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USAID Scaling Up Nutrition Technical Assistance (SUN TA)

ANNUAL WORKPLAN

January 1, 2023 – December 31, 2023

December 15, 2022

PROJECT INFORMATION

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ACRONYMS AND ABBREVIATIONS

| | | | |
|---------|--|---------|---|
| AMELP | Activity Monitoring, Evaluation, and Learning Plan | M&E | Monitoring and Evaluation |
| APS | Annual Program Statement | MEL | Monitoring, Evaluation, and Learning |
| BF | Breastfeeding | MTEF | Medium Term Expenditure Framework |
| CANCC | Catchment Area Nutrition Coordinating Committee | MCDP | 1,000 Most Critical Days Program |
| C&A | Communications and Advocacy | MOA | Ministry of Agriculture |
| CBV | Community-based Volunteer | MOH | Ministry of Health |
| CF | Community Facilitators | MUAC | Mid Upper Arm Circumference |
| CDF | Constituency Development Fund | MWDSEP | Ministry of Water Development, Sanitation, and Environmental Protection |
| CIYCF | Community Infant and Young Child Feeding | NFNC | National Food and Nutrition Commission |
| CLTS | Community-led Total Sanitation | ODF | Open Defecation-free |
| DING | Direct Implementation and Non-grants Fund | ORS | Oral Rehydration Salts |
| DNCC | District Nutrition Coordination Committee | PNCC | Provincial Nutrition Coordination Committee |
| DQA | Data Quality Assessment | PI | Priority Intervention |
| D-WASHE | District Water and Sanitation Health Education | SAG | Sanitation Action Group |
| EBF | Exclusive Breastfeeding | SBC | Social and Behavior Change |
| ECD | Early Childhood Development | SLG | Savings and Loan Group |
| EHT | Environmental Health Technician | SMSG | SUN Mothers Support Groups |
| IEC | Information, Education, and Communication | STTA | Short-term Technical Assistance |
| IFA | Iron and Folic Acid | SO | Strategic Objective |
| IPM | Integrated Pest Management | SOMAP | Sustainable Operations and Maintenance Program |
| FP | Family Planning | SUN | Scaling Up Nutrition |
| GMP | Growth Monitoring and Promotion | TA | Technical Assistance |
| GRZ | Government of the Republic of Zambia | TOT | Training of Trainers |
| GUC | Grants Under Contract | TWG | Technical Working Group |
| HH | Household | USAID | United States Agency for International Development |
| HMIS | Health Management Information Systems | USG | United States Government |
| IECD | Integrated Early Child Development | VSLA | Village Saving and Lending Associations |
| IR | Intermediate Results | V-WASHE | Village Water, Sanitation, and Hygiene Education |
| IYCF | Infant and Young Child Feeding | WASH | Water, Sanitation, and Hygiene |
| | | WNCC | Ward Nutrition Coordination Committee |

1. EXECUTIVE SUMMARY

The following represents the 2023 Scaling Up Nutrition Technical Assistance (SUN TA) Project Work Plan covering January 1 to December 31, 2023. The USAID SUN TA Project is a four-year (February 18, 2019 - February 17, 2023) contract (72061119C00002) with three additional option years for a total of seven (7) years between DAI and the U.S. Agency for International Development (USAID). In August 2022, USAID exercised the Option Period I by extending the SUN TA project for eighteen (18) months from February 17, 2023 to August 18, 2024.

The Scaling Up Nutrition Program is a cross-ministry and multi-donor program to reduce stunting in Zambia through implementation of the Government of the Republic of Zambia's (GRZ) 1,000 Most Critical Days Program (MCDP II). USAID has contracted DAI to implement the USAID Scaling Up Nutrition Technical Assistance (SUN TA) Project to help reduce stunting among children under two years of age. Currently, the project is implemented in 13 districts: [REDACTED]

In line with the MCDP II, SUN TA targets women of reproductive age 15 - 49 with at least one child under 2 years of age, and/or a pregnant woman. Also, the project is targeting the SUN Program's most vulnerable households (a household that includes one or more of the following: a teenage pregnant woman, a pregnant woman with low Mid Upper Arm Circumference (MUAC, <21.0 cm), a woman with an infant under 6 months of age with recorded low birth weight, or a maternal mortality with surviving infant of under 6 months of age).

