (2014)
Classification: upper-middle-income economy
Poverty: 22.7% (2014)
Life expectancy: 75 years
Political structure: 24 regions, 195 provinces, 1,828 districts
Sources: INEI, UNICEF, World Bank

Peru is one of the fastest growing economies in Latin America. For a decade it experienced high economic growth rates with an average of 6.2% p.a. In 2014, Peru’s economy saw a slump growing only at 2.4% which is mainly to be assigned to the economic slowdown in China, a major trading partner of Peru’s mining and metal dominated industry. In the first half of 2015, Peru has gained momentum. Peru’s economic boom during the past decade and the implementation of social programs has led poverty to fall more than half since 2004 from 59% to 22.7% in 2014 outpacing the regional average. Even in 2014, which saw a low growth rate, poverty declined by 1.2 percentage points allowing 300,000 people to escape conditions of poverty. However, there are big disparities between urban and rural areas where poverty is more than three times higher. The highest poverty rate is observed among indigenous people with basic primary school education living in the departments Amazonas, Ayacucho, Cajamarca or Huancavelica.

Peru has also done very well in reducing chronic child malnutrition. Within just seven years the country halved chronic childhood malnutrition from 28.5% in 2007 to 14.6% in 2014. The political will has been instrumental in advancing progress. The Peruvian Government has committed to reduce chronic child malnutrition and anemia in children under three years of age to 10% and 20% respectively by the end of their term in 2016.

Diarrhea, the second leading cause of global under-five mortality, showed a sustained reduction falling from 14.9% in 2010 to 10.9% in 2013 due to a number of interventions including the implementation of a national policy to include zinc for the treatment of acute diarrheal diseases, the rotavirus vaccination and improved access to safe drinking water. However, in 2014 acute diarrheal diseases registered an increase of 1.6 percentage points due to an increase in the prevalence of diarrhea in some coastal and jungle regions. A decline was only registered in the Zinc Saves Kids-supported intervention regions. Peru has achieved impressive outcomes in improving child health and survival during the last 10 years. The positive economic development, the collaboration with NGOs and the private sector allowed for a comprehensive social inclusion program with targeted interventions such as the zinc supplementation programs to combat chronic child nutrition and acute diarrheal diseases. As a result under-five mortality was cut by 78% from 80 deaths per 1,000 live births in 1990 to 17 deaths in 2013 exceeding by far the two third reduction target set by the UN Millennium Development Goal for Reducing Child mortality by 2015.

Peru has been internationally recognized for their enormous progress in improving child health and survival. In September 2014 Peru was honored to showcase their multi-sectoral approach to country delegations from Latin America, Africa and Asia.

The disparities between the rural and urban areas and the highest and lowest quintile remain a big challenge which will be addressed by the broad social inclusion program. For 2015 the Government has allocated US$ 7.8 billion to the well-being of children. This is 25.7% of the public budget.
Zinc Saves Kids Intervention Program in Peru

In the reporting period July 2014 – June 2015 the UNICEF-IZA partnership through Zinc Saves Kids continued to support initiatives aimed at combating chronic child malnutrition and acute diarrheal diseases.

Program objectives:

- Assist the Peruvian Ministry of Health (MoH) to prepare a plan for implementing the clinical guide for treating diarrheal diseases through therapeutic zinc supplementation.
- 60% of children with diarrhea will receive zinc as part of the treatment in the Zinc Saves Kids intervention regions.
- Increase by 50% the coverage of children below three who receive zinc-containing MNP to combat chronic malnutrition.

Two main intervention strategies:

1. Supplementation with multiple micronutrient powders (MNP) including iron, vitamin A, vitamin C, folic acid and zinc to combat chronic malnutrition in children aged 6-36 months

2. Administration of zinc tablets to treat acute diarrheal diseases (ADD)

Intervention Regions supported by Zinc Saves Kids

- Amazonas
- Apurimac
- Ayacucho
- Callao
- Cusco
- Loreto
- Ucayali

Key Partners

Ministry of Health (MoH); Ministry of Development and Social Inclusion (MIDIS); health centers; Regional and District Governments in the seven intervention regions supported by Zinc Saves Kids.

Main Actions

- Advocacy to improve normative directives and technical guidelines
- Strengthen capacity building and training
- Improve administrative and logistical management
- Advance communication and behavior change efforts
- Mobilize financial resources
- Monitoring and evaluation

These actions contribute directly to UN Millennium Development Goals (MDG).

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**Major Achievements and Results**

Significant progress has been made in combating chronic malnutrition and stunting. Stunting is defined as inadequate growth for age and is considered a proxy for chronic malnutrition.

Nationwide a total of 712,636 children aged 6-36 months were supplied with MNP including zinc in 2014. This is 65% of all children in this age group. IZA’s funds enabled the supply of MNP to more than one fourth of these children - 189,977 boys and girls in the seven intervention regions supported by Zinc Saves Kids.

As a result, the national rate of chronic child malnutrition fell by 2.9 percentage points from 17.5% in 2013 to 14.6% in 2014. This represents a reduction of 16%.

