The report highlights the significant progress made during the reporting period July 2013 – June 2014. This period marks the fourth year of the UNICEF-IZA partnership and the ‘Zinc Saves Kids’ initiative.

As a result of advocacy activities the Government of Peru drafted and approved a national plan to reduce chronic malnutrition and anemia to 10% and 20% respectively by 2016 and launched a multimillion dollar Performance Improvement Fund. This is a major achievement and helped expanding the multiple micronutrient (MNP) program launched in 2010 with the support of UNICEF and Zinc Saves Kids from 14 regions in 2013 to all 24 country regions in 2014. Today, almost 1 million children under three years of age receive MNP including 5mg of zinc. This is a 65% coverage of children in this age group.

Another important advance has been the huge expansion of zinc supplementation for the treatment and prevention of acute diarrheal diseases (ADD). The number of health centers administering zinc for diarrhea treatment increased from 193 in 2013 to 544 in 2014. Health centers providing this treatment show an average reduction of ADD of 25% and a 40% reduction in the duration and severity. The highest reduction in ADD prevalence was observed in Ucayali: 58%.

This enormous progress is the result of a long-term advocacy process through UNICEF to institutionalize strategies, build capacities, promote and strengthen community strategies and monitor surveillance activities.

Peru is at the threshold of making a step change.
Country Situation

Key Facts of Peru:
Country: 1,285,220 km²
Population: approx. 30 million people.
GDP: US$ 202.3 billion*
GDP growth: 5.3%
GNI per capita: US$ 6,390*
Poverty: 23.9%
Life expectancy: 75 years
Political structure: 24 regions, 195 provinces, 1,828 districts
*Worldbank data 2013

Peru has made great strides in its development during the past decade. Its achievements include high growth rates, low inflation and macroeconomic stability. This solid context helps Peru face its development challenges.

In 2013 the average GDP growth was reported at 5.3%. Poverty was further reduced to 23.9%. However, disparities are high between urban (16%) and rural areas (48%).

Chronic malnutrition remains a public health concern. 17.5% of children under five suffered from stunting being too short for their age. Stunting is a child health indicator for chronic malnutrition. Again big differences exist between children in urban (10.3%) and rural areas (32.2%). 46.4% of children under three were reported to be anemic in 2013.

Even though there are no specific statistics on zinc deficiency, the fact that zinc deficiency is linked to stunting and anemia it can be concluded that zinc deficiency in children below three years is high.

Acute diarrheal diseases in children under five years of age were reduced by 1.4% to 10.9% in 2013, showing a constant downward trend since 2010. The most significant reduction of 5% was observed in the Amazonian region which declined from 21.2% in 2012 to 16.2% in 2013.

Through an extensive inclusion program the Government of Peru aims at diminishing the gap between urban and rural areas by providing equal access to social services and employment, reducing extreme poverty and decreasing chronic malnutrition and anemia among children to 10% and 20% respectively by 2016. Zinc supplementation will be a key element of the public intervention program.
Specific Program Objectives

- Improve the zinc intake in children under three through MNP supplementation and promotion of breast feeding plus complimentary feeding
- Reduce the incidence and severity of diarrhoea in children under five years of age in vulnerable areas through therapeutic zinc
- Improve the knowledge about effective zinc interventions in public programs of survival, growth and child development

Two Intervention Strategies:

**Multiple micronutrient powder (MNP) including 5mg of zinc to combat chronic malnutrition in children aged 6-36 months**

**10 day-course of 20mg of zinc in combination with oral rehydration salts to treat acute diarrheal diseases**

Main Actions

- Advocate to institutionalize and improve normative documents and technical guidelines
- Emphasize zinc deficiency
- Strengthen capacity building
- Improve administrative and logistical management
- Strengthen communication and training
- Mobilize financial resources
- Monitoring and evaluation

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

Key Partners

Ministry of Health (MoH), Ministry of Development and Inclusion (MIDIS), Regional Health Bureaus and health centers, Regional and District Governments of intervention regions (Apurimac, Ayacucho, Huancavelica, Cusco, Ventanilla, Loreto and Ucayali).