To achieve the goal of this project, USAID has identified two main objectives to address stunting:

- 1. Adequate Quantity and Quality of Dietary Intake Among Target Groups**
- 2. Adequate Health Conditions for Biological Utilization of Nutrients**

In support of these objectives, SUN TA delivers the same core interventions (SUN Minimum Package of High-impact Interventions) to all the 13 districts, as well as utilizes the same household targeting strategy and public service delivery mechanisms (MCDP II Pyramid). Further, SUN TA leverages previous USAID investments in maternal and child health to develop and roll-out new approaches that address the needs of the SUN eligible households and rapidly achieve impact. This work plan outlines activities and interventions required to reach targeted households and meet contractual obligations. Furthermore, the workplan includes annexes for the district summary workplan targets/budgets, the SUN TA budget summary for 2023, and the revised staffing plan (organogram).

In 2023, SUN TA workplan will be anchored around sustainability of interventions by consolidating the foundation from the last four years across the technical areas. In addition, the project will continue to prioritize following:

- Convergence of interventions using the four pillars of the project (agriculture, health and nutrition, livelihoods, WASH) along with social and behavior change principles,
- Increasing reach and coverage of eligible SUN households, and
- Data utilization to enhance quality, impact, and improve program efficiency and effectiveness through evidence-based planning and programming.

Given the results from the SUN LE preliminary midline survey, the project will undertake comprehensive secondary data analysis to better target interventions based on demographics by February 2023. Further, SUN TA will utilize its annual indicator survey to strengthen its technical approaches, targeting, and continue to be aligned with relevant GRZ and United States Government (USG) priorities, strategies, and guidelines, focusing on the following:

- Increase coverage of interventions to 90 percent through nutrition triggering to ensure the reach, coverage, and awareness of nutrition services and adoption of nutrition behaviors at household level
- Continue convergence and layering of the four pillars (Health and Nutrition, Agriculture, Livelihoods, and Water, Sanitation and Hygiene) at household level to address both the direct and underlying causes of stunting
- Promote access and availability to nutritious foods through increased agriculture production and create sustainable entrepreneurship opportunities among women and men.
- Enhance private sector engagement and collaboration for sustainable access to food systems that address nutrition-specific interventions
- Mobilize communities to address harmful gender norms that increase vulnerability to gender-based violence (GBV) and limit access to health and nutrition services
- Deliver safe, clean drinking water, and promote better sanitation and hygiene practices (frequent handwashing with soap and water) through social and behavior change (SBC) interventions
- Strengthen USG synergies and coordination to leverage resources in the SUN TA implementation districts
- Digitalization of data collection to enhance efficiency, and continue to track pregnant and lactating mothers, as well as monitor children growth and diarrheal trends
- Utilize existing GRZ funding opportunities (constituency development fund) to transition support across the four pillars
- Support climate smart agriculture (CSA) practices using local solutions to mitigate climate change effects to sustainably address household food, income, and nutrition security.
- Promote gender equity and the empowerment of women in communities to sustain improved nutrition behaviors by facilitating male involvement to caregiving, agriculture activities, and household tasks

This workplan is organized into five sections. The first section describes the purpose and context of SUN TA. The second section provides an overview of the SUN TA workplan, including the guiding principles underlying priority activities and interventions. The third section details SUN TA and government counterpart activities at the district levels and puts forward high-impact nutrition-specific and sensitive activities, their descriptions, and associated costs. The fourth section describes how SUN TA will manage the implementation of activities across all levels and discusses the schedule for priority operational tasks. Finally, section five outlines a schedule for the deliverables and reports to be submitted to USAID/Zambia during the workplan period.

In addition, the SUN TA Workplan includes the following annexes:

- Annex I: SUN TA Implementation Schedule
- Annex II: NFNC Provincial and District Budgets by Activity
- Annex III: SUN Indicators and Targets for 2023
- Annex IV: SUN TA 2023 Budget Summary
- Annex V: SUN TA Organizational Chart

2. PROJECT OVERVIEW

2.1 Introduction

Childhood stunting is one of the biggest public health problems that Zambia faces today, with 35 percent of children under five being stunted. Rural areas have higher stunting rates (36 percent) compared to urban (32 percent). Zambia is no exception with persistent, multigenerational stunting

rates higher among children in rural areas (36 percent) than among children in urban areas (32 percent). Stunting provincial variations are as follows: Central (33 percent), Copperbelt (30 percent), Luapula (45 percent), and Northern (46 percent). Those who suffer from stunting face life-long consequences including impaired cognitive function, chronic disease, and lower earning potential – potentially relegating those affected to a lifelong cycle of poverty pre-determined before even reaching the age of two. This devastating chronic condition is robbing Zambia of its people’s potential and households of their full economic future.

In 2022, SUN LE conducted a midline survey and noted that stunting is still a major problem among children less than 24 months in the 30 SUN districts. The midline survey observed a significant increase in stunting from 30.2 percent at baseline to 34.0 percent at midline, and this pattern was observed across sex, age, and location subsets. However, geographical variations in stunting were observed in the districts, i.e., in the SUN TA districts there was reduction in severely stunted children at baseline compared to midline in Mansa (12.5 percent vs. 11.5 percent), Kaputa (15.3 percent vs. 12.0 percent), Kapiri Mposhi (9.2 percent vs. 6.9 percent), and Chibombo (12.4 percent vs. 4.2 percent). Moderate stunting reduced from baseline to midline in Chibombo (28.9 percent vs. 23.3 percent), Kabwe (34.3 percent vs. 33.2 percent), and Kaputa (39.5 percent vs. 36.0 percent). Further, significant increase in stunting was seen among children under two years old at baseline and midline in Ndola (15.8 percent vs. 31.0 percent) in Copperbelt Province.

Although the preliminary midline survey results showed an overall increase in stunting, other indicators such as breastfeeding, family planning usage, access to sanitation, access to basic drinking water and incidences of diarrhea indicate an improvement, thus providing a window of opportunity to build on the gains and turn the tide for better nutrition outcomes. For example, the midline saw some decline in the incidence of diarrhea, ranging from 1.1 percent in Kasama District to 29 percent in Kaputa District (a district certified open-defecation free or ODF).

As part of its approach in enhancing program implementation and monitoring impact, SUN TA engaged a consulting firm to undertake a rapid assessment of the project's annual performance for selected indicators by facilitating comparisons between 2021 annual monitoring data with 2019 SUN LE baseline findings, as well as to track trends on indicators of interest and to inform the design and refinement of contextually appropriate and targeted interventions for each profile of the targeted audience. Below is the summary of the key highlights from the annual indicator survey results:

- **Agriculture:** The most widely implemented type of improved agricultural practices and technology was crop genetics (64.9 percent), followed by soil fertility conservation (58.0 percent), crop rotation (54.2 percent), and post-harvest handling (52.7 percent). The household decisions regarding the production and sale of crops and livestock were assessed, with 80.5 percent of women reported decision-making involvement.
- **Health and Nutrition:** Nearly 80 percent (79.2) of respondents reported using family planning (62.7 percent use injectables, predominantly among females and youths). At the district level, Nchelenge District (80%) had a higher portion of respondents currently using family, whereas the least was Mumbwa District (54.3%). A vast majority of new mothers (98.6 percent) breastfed their children aged 0 to 6 months, with 84.8 percent of them indicating exclusive breastfeeding.

The number of children aged 6 - 23 months who consumed food from at least 5 different food groups. The results showed that the median Child Dietary Diversity Score (CDDS) was 5.0 with an estimated mean of 4.7. A CDDS of 5 or above was present in 56.6 percent of children. Grains were the most often consumed food group (91.4%), followed by breastmilk (74.3%), pulses (70.7%), and other fruits and vegetables (62.3%) among children aged 6 to 23 months.

Maternal Dietary Diversity for women (MDD-W), 69.7 percent of women scored 5 or above, with an average score of 5.5. The mean MDD-W in the community savings and loans groups was 5.6, whereas the mean MDD-W for SMSG members was 5.9. Tubers, grains, and white roots were the most often consumed food group, accounting for 96.80% (n=1040), followed by 'other vegetables' such as cabbage and okra, accounting for 91.60% (n=984). Other food groups, such as green leafy vegetables, were reported to be consumed by 68% (n= 730) of mothers of reproductive age. Dairy was the least reported food group consumed by mothers of reproductive age, accounting for 22.80% (n=245), followed by eggs, which accounted for 25.80% (n=277). Kaputa had the highest average MDD-W of 6.8, with 85.7% consuming more or equal to 5 food groups. In contrast, Ndola had the lowest average MDD-W of 5.1, with 58.9% consuming greater or equal 5 food groups.

