ACRONYMS ............................................................................................................................................. 4
I. EXECUTIVE SUMMARY .......................................................................................................................... 5
II. PURPOSE ............................................................................................................................................... 6
III. RESOURCES ......................................................................................................................................... 10
IV. ANALYSIS OF RESULTS .................................................................................................................... 11
V. FUTURE WORK PLAN .......................................................................................................................... 24
VI. ACKNOWLEDGEMENTS .................................................................................................................... 26
ANNEXES ................................................................................................................................................ 27
ANNEX 1 – MAP OF PERU AND OF THE INTERVENTION AREAS .................................................. 28
ANNEX 2 - HUMAN INTEREST STORY .............................................................................................. 29
<table>
<thead>
<tr>
<th>ACRONYMS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADD</td>
<td>Acute Diarrheal Diseases</td>
</tr>
<tr>
<td>AISPED</td>
<td>Comprehensive Healthcare for Excluded and Scattered Populations</td>
</tr>
<tr>
<td>ARI</td>
<td>Acute Respiratory Infections</td>
</tr>
<tr>
<td>CPCV</td>
<td>Community notification (surveillance) centre to promote the maternal and child health and nutrition</td>
</tr>
<tr>
<td>DARES</td>
<td>Office of Supplies and Strategic Resources</td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic and Family Health Survey</td>
</tr>
<tr>
<td>DIRESA</td>
<td>Regional Health Bureau</td>
</tr>
<tr>
<td>EESSALUD</td>
<td>Peru’s Social Security Health Insurance</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agriculture Organization</td>
</tr>
<tr>
<td>HIS</td>
<td>Health Information System</td>
</tr>
<tr>
<td>IZA</td>
<td>International Zinc Association</td>
</tr>
<tr>
<td>MCLCP</td>
<td>Committee for Concerted Action in the Fight against Poverty</td>
</tr>
<tr>
<td>MEF</td>
<td>Ministry of Economy and Finance</td>
</tr>
<tr>
<td>MIMP</td>
<td>Ministry of Women’s Affairs and Vulnerable Populations</td>
</tr>
<tr>
<td>MNP</td>
<td>Multi-micronutrient Powders</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MIDIS</td>
<td>Ministry of Development and Social Inclusion</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>NOTI</td>
<td>Epidemiology notification (surveillance) system</td>
</tr>
<tr>
<td>PAHO</td>
<td>Pan American Health Organization</td>
</tr>
<tr>
<td>PAN</td>
<td>Articulated Nutritional Strategic Programme</td>
</tr>
<tr>
<td>PIAS</td>
<td>Itinerant Platform of Social Action</td>
</tr>
<tr>
<td>PNCM</td>
<td>Cuna Más National Programme</td>
</tr>
<tr>
<td>RENIEC</td>
<td>National Vital Statistics Office</td>
</tr>
<tr>
<td>SIS</td>
<td>Integrated Health Insurance</td>
</tr>
<tr>
<td>SISMED</td>
<td>Medications and Pharmaceuticals Information System</td>
</tr>
</tbody>
</table>
I. EXECUTIVE SUMMARY

This report describes the progress, achievements and actions performed between July 2015 and April 2016 within the framework of the UNICEF-IZA partnership and through the “Zinc Saves Kids” campaign.

After several years of stagnation or increase, in 2015 the prevalence of anaemia declined from 46.8% to 43.5% countrywide, as a result of placing this issue as a government priority. So, this year 2016, multimicronutrient (MNP) supplementation containing zinc has been universalized in the country, with 1,250,000 children aged 6 to 36 months scheduled to receive the supplementation. To achieve this, the purchase of 378 million sachets has already been secured. With this planning, not only children who receive their healthcare through the Ministry of Health public system, but also those who are insured by ESSALUD, the second public institution with the largest coverage in the country, will receive the supplementation. This is an important achievement in the country’s policy to which IZA and UNICEF have contributed.

At the regional level, there are also significant achievements. Amazonas has reduced the prevalence of anaemia by 14 percentage points between 2014 and 2015, being the region with the highest reduction in the country. Out of the 7 intervention regions, 5 have had a reduction in the prevalence of anaemia, among them, Callao with 9 percentage points.

Consistent with these results, the percentage of children who received MNP containing zinc has also increased from 24.5% to 30% between 2014 and 2015. All intervention regions improved this indicator, 6 out of 7, in more than 10 percentage points. Apurimac and Ayacucho have made greater progress, reaching 46.7% and 41% of children with access to MNP with zinc, an improvement of 21 and 22 percentage points, respectively. Ayacucho is one of the regions in the country with the lowest attrition rate, with 92% of children who started supplementation, receiving all their 12 doses.

With regard to the administration of zinc to treat diarrhoea, significant progress has also been made. Between 2015 and the first quarter of 2016, there are 221 additional health facilities with access to zinc tablets for the treatment of diarrhoea. That is, currently there are 871 health facilities that can provide treatment with zinc. It is important to note that starting from 2016, we are no longer working in the province of Callao, since it is no longer a UNICEF intervention area.

The percentage of children with diarrhoea who received zinc tablets has also increased this year, going from 30.2% to 42.9% between 2014 and 2015. Six out of the seven regions improved this percentage, with the exception of Amazonas, which nonetheless, has the highest percentage of coverage, 61.5%.