Pan-American Health Organization, World Health Organization, World Food Programme, Food and Agricultural Organization, United Nations Office on Drugs and Crime and UNICEF conducted a joint effort on “Improving nutrition and food security of the children of Peru – An approach to the development of capacities”.
Major Achievements and Results

Nationwide expansion of MNP intervention

Progressive expansion of MNP supplementation containing 5mg of zinc from 14 regions in 2013 to all 24 Peruvian country regions in 2014. 164 million sachets of MNP were provided to regional health centers for the treatment of 934,892 children aged 6-36 months who are cared for by the public system. This is a 65% coverage of children in this age group. The national expansion of the MNP program was facilitated by the Government’s prioritization of chronic malnutrition and the allocation of public funds.

Number of health centers providing zinc for diarrhea treatment tripled

The zinc supplementation strategy for the treatment and prevention of acute diarrheal diseases (ADD) was expanded to the regions of Cusco and Amazonas and significantly strengthened in Loreto and Ucayali. Today 544 health establishments across six regions provide zinc for ADD treatment. This is almost three times as many as in 2013. Health centers providing this treatment report an average reduction in diarrhea episodes of 25% and a 40% reduction in the duration and severity of diarrhea cases. Ucayali shows the highest reduction of ADD prevalence: 58%.

<table>
<thead>
<tr>
<th>Region</th>
<th>2011</th>
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<td>59</td>
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</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>45</td>
<td>193</td>
<td>544</td>
</tr>
</tbody>
</table>

Significant progress has been made in hard-to-reach areas in the Amazonian region of Loreto. The MNP supplementation program and zinc for ADD treatment have been established in 58 hard-to-reach communities including 29 indigenous communities. Some of these communities can only be accessed by boat with the help of the Peruvian navy.

Zinc for the treatment of ADD gained more acceptance among health professionals and families.

Following advocacy efforts and technical assistance the Peruvian Ministry of Health approved a “National Plan for the reduction of child chronic malnutrition and the prevention of anaemia in the country 2014-2016”. The objective is to reduce chronic malnutrition in children under 3 years to 10% and anemia to 20% by 2016. The Government has committed a multi-million budget for a comprehensive health and nutrition package including check-ups and supplementation of pregnant women; check-ups, vaccines, MNP and a national identity card during the first 24 months; MNP and access to early education for children aged 3-5 years, access to clean water.
Activities

- Technical assistance was provided to the MoH to draft and implement guidelines for the management and reduction of chronic malnutrition and ADD.
- Key officials were educated on the importance of MNP and zinc for child health and survival.
- 730 health professionals were trained to improve their monitoring and evaluation strategies. Training was also given to surveillance center personnel.
- Supporting the social mobilization campaign “Good Treatment for Children” to promote maternal and infant health as well as access to early education programs. Technical assistance was given at regional level to improve programming and budgeting procedures; timely procurement of MNP and zinc tablets.
- Funds were leveraged from local companies to purchase computers for better management and monitoring.

- Production of printed and audiovisual material to disseminate key messages on benefits of MNP supplementation for combating early childhood malnutrition and treating ADD with a 10-day course of zinc and ORS. Radio spots were broadcast in Spanish and indigenous languages.
- 22,800 households receiving supplements for their young children were monitored on progress.
- 4 evaluation workshops were held with health professionals to identify bottlenecks and develop new strategies.

Challenges

- Poor coordination processes and knowledge sharing between institutions
- Weak monitoring processes and slow reporting
- High rotation of officials impairing continuity of programs
- Supply shortage of MNP between October 2013 and January 2014
- Outbreak of dengue fever
- Difficult geography making access to certain communities hard
Lessons learnt

• Include mid-management in capacity-building to ensure program continuity when high-level officials change
• Have learning centers to enable internships to strengthen capacity-building
• Install a good and reliable monitoring system to evaluate program progress
• Intercultural communication is key to success

Outlook

For the period 2014-2015 funding through Zinc Saves Kids will be used strategically in order to contribute to the effectiveness of the interventions. Focus will be on advocacy efforts to ensure the health sector implements the clinical guide for the treatment of ADD and includes this intervention in the public budget to enable the national scale-up. UNICEF will also strengthen the communication strategy to raise the awareness of the benefits of MNP and zinc and to advocate for improved basic health care and sanitation practices at household level.

based on information contained in Fourth Progress and Utilisation Report, UNICEF Peru, 2014 photos/graphs pages 2, 3, 5, 6, 7: UNICEF © International Zinc Association, 2014