Regarding food consumption at the district level, the results revealed that Mbala (56.6%, n=43) was the least district with respondents consuming more or equal to 5 food groups, followed by Ndola District with 58.9% (n=106) and Luwingu district with 58.9% (n=33) of respondents consuming more or equal to 5 groups

- WASH: In terms of sanitation, 99.2 percent have access to a toilet/latrine, 29.6 percent indicated having a shared the toilet/latrine, 86.9 percent indicated ownership of a handwashing station within 10 meters of a toilet or latrine, and 86.7 percent reported having water and soap at the hand washing facility. For water sources and access, the most prevalent source of district level drinking water was protected wells, whereas water vendors and kiosks were the least common. Regarding access, the average time to source water and travel back was 9.6 minutes. In terms of water treatment, the results revealed that 71.1 percent of households treated their drinking water.

SUN TA will continue to use approaches that yield results such as nutrition triggering and convergence to respond to the gaps that could have contributed to some of the negative survey findings of both preliminary midline and annual indicator survey. In addition, the project will emphasis strengthening of Catchment Area Nutritional Coordinating Committee that interact with beneficiaries, increasing the coverage and reach of the intervention, and continue to focus on supporting the implementation of key intervention package for stunting with strong evidence of effectiveness in nutrition-specific and nutrition-sensitive. Furthermore, SUN TA will focus on these measures in addressing the midline and annual indicator results as follows:

- Conduct secondary data analysis of the midline survey results to enhance adaptive management while maintaining a focus on better targeting and improving the quality of coverage of the beneficiaries
- Measuring and tracking child stunting through rapid assessment, mini surveys, and case management
 - Track and measure child stunting for every woman with a child aged (6-23 months) reached with the SUN TA interventions as part of the rapid assessment study using the MUAC tape for the children under two years, and for pregnant women
 - Conduct routine data collection based on the immunization schedule in cases with children aged 0-23 months and antenatal clinic attendance schedule in cases of a pregnant women
 - Guide and provide direct oversight, coaching, and mentoring, to the correct usage of the height boards for measuring length/height in children, as well as measuring MUAC for both pregnant women and children (6-23 months). Data will be uploaded into the DHIS2 child stunting tracker by the SUN TA Data Associates
 - Conduct a rapid assessment mini stunting survey, six months apart. The assessments will be conducted in an interval of six months apart to assure validity and precision.

- Orient and train CBV supervisors to support case management, including tracking of children (0-23 months) and engaging with parents and caregivers. Case management will involve the following: client identification (screening), assessment, stratifying risk, planning, implementation (care coordination), monitoring, transitioning, and linking clients to available and relevant resources necessary for the clients to attain their identified goals through early childhood development activities (ECD) and other SUN TA nutrition interventions
- Adopt the Total Quality Leadership and Accountability (TQLA) model as a Quality Improvement (QI) strategy to accelerate case-finding and case management of malnourished children and/or pregnant/lactating mothers to appropriate services
 - Identification and re-deployment of resources to 20 percent of sites accounting for 80 percent of program results (Pareto principle)
 - Setting up a “situation room” at national office (Lusaka) and site levels (districts) for monitoring performance in real-time using daily/weekly/monthly granular level data and prioritizing activities
 - Ensure district staff meet with GRZ and other stakeholders frequently (daily, weekly, monthly) to visualize and examine granular site level data, identify gaps, brainstorm on solutions, identify areas of greatest need or collaboration for domestic resourcing, and adopt adaptive management decisions to improve program results
 - Re-orient staff and community volunteers on program performance and new strategies such as community-led nutrition triggering to increase coverage and part of case finding to improve uptake of nutrition services
 - Improve collaboration with respective GRZ structures and other USAID-funded partners (such as Alternative to Charcoal, Chemonics-GHSC-PSM, Expanding WASH, Family Health and Nutrition, Local Impact Governance) to enhance linkage to nutrition support services
- Implement social transformational approaches to enhance household and community nutrition behaviors through the Theater for Community Action and Happy Home Campaign
- Support direct implementation through Grants Under Contract in sites where GRZ staffing is limited and provide appropriate nutrition services

2.2 SUN TA Geographic Scope

[REDACTED]

[REDACTED]

3. ACTIVITY IMPLEMENTATION APPROACH

In late 2021, SUN TA undertook a mapping of the project’s operational areas which revealed that not all the project’s four pillars – Health and Nutrition, Agriculture, Livelihoods, and Water, Sanitation and Hygiene – were present in the targeted catchment areas. In response, SUN TA used the results of the mapping exercise to address the convergence gaps and address gaps that the multisectoral nature of the program was reflected in the community and household levels. By the end of 2022, headway had been made as activities and monitoring data showed a much better picture of all the project’s four pillars in communities that will be used to build in 2023.

SUN TA will continue to implement proven and high-impact interventions using a coordinated and convergent approach across sectors and levels of government, while properly adapting the sequencing and layering of its interventions with the unified goal of reducing stunting at the household level. To increase demand and awareness of nutrition services and activities at community level, SUN TA introduced in 2022 a new community action approach called Community-led Total Nutrition (CLTN), modelled on the Community-led Total Sanitation (CLTS) model as part of WASH. It focuses on igniting behavior change by triggering community members to identify and acknowledge nutrition-related problems in their community and develop actions with facilitation and guidance from external support. Post-triggering monitoring visits showed that communities had responded positively by forming SUN Mother Support Groups (SMSGs), establishing gardens, building toilets, and joining savings groups. In 2023, SUN TA will scale up this activity to increase coverage and delivery of nutrition services to communities. This approach relies heavily on community structures and therefore works well for ownership and sustainability. In addition, through its SBC approach, the project will introduce “theater for action” in 2023 to complement efforts around changing behaviors with a call to action.

The project used both the findings of the SUN TA annual indicator survey and preliminary results of the SUN LE midline survey to plan for areas of improvement and prioritization of 2023 activities. This was amidst Zambia’s National Food and Nutrition Commission’s (NFNC) maiden decentralized planning which started with the Ward Nutrition Coordination Committees (WNCCs) and escalated to the Provincial Nutrition Coordination Committees (PNCCs) in line with the Medium-Term Expenditure Framework (MTEF) cycle.

As part of its change in implementation approach, SUN TA made a strategic decision to reduce its office district presence, thereby allowing GRZ structures to take up more ownership of the program, while SUN TA continues to provide targeted support to activities through a cluster approach. USAID SUN TA will continue to provide the technical, financial, and logistical support to the line ministries to ensure they meet their set targets for the year across the 13 districts.

3.1 Agriculture and Livelihoods

The Agriculture and Livelihood component aims to increase reliable access to safe and nutritious food through nutrition-sensitive agriculture and financial inclusion. Access to safe and nutritious food is being achieved through production of diverse (nutrient-dense) vegetables, legumes, crops, and poultry at community and household levels using climate smart agriculture practices to sustainably address household food, income, and nutrition security. In 2022, the SUN TA annual indicator survey showed the most widely implemented type of improved agricultural practices and technology was crop genetics (64.9 percent), followed by soil fertility conservation (58.0 percent), crop rotation (54.2 percent), and post-harvest handling (52.7 percent). The household decisions regarding the production and sale of crops and livestock were assessed, where 80.5 percent of women reported decision-making involvement.

SUN TA will strengthen the promotion of convergence through nutrition triggering, realigning the target group through SMSGs as entry points to identify follower farmers in crop, vegetable diversity,

and poultry production, and further increase reach, scale, and upsurge on the establishment of the backyard gardening and adoption of improved farming technologies. In addition, the project will commercialize production of vegetables and biofortified crops such as orange maize and orange fleshed sweet potatoes with strengthened linkages on private sector engagement.

The financial inclusion agenda through Community Savings and Loans Groups (CSLGs) has shown phenomenal results across districts as evidenced by the increased number of savings groups and the diversity of micro, small, and medium enterprises (MSMEs). The project will enhance the results with financial literacy to help saving clients make better