These results have been possible based on the joint efforts of the partners and the technical assistance and advocacy provided by UNICEF. Thanks to the contribution of IZA, it has been possible to build the capacities of healthcare staff, staff from other sectors and local governments, to improve monitoring, evaluation and communication activities. It is important to note that these funds have been mainly used to finance technical assistance and with the complementation of other cooperation funds, it has been possible to mobilize state resources to develop training, monitoring and communication activities. This makes interventions more sustainable and allows to insert them into the regular structure of state action, with greater possibilities to be scaled-up and institutionalized.
II. PURPOSE

2.1 Country Situation

In 2015, Peru’s economic growth was 3.2%\(^1\), higher as compared to the growth achieved during the previous year (2.4%). Poverty in Peru affected 22.7%\(^2\) of the population in 2014, which represents an improvement as compared to 2013 (23.9%).

While it is true that Peru is considered as an upper middle-income country, inequality remains a major problem; on the one hand there are departments where less than 7% of the total population lives in poverty (Arequipa, Madre de Dios and Ica), while in others poverty affects more than 50% of the population (Amazonas, Ayacucho, Cajamarca, Huancavelica). This disparity affects mainly those departments where the population lives in remote rural areas and has indigenous language as its mother tongue.

In 2015 the initial budget allocated to improving the welfare of children was 24,279 million (US $ 7,140 millions) nuevos soles, accounting for 25.7% of the public budget. In 2014, 28,947 million nuevos soles\(^3\) (US $ 9,981 millions) were allocated (executed), equivalent to 21% of public resources, 4% of the GDP and 39% of the social spending. In 2014 the budget allocated to education, health and social assistance was 39,047\(^4\) million nuevos soles (US$ 13,377 million) representing an increase of 7.1% as compared to 2013 (36,455 million nuevos soles). This social spending accounts for 7.1% of the GDP.

In 2014, national elections for regional and local authorities for the period 2015-2018 were conducted. The newly elected authorities assumed governance in January 2015 and therefore, efforts were being made in order to prioritize childhood welfare into the regional and local government plans. Presidential and congress election is taking place this year, 2016.

Peru has achieved remarkable progress in reducing child mortality in the last 15 years (17 per 1,000 live births in 2014\(^5\)), which has been recognized internationally, yet these same results have not been achieved in the case of the neonatal mortality rate. Thus, in 2014 the neonatal mortality rate was 12 per 1,000 live births, which represents an increase over the period 2010-2013 in which the rate was around 9 per 1,000 live births. This situation affects mainly low-income population; the population in the lowest welfare quintile has a 2.5 higher mortality rate than the population in the higher income quintile.

Chronic malnutrition among children under 05 years of age has remained at the same level in 2015, 14.4% countrywide. After four years of stagnation or increase, the prevalence of anaemia among children 06-35 months of age finally began to decline, going from 46.8% to 43.5% between 2014 and 2015. However, in both cases, inequality is a core problem, the prevalence of anaemia is two times higher among the population in the lowest welfare quintile as compared to the population in the highest quintile, and in the case of malnutrition, it is 11 times higher.

\(^1\)https://www.inei.gob.pe/prensa/noticias/produccion-nacional-aumento-en-639-en-el-mes-de-diciembre-de-2015-8855/
\(^3\)All the figures related to the expenditure in childhood come from the document Gasto Público en Niñas, Niños y Adolescentes. Metodología y Seguimiento. Available at: http://www.unicef.org/peru/spanish/gasto-publico-ninos-ninas-adolescentes-2014.pd
\(^4\)All the figures related to the public budget come from the Sistema de Consulta Amigable del presupuesto público, Ministerio de Economía y Finanzas. Available at: http://apps5.mineco.gob.pe/transparencia/Navegador/default.aspx
\(^5\)All the figures related to the health, mother and child nutrition, come form the Encuesta Demográfica y de Salud Familiar 2015, from Instituto Nacional de Estadistica e Informática.
Between 2010 and 2013, a sustained reduction in the proportion of children under the age of 36 months with diarrhoeal disease was observed. This reduction is associated to improvements in the coverage of vaccination against rotavirus (which protects children against diarrhoeal disease) and access to dwellings, water and basic sanitation occurred in the last years. However, this proportion increased in 2014 and 2015 by 1.6 to 1.8 percentage points due to the increment of the prevalence in some regions especially of the coast and jungle.

2.2 Focus Population

In the mid-term review of the UNICEF PERU cooperation plan 2012-2016, Callao was not considered as prioritized region since the situation of children are not as critical comparing with other regions in the country and the financial resources has reduced so that didn’t allow us to continue with the support. Considering that Callao in 2015 still had zinc tablets we decided to keep working with them in 2015 in order to assure the use of the zinc but with less support than the previous year. The stock of zinc has finished in the first quarter of 2016.

In 2016, the Ministry of Health scheduled the provision of supplementation with micronutrients to 228,193 boys and girls in all seven project-intervention regions (see table N°1):

| Tabla 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 2016. |
|---|---|---|---|---|
| Region | Programmed | | | |
| | Children | Health facilities | Provinces | Districts |
| Amazonas | 19,275 | 455 | 7 | 84 |

Fuente: ENDES 2015
For 2016, the Ministry of Health 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 2016.

<table>
<thead>
<tr>
<th>Region</th>
<th>Programmed Children</th>
<th>Programmed Health facilities</th>
<th>Provinces</th>
<th>Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amazonas</td>
<td>2,839</td>
<td>126</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Apurimac</td>
<td>460</td>
<td>8</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Ayacucho</td>
<td>2,422</td>
<td>45</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Cusco</td>
<td>15,037</td>
<td>206</td>
<td>9</td>
<td>66</td>
</tr>
<tr>
<td>Loreto</td>
<td>22,566</td>
<td>382</td>
<td>7</td>
<td>51</td>
</tr>
<tr>
<td>Ucayali</td>
<td>22,090</td>
<td>104</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Total 6 regions</td>
<td>65,414</td>
<td>871</td>
<td>28</td>
<td>156</td>
</tr>
</tbody>
</table>

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 2015-2016 period are as follows:

1. The Ministry of Health and the Regional Health Bureaus (DIRESAs) improve the treatment of diarrheal illnesses through the administration of zinc and the universalization of supplementation with Multiple Micronutrients 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 Multiple Micronutrients, 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.

This programme component contributes directly to: MDG 1, Eradicate poverty and hunger; MDG 4, Reduce child mortality; MDG 5, Improve maternal health; indirectly to MDG6, Fight HIV/AIDS, malaria and other illnesses and MDG3, Promote gender equality and the empowerment of women.

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 2015 the component of Child Survival and Development had a funding of US$ 1,755,459.61.
IV. ANALYSIS OF RESULTS

4.1. Achievements and results

This annual report is providing information on the main results accomplished in 2015 and the achievements in the first quarter of 2016. 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) Universalization of supplementation with MNP all over the country

In 2016, the MINSA launched universalization of supplementation with MNP, which will allow 1’250,000 children to have access to the supplement. Meaning 380,000 children more than those scheduled for 2015. This has involved a US$ 9 million investment in the country to buy 378 million of MNP sachets through the UNICEF procurement services. 7 million of these sachets will be allocated to children insured by ESSALUD and additionally, this institution is planning to acquire 48 million sachets that are expected to be available in the last quarter of this year.

b) Reduction in the prevalence of anaemia in three percentage points between 2014 and 2015.

After 4 consecutive years of stagnation or increase in the prevalence of anaemia countrywide, in 2015 the prevalence of anaemia decreased from 46% (2014) to 43%. This has been a great incentive to continue with our efforts.

Amazonas has been the region that has had the largest reduction in the whole country, that is, 14 percentage points. Callao has also shown a significant reduction, 9 percentage points.

Five out of the seven project intervention regions have had a reduction in the prevalence of anaemia, except for Apurimac and Ayacucho, which had a 3 percentage points increase, the former from 53% to 56.8% and the later from 45.8% to 48.7%. In the case of Ayacucho, there were changes in the Regional Bureau during the first half of 2015, which slowed down to a halt the actions undertaken since 2014. In the second half of the year, after an intensive advocacy process, actions were
resumed through an emergency Plan called “Somos de hierro” (We are made out of iron).

**Figure 3** Prevalence of anaemia among children 6 to 36 months of age. 
2014 and 2015

![Figure 3 Prevalence of anaemia among children 6 to 36 months of age. 2014 and 2015](source)

In Ucayali, the DIRESA and the provincial government of Coronel Portillo, with the technical assistance from UNICEF, has started an experience aimed at identifying the best strategies to ensure adherence to the consumption of the supplement in La Florida, an urban-rural human settlement, which has four health centres. This experience has considered bi-weekly home visits by community agents. As a result, in 10 months of intervention, the prevalence of anaemia evaluated in 165 children under three years of age decreased from 37% to 13%. Based on this experience, in 2016, the DIRESA is restructuring the strategy and the resources required for the home visits to expand them to the two largest networks in the region.

c) Increase in the percentage of children receiving supplementation with iron and MNP countrywide and in all the project intervention regions, Apurimac and Ayacucho among the top four regions in the country.

The number of children who received iron supplementation between 2014 and 2015 increased by 6 percentage points at the national level, and by 13 percentage points from 2011 to date. All the project intervention regions have improved in this indicator, with Apurimac and Ayacucho standing out as the top first and fourth regions with better percentages out of 24 regions nationwide. Likewise, efforts done in Ayacucho have also been significant, achieving the lower attrition rate nationwide, 92% of children who started supplementation received their 12 doses of MNP. The main challenge is to continue improving consumption of the supplement.
Accordingly with the information of the Ministry of Health, the coverage of MNP with zinc supplementation of children aged 6 to 36 months was 172,409. The next table shows the coverage of MNP in 2015.

<table>
<thead>
<tr>
<th>Region</th>
<th>Children</th>
<th>Health facilities</th>
<th>Provinces</th>
<th>Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amazonas</td>
<td>15,944</td>
<td>455</td>
<td>7</td>
<td>84</td>
</tr>
<tr>
<td>Apurimac</td>
<td>18,216</td>
<td>378</td>
<td>7</td>
<td>81</td>
</tr>
<tr>
<td>Ayacucho</td>
<td>44,741</td>
<td>385</td>
<td>11</td>
<td>116</td>
</tr>
<tr>
<td>Callao</td>
<td>19,698</td>
<td>45</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Cusco</td>
<td>31,195</td>
<td>329</td>
<td>13</td>
<td>110</td>
</tr>
<tr>
<td>Loreto</td>
<td>25,890</td>
<td>382</td>
<td>7</td>
<td>51</td>
</tr>
<tr>
<td>Ucayali</td>
<td>16,725</td>
<td>203</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>172,409</td>
<td>2,177</td>
<td>50</td>
<td>464</td>
</tr>
</tbody>
</table>

Information of the Nutrition and Food National Strategy of Health Ministry - ESNS

d) Expansion to 871 health facilities using zinc for the treatment of diarrhoea

Between 2015 and the first quarter of 2016, the number of health facilities providing treatment with zinc has expanded to 871 health facilities. This has resulted in an increase of 216 additional health facilities in 2015 (544 to 760). It’s worth mentioning that the Province of Callao (45) will no longer be part of the cooperation programme, so the net increase between 2015 and the first quarter of 2016 is 111 additional health facilities.
Table 3 Number of health centres incorporating zinc supplementation for the treatment of diarrhoeal diseases, 2011-2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Amazonas</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>19</td>
<td>62</td>
<td>126</td>
</tr>
<tr>
<td>Apurimac</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Ayacucho</td>
<td>6</td>
<td>7</td>
<td>18</td>
<td>18</td>
<td>18</td>
<td>45</td>
</tr>
<tr>
<td>Callao</td>
<td>18</td>
<td>16</td>
<td>50</td>
<td>50</td>
<td>50</td>
<td>---*</td>
</tr>
<tr>
<td>Cusco</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>266</td>
<td>266</td>
<td>206</td>
</tr>
<tr>
<td>Loreto</td>
<td>0</td>
<td>22</td>
<td>66</td>
<td>115</td>
<td>282</td>
<td>382</td>
</tr>
<tr>
<td>Ucayali</td>
<td>0</td>
<td>0</td>
<td>59</td>
<td>76</td>
<td>76</td>
<td>104</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24</strong></td>
<td><strong>45</strong></td>
<td><strong>193</strong></td>
<td><strong>544</strong></td>
<td><strong>760</strong></td>
<td><strong>871</strong></td>
</tr>
</tbody>
</table>

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

It is important to highlight that 100% of the health facilities in the Loreto region have treatment with zinc available, a significant development considering that this is one of the regions with the greatest difficulties regarding geographical access in the country. Here the work is done through the Itinerant Platforms of Social Action (PIAS) that sail across three river basins reaching communities that are quite inaccessible, the itinerant AISPED brigades, the Community Oral Rehydration Units (UROCs) and the ESSALUD primary care centres (CAPs).

Next table shows the coverage of children under five years old that received zinc in 2015.

<table>
<thead>
<tr>
<th>Region</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amazonas</td>
<td>1,918</td>
</tr>
<tr>
<td>Ayacucho</td>
<td>1,200</td>
</tr>
<tr>
<td>Callao</td>
<td>954</td>
</tr>
<tr>
<td>Cusco</td>
<td>7,016</td>
</tr>
<tr>
<td>Loreto</td>
<td>14,500</td>
</tr>
<tr>
<td>Ucayali</td>
<td>6,990</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>32,578</strong></td>
</tr>
</tbody>
</table>

e) Increased access of children with diarrhoea to zinc supplementation by 12 percentage points.

Coverage of zinc supplementation for diarrhoea cases has also improved between 2014 and 2015. The only region that experienced a reduction in its coverage was Amazonas, and nonetheless, it is still the region with the highest supplementation coverage. This region expanded the strategy from 19 to 62 health facilities and experienced zinc shortage problems by midyear.
f) The prevalence of diarrhoea decreased in Amazonas, Ucayali, Callao and the 22 health facilities that started zinc supplementation in Loreto.

According to DHS - ENDES, the prevalence of Acute Diarrheal Diseases has decreased in Amazonas and Ucayali by 7 percentage points and in Callao by 4 percentage points.

An important step forward is that the reduction in the number of cases of overall diarrhoea and dysenteric diarrhoea has been maintained in the most recent years in the 22 health facilities that implemented the strategy in Loreto and the health facilities in the province of Condorcanqui, Amazonas. Comparing 2011 and 2015, the number of cases of dysenteric diarrhoea in Loreto has decreased in 88% and the cases of overall diarrhoea in 59%. In Condorcanqui, between 2013 and 2015, the number of cases of dysenteric diarrhoea has decreased in 49% and the cases of overall diarrhoea in 34%.
Loreto was affected by floods in 2012 and 2015, which increased the number of diarrhoea episodes; however in the latter year not in the extent that is usually seen in other emergencies.

While one cannot attribute these results completely to the use of zinc, we do believe that zinc has had a positive contribution to these effects. The 22 health facilities in Loreto have maintained zinc supplementation in a systematic and committed manner. Progress made in Condorcanqui is also significant, despite the very adverse conditions in this province, with almost no presence of basic sanitation services and difficult geographical access.

g) Mobilization of financial resources in the Cusco and Ayacucho regions

The advocacy work and the technical assistance provided to the regions resulted in the mobilization of financial resources to strengthen the anaemia prevention and control strategies, including the use of MNP with zinc and the zinc administration strategy for the treatment of diarrhoea.

Eight local governments in Cusco have managed to allocate US$138,000 to implement a multi-year plan funded by the Articulated Nutritional Budgetary Programme. Likewise, the province of Cusco has a public investment project of US$ 980,000 to reduce chronic malnutrition and anaemia. In Ayacucho, 107 of 115 municipalities in the region have allocated budget to the nutritional program to reduce anaemia and chronic malnutrition. Representatives from 70 local governments of this region have been trained to include in their budgets the monitoring of MNP consumption through the community surveillance centres.
4.2. Activities

This report provides information on the actions that have been undertaken from July 2015 to March 2016. The funds of this partnership have been instrumental for the provision of technical assistance to the counterparts. Most of the funds for training, monitoring and communication activities have been resources provided by the State and in a much smaller proportion, by other donors. The use of State resources is key to the sustainability and continuity of the actions.

a. Strengthening the services capacities to implement supplementation

New directives and clinical guidelines on the prevention and treatment of anaemia in children aged 6 to 36 months were given in 2015 and 2016. Preventive supplementation has been expanded from 6 to 12 months, and is started in children 4 to 6 months of age with ferrous sulphate drops and includes the use of MNP for the treatment of moderate and mild anaemia. All these new changes required intensive training to healthcare staff.

Training sessions have been conducted in all regions regarding the management of these directives and clinical guidelines; over 850 people have been trained. Ayacucho managed to train 90% of the healthcare staff in the region, in Amazonas, all the micro-networks of the intervention areas (Bagua and Condorcanqui) received training, Cusco and Apurimac trained more than 65% of their micro-networks, and Ucayali 15 micro-networks.

Loreto has made intense efforts to provide technical assistance to the coordinators of the Comprehensive Healthcare Bureau, which in 6 months changed the person in charge 4 times. Training was also given to 10 monitors who make up the early childhood technical team, to the staff of 35 health facilities of the Maynas Network and 60 doctors, nurses, obstetricians and nutritionists enrolled in the “SERUMS” programme (Medical Service in Rural and Marginalized Urban Areas).

Ayacucho has continued producing and disseminating easy-to-understand documents
which contain the main aspects of the new directives and clinical guidelines.

One of the most critical aspects in the MNP and zinc supplementation strategy is the counselling provided by the staff. In this regard, 700 healthcare workers have been trained to provide counselling in Cusco and Ayacucho. In Loreto and Cusco training has also been given on effective interventions to reduce anaemia and stunting (chronic child undernutrition).

A training program was developed in partnership with the promoting group "Investment in Early Childhood" to train local governments on how to reduce the stunting and anaemia. Support has been given nationwide providing technical assistance and facilitating regional workshops in the intervention regions. In Cusco, 60 mayors and local development managers participated in these workshops.

Considering that anaemia is not a problem for one single sector, training has been given this year to over 250 people from the Cuna Más National Programme (PNCM), the Juntos Programme, the QALY Warma Programme, teachers from schools and institutes, public registrars and local government officials. These actions have taken place mainly in Amazonas, Apurimac, Ayacucho, Loreto and Ucayali. In Loreto, through the school health plan, educational and demonstrative sessions have been given in schools on the prevention of anaemia and the use of MNP.

To promote consumption and adherence to MNP training has continued to be given to at least 1,520 community agents. In Cusco, 919 health promoters have been trained in 2014 and 2015, accounting for 40% of the promoters of the entire region. They received training materials to work with families on MNP supplementation and the prevention of ADDs. These promoters are expected to be reaching 9,510 families per week. In Ayacucho, 600 community agents have been trained to promote monitoring of MNP consumption through community surveillance. In Apurimac, 18 mothers mentors of the PNCM programme received training. In Amazonas, Apus or chiefs of indigenous communities were approached to discuss these topics.
Regarding the strategy to give zinc for the treatment of diarrhoea, the capacities of nurses, doctors and pharmacists have been built in the six intervention regions. More than 385 people have been trained, 200 of them were healthcare professionals and professionals enrolled in the “SERUMS” programme (Medical Service in Rural and Marginalized Urban Areas) in Loreto. In Apurimac and Amazonas, training was given in the last quarter of the year to launch the strategy in 8 health facilities in Apurimac and 64 health facilities in the province of Bagua.

In Loreto, training has been given to 150 community agents and to presidents and members of the glass of milk and soup kitchen programmes (local food assistance programmes), to promoters of the community surveillance centres, personnel from the Cuna Mas Programme and pre-school education teachers. As part of the efforts to reduce the incidence of diarrhoea, deworming campaigns have been implemented for 100% of children attending pre-schools part of Qali Warma programme and actions to promote the practice of hand washing have been conducted in pre-school education and primary education institutions in coordination with 4 local governments.

Technical assistance has also been provided in Loreto for the validation of the Comprehensive Healthcare Plan targeted at 4 Amazon basins where prevalence of anaemia are the highest. This plan includes the use of MNP and zinc tablets to treat ADDs.

b. Strengthening monitoring and evaluation activities

All over the country, together with the National Health Strategy for Food and Nutrition and the Strategic Resources Procurement Office, a plan to monitor MNP supplementation has started in 7 regions of the country. The objective is to identify bottlenecks in the strategy management. In the first quarter of 2016, the plan has been prepared together with the tools and the definition of the regions. Visits to the regions were started on April. Each region will be visited three times during the year.

Under the Performance Incentive Fund (FED), meetings were held in all regions, with different intensity, to discuss progress made in the indicators. In Loreto, technical assistance was provided to the DIRESA, the resources transferred were used to supply the region with anthropometric equipment, haemoglobin determination equipment and to train 50 professionals on haemoglobin determination.

The monthly meetings of the multidisciplinary technical team of the DIRESA have been maintained in this region, to discuss progress both in terms of indicators and budgets.
The capacities of 35 health facilities have been built for the analysis of anaemia prevalence indicators in the framework of the social monitoring strategy with multi-sector teams, led by the local governments of Chiriaco, Rio Santiago and Nieva.

Ayacucho is one of the regions that has shown greater progress in using information systems. They have kept track of MNP supplementation distribution and coverage through the dashboard. The analysis of information has allowed issuing alerts to the health networks and micro-networks with fewer difficulties. This has allowed 100% of health facilities (350) to be supplied with MNP and haemoglobin meters.

Strategies have been organized in all regions to monitor the progress of MNP supplementation and the administration of zinc for treatment of diarrhoea, through monitoring of health facilities. The Loreto DIRESA has resumed work with 10 nurse monitors for the monitoring of health services. In Cusco, trained health personnel have been monitored. In Bagua and Condorcanqui, Amazonas, 28 health facilities have been monitored together with the Health Networks. This monitoring identified bottlenecks and has allowed strengthening the technical assistance provided to the healthcare personnel.

The DIRESA in Ayacucho formed 7 technical teams to monitor the 7 health networks throughout the region. This allowed monitoring 100% of networks and the 15 micro-networks with the lowest MNP supplementation coverage. Unfortunately in the first half of 2015, due to changes in the leadership of the region, the monitoring actions weakened in the Ayacucho region. Therefore, during the second half of the year, technical assistance was provided to the DIRESA to build an emergency plan called "Somos de Hierro" (We are made out of iron) to reduce anaemia, which allowed resume the actions being performed.

In Ayacucho, the 18 health facilities that have zinc available to treat diarrhoea have been monitored. As in Ucayali, problems were detected in the recording of information, which have been corrected after the monitoring.

Another aspect that has been strengthened is home visits. In Loreto, there are 30 family monitors, now called "sanichos". In 7 months of work they have made 12,600 home visits. In Apurimac, the social development management created a multi-sectoral committee to promote a coordinated strategy of home visits among the Juntos Programme, the PNCM Programme and the DIRESA. In Amazonas, 50 home visits were made together with the Bagua Network and then the health facilities continued the visits based on the support given by the Network.

In Ucayali, the DIRESA and the Municipality of Coronel Portillo, with technical assistance from UNICEF, have implemented a home visit strategy in 3 health facilities of the La Florida human settlement. Through community agents, 02 home visits per month were

Monitoring health facilities in Cusco

Home visits by health personnel – Imaza Amazonas

In Ayacucho, the 18 health facilities that have zinc available to treat diarrhoea have been monitored. As in Ucayali, problems were detected in the recording of information, which have been corrected after the monitoring.

Another aspect that has been strengthened is home visits. In Loreto, there are 30 family monitors, now called "sanichos". In 7 months of work they have made 12,600 home visits. In Apurimac, the social development management created a multi-sectoral committee to promote a coordinated strategy of home visits among the Juntos Programme, the PNCM Programme and the DIRESA. In Amazonas, 50 home visits were made together with the Bagua Network and then the health facilities continued the visits based on the support given by the Network.

In Ucayali, the DIRESA and the Municipality of Coronel Portillo, with technical assistance from UNICEF, have implemented a home visit strategy in 3 health facilities of the La Florida human settlement. Through community agents, 02 home visits per month were
made to each family to promote the prevention of anaemia, consumption of MNPs and the zinc tablet.

Likewise, Ucayali has established a monitoring schedule to monitor the consumption of the MNP supplement in pre-schools of the municipality of Coronel Portillo.

Technical assistance has been provided to Callao to establish the Itinerant Brigades strategy in the three health networks under this DIRESA, to conduct home visits. These visits were performed between April and September. Out of the 14 indicators monitored, 10 were achieved, including children and pregnant women supplementation. This involved the mobilization of 52 healthcare professionals and technicians and a budget of US $ 263,000 soles funded by the SIS.

c. Strengthening communication and advocacy strategies

In March 2016, the Ministry of Health launched countrywide the national campaign to fight anaemia, based on the experience that Ayacucho developed with the technical assistance of UNICEF. This campaign was implemented in all regions.

Between 2015 and the first quarter of 2016 three campaigns were conducted in Ayacucho, the so-called supplementation week. Loreto had the active participation of the regional governor, the mothers of the glass of milk programme, the soup kitchens, health promoters, healthcare personnel and preschools teachers. They developed dissemination activities, demonstration sessions, the “nutricaminata” (walk for nutrition), among others. Cusco participated in the national mobilization workshops to fight
anaemia, involving 35 regional officials, 60 mayors, 40 healthcare professionals and 50 health promoters.

In the regions of Cusco, Ayacucho and Amazonas, support has been given to build communication strategies for the prevention of childhood anaemia. The Cusco region plan, involved the joint work with civil society and local governments. This strategy was presented in December 2015 and is being implemented in 2016. The Ayacucho Plan has been implemented in 2015 and it has prioritized mass communication through billboards, banners, advertising in public vehicles, radio spots, newspaper inserts, among others. In Amazonas, the plan has prioritized work with radio products.

The work with radio stations is on-going with the aim to broadcast messages regarding the prevention of anaemia and zinc consumption. In Ayacucho, “la hora de la chispita”, (“the sprinkle time”) which is a slot of seconds to remind mothers on the consumption of the micronutrients sachet, is broadcasted for free in 13 radio stations of the provinces of Huamanga and Huanta.

In Amazonas, the radio stations in the districts of Nieva and Galilea developed a health-related radio program for free. This educational program was broadcasted from September to November 2015 and there were 12 sessions related to reduction of anaemia and chronic child undernutrition and this information has been used to produce a card in the awajun language to promote the use of zinc for the treatment of diarrhoea. In 2015, in Loreto radio spots were broadcasted for 3 months, monthly radio and television interviews were conducted to promote the consumption of MNPs and zinc for diarrhoea. In Apurimac radio communication material prepared by the DIRESA has been distributed to the local governments.

The joint work with the local governments has been strengthened through lobbying and advocacy activities. Two regional meetings have been held in Ayacucho with 180 local government representatives, who pledged to reduce chronic undernutrition by 5% and anaemia by 10% in each of their districts. Cusco has included the reduction of anaemia and chronic undernutrition as key axes in the governance arrangements 2015-2021, and these are periodically reviewed by the MCLP. Ayacucho managed to include the reduction of ADDs, including the use of zinc, in the regional plan to fight chronic undernutrition and to prevent anaemia.

A Regional Committee for Early Childhood Development has been created in Apurimac and a multi-sectoral plan that strengthens the link among the Juntos Programme, the PNCM and the DIRESA was developed. This plan will focus its
efforts on reducing anaemia and proposes actions to increase the coverage and quality of home visits, the work with community workers and community surveillance centres. Similarly in Amazonas, the mayors of 3 districts of Bagua and Condorcanqui have formed a multi-sectoral committee for childhood, whose plan would be funded by the municipal incentives plan.

**Innovative Initiatives**

The DIRESA and the Directorate of transport and communications of the regional government are starting working in Ayacucho to send text messages to the cell phones of pregnant women and mothers of young children who receive health care in the health facilities. At this time, they are preparing the listings of phone numbers.

Loreto has been promoting the consumption of iron-rich food products to reduce anaemia, especially animal blood. Work is being done with the glass of milk programmes and soup kitchens of 4 local governments, to disseminate information on the importance of preventing anaemia, the inclusion of iron-rich foods in their preparations and dissemination of recipes. Coordination with 8 poultry businesses and slaughterhouses of the city has been started under this framework to ensure greater availability and better quality of blood.

### 4.3. Limitations and lessons learned

**Critical Factors and Constraints**

- The new regional and local governments began their terms in 2015, this has led to changes in officials of public institutions, which delayed the continuity of the processes initiated and required a greater investment of time for advocacy and technical assistance.

- In mid-2015 there was a shortage of zinc sulphate until August. The distribution from the DIRESA to the health facilities in some cases took place by the end of 2015.

- Technical weakness for good management of administrative information systems in the health sector. This makes it harder monitoring indicators and making timely and immediate decisions.

- Weak management of counselling with an intercultural approach for child-care in the health facility and in the home visits mainly. Counselling and home visits are key strategies to improve adherence to MNP and zinc tablet, and improves practices to prevent anaemia and diarrhoea.

**Lessons learned**

- The strategy to follow and monitor the consumption of iron supplements is a strong mechanism and opportunity to articulate with the strategic sectors and partners that are present in the area, thus capitalizing the resources invested, both human and financial.

- The training of experts or regional references, to provide them with the required skills to manage the guidelines on treatment of anaemia and diarrhoea, facilitates the continuous capacity building despite the high turnover of health professionals.
The implementation of a national, massive communication strategy implemented simultaneously in all regions of Peru, making use of different media to inform families directly on the use of micronutrients, contributes to improving adherence to micronutrients.

Advocacy with local governments for the mobilization of PAN resources to assist the sustained work of community agents, grassroots social organizations and the CPVC, as well as the continuous updating of the register to allow better monitoring of children and pregnant women, ensuring their basic health care package.

V. FUTURE WORK PLAN

This year 2016 is especially important to ensure continuity of the two effective interventions in the country: multimicronutrient supplementation and zinc supplementation for the treatment of ADDs. This is because in July of this year, a new government administration will take office. Even though during the second half of 2015 and the first four months of 2016, UNICEF and other organizations have done advocacy work with the presidential candidates to position the nutrition goals and effective interventions; the beginning of a new government administration will require major advocacy efforts to continue with the progress made so far and to consolidate the two interventions as part of the public health system in the country.

In addition to this, UNICEF Peru is finalizing the preparation of its new cooperation programme 2017-2021, which must be approved by September 2016. The new programme will address four components: 1) policies and budgets for children; 2) comprehensive adolescent development; 3) prevention of all forms of violence; and 4) reduction of inequities. This last component is key to contribute to closing gaps, to improve health, nutrition and education of the children living in the most vulnerable areas.

In this sense from 2017, UNICEF will focus its efforts in 4 regions: Loreto, Ucayali, Huancavelica and Lima (one district). Therefore, starting next year, the project will also redefine its scope of intervention. Nevertheless, national advocacy actions and the technical support provided to the health sector will be maintained to consolidate the two interventions with the new government, which will benefit the whole country.

Furthermore, we expect that the partnership between UNICEF and IZA will remain relevant. This will allow us to have the resources required to address the abovementioned challenges. With this joint effort, the following activities are proposed in the three lines of action:

a) **Strengthening services for supplementation**

This line of action is aimed at improving the capacity of managers and providers at the national and regional level to manage Multiple Micronutrients and zinc supplementation in an adequate and culturally relevant manner.
To this end, we will continue supporting the training processes and will strengthen them with virtual training tools or other tools with the aim to extend capacity building to health staff working in remote areas.

Internships and exchange of experiences will be promoted to places where interventions have the best practices and results.

b) **Strengthening of monitoring and evaluation activities**

This line of action is aimed at improving the quality of the intervention and evidence generation, through the scaling-up of the monitoring and evaluation strategies developed under the framework of this project.

Support will continue to be provided to the MINSA to expand the monitoring strategies that will allow ensuring adherence to supplementation, both in the health services and in the household.

In addition to that, a monitoring strategy will be implemented in some selected regions to get rid of the bottlenecks in the management flow in order to improve the intervention with multimicronutrients containing zinc from the procurement stage, to the delivery at the health facility, and the final consumption by children.

c) **Strengthening of the communication and advocacy strategies**

Under this component, actions will be implemented to communicate and disseminate information on the benefits of zinc and Multiple Micronutrients to the different target audiences.

Besides, the preparation of technical documents will be emphasized to systematize and disseminate the experience. These documents will be used for advocacy purposes with the new national authorities and for events at different government levels, civil society institutions, academia and other.
VI. ACKNOWLEDGEMENTS

UNICEF would like to thank IZA and its partners for their continued support to Peru and to the nutrition programme. These years of continuous work have allowed introducing zinc in the country as a very important micronutrient for the nutrition of children, which improves their health, growth and development.

Without the partnership with IZA, the UNICEF Office in Peru would not have succeeded in contributing decisively to the improvement of nutrition of children in the country. Child chronic malnutrition is reducing from 23.2% (2010) to 14.4% (2015) at the national level, and from 38.8% (2010) to 27.7% (2015) in rural areas and the prevalence of anaemia has begun to drop in the country and in the intervention regions. All of these achievements are a clear sign that the UNICEF-IZA partnership has allowed to accompany the country in promoting effective interventions and their effectiveness locally.

Concretely, thousands of children have benefitted, by receiving micronutrient supplementation containing zinc and zinc supplementation during episodes of diarrhoea. Many families have expressed the benefits of these interventions in the lives of their children, with expressions like "he/she doesn’t get sick often any more", "he/she is more awaken and playful", "now has a good appetite", among others.

The investment made by IZA and its partners has been a seed to mobilize a significant investment by the state for universalization of micronutrient supplementation. In 2016 the State will purchase, through the UNICEF procurement service, 378 million sachets of MNP, with a total investment of US$ 9 million.

We would like to thank IZA for its commitment to improving nutrition of children in Peru; the changes made are the result of a continuous partnership. We hope that this partnership will be maintained and strengthened to meet the challenge of consolidating the progress achieved so far with the new government administration for the 2017 – 2021 period.
ANNEX 2: HUMAN INTEREST STORY

“WILLY, THE LAST TO JOIN THE FAMILY, BUT THE FIRST TO BE HEALTHY”

Willi Samuel is two years nine months of age and he looks very healthy. Willi is Dora Vasquez’s son and they live in the village of Nuevo Seasme, in the district of Nieva, region of Amazonas. Nuevo Seasme is a small village located on the road to Nieva.

Dora tells that when she was pregnant with Willi, her fourth child, she was very scared because she was 42 and was told that it was a high-risk pregnancy. Very concerned, she did not miss any of her prenatal check-ups at the health facility. Fortunately the pregnancy was uneventful and Willi was born with an excellent weight of 3,400 gr.

However, as time went by, Dora started to worry because Willi was not gaining weight. When he turned six months, he was given some sachets with iron, zinc and vitamins, called "sprinkles" at the health post. The nurse, who had participated in the training sessions supported by UNICEF, explained to her the importance of the supplement during the counselling.

Dora started to give him one sachet every day, carefully following the instructions given by the nurse. She says that soon she began to notice positive changes in Willi … "I have seen that the sprinkles help him, in his blood, his little bones. Now he has his right weight and size … I have been told that it contains 5 vitamins".

The project supported by IZA, improved the strategies for home visits performed by the health staff in Nieva. On a recent visit, Dora told the nurse that Willi always asks for his “chispitas” (sprinkles). She explained how she gives him his “vitamins” in two tablespoons of food or sometimes in a small amount of food first and then gives the rest of the meal. Dora explains that she prepares it at noon, with meals like pulses or rice in a soup. She has not only seen that Willi has gained weight but also feels that the sprinkles are protecting him from diseases, because he doesn’t have diarrhoea, Willy is normal and doesn’t have anaemia.

Dora is convinced of the good results and recommends other mothers from the village to give their kids the multimicronutrient supplement, which also contains zinc, which is known here as sprinkles ……. "I tell other mothers to give the supplements to their kids, they don’t have any adverse effect on them, look how well my Willi is doing". Now he is the most playful and the healthiest member of my family - says Dora, smiling.