By the end of 2015, it is expected to reach a total of 870,854 children between 6-36 months which represents an 80% coverage thus making the national plan to reduce chronic child malnutrition to 10% by 2016 an achievable goal.

**Prevalence of chronic malnutrition in children under five years of age (WHO) in Peru, 2009 - 2014**

In 2014 the zinc supplementation strategy for the treatment and prevention of acute diarrheal diseases (ADD) was significantly strengthened in the regions of Amazonas and Loreto where the number of health centers administering zinc for diarrhea treatment more than tripled and doubled respectively. In Loreto the program expansion benefitted 80 hard-to-reach indigenous communities. A total number of 760 health centers in six ZSK intervention regions provide zinc supplements for diarrhea treatment. This is a 40% increase compared to 2014. Health centers in Apurimac, the seventh region supported by Zinc Saves Kids, will be added during the second half of 2015. It is expected that a total of 53,000 children under five suffering from diarrhea will benefit from the life-saving zinc supplementation therapy in 2015.
A multi-year monitoring process in 22 health centers in Loreto where zinc supplementation for diarrhea treatment started in 2012 showed a sustained reduction in the prevalence of diarrhea between 2012-2015. Comparing the periods January – April diarrhea episodes fell by 25% in 2012-2013; by 52% between 2013-2014 and by 13.5% in 2014-2015. While this success cannot be entirely attributed to zinc supplementation, this therapy certainly contributed significantly to this result. Other interventions that helped include the rotavirus vaccination and improved access to safe water.

Number of diarrheal episodes of children under five in 22 health facilities supplied with zinc for diarrhea treatment, Loreto, Jan-April 2012-2015

![Graph showing decrease in diarrheal episodes]

Source: UNICEF

In addition, the three Amazon regions Loreto, Ucayali and Amazonas reported a marked reduction of dysentric diarrhea when the number of health centers providing zinc for diarrhea treatment was raised. Dysentric diarrhea is the most severe kind of diarrhea and contributes to the problem of anemia due to blood loss. It is typically found in the jungle regions due to high levels of poverty, high population dispersion, and geographical barriers to clean water, sanitation and health services.

Number of dysentric diarrheal episodes in children under five in health facilities supplied with zinc for diarrhea treatment, Amazon regions, 2013-2015

![Graph showing decrease in dysentric diarrheal episodes]

Source: UNICEF

UNICEF’s activities as part of the ZSK partnership program:

- Technical assistance to prepare and implement Health Policy Directive no. 056 for the prevention of anemia in children aged 6-36 months through MNP supplementation including zinc. The directive was approved in September 2014. It provides guidelines for the administration of MNP at health centers and in the community.
- Technical assistance to establish and implement the clinical guidelines for the diagnosis and treatment of persistent diarrheal disease among children. It was approved in December 2014.
- Advocacy efforts to include the reduction of chronic malnutrition and anemia in the regional and local agenda after the elections.
- Promotion of collaboration between different sectors and government levels and participation of civil society organizations and the community in the seven ZSK-supported intervention regions.
- Technical support to develop a proper monitoring and surveillance process for the MNP program in Loreto. Advocacy to implement such process also in Callao. Health personnel was hired in both regions with public funds to carry out the process. In other regions surveillance is carried out by community agents and volunteers.
- Mobilization of financial resources and strengthening administrative and logistical management to provide technical assistance and eliminate bottlenecks that impact purchase, quality control and distribution of supplements and tablets.

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and provide technical assistance to regional and local governments in order to develop public investment projects.

- Technical support was given to develop a communication campaign to combat anemia titled “Los ninos de hierro” including radio and TV spots and videos and posters. Support was also given to develop a communications plan to promote effective interventions to combat chronic malnutrition in children under 3 years old via TV and social media in Spanish and Quechua.

- Monitoring strategy set up in Loreto served as a model and standard for other non-ZSK-supported regions.
- Technical support provided to local trainers was an excellent investment that allowed knowledge transfer and capacity building to health personnel that is characterized by a high level of turnover.
- Expansion strategies for Amazonas need to be strengthened.
- The fact that the health sector reform is still under development weakened the health sector’s leadership.

**Outlook**

2015 and 2016 will be critical for achieving the ambitious goal of reducing chronic malnutrition to 10% in 2016 as envisaged by the national plan.

In 2015/2016 focus of ZSK-supported activities will be on:

- Strengthening the delivery of nutrition policy by scaling up training at regional and national level to improve the capacity of health services to better manage the interventions with MNP and zinc supplementation. This includes the development of virtual training tools and the promotion of internships.
- Improving the quality of the interventions and their evaluability for the purpose of evidence by conducting an evaluation in one of the intervention areas which will serve as a model for others.
- Strengthening the advocacy and communication strategies by highlighting the benefits of zinc and MNP to different audiences. A package of communication materials and strategies will be developed.

**Lessons learnt**

- Exchange of experiences among regions proved to be an effective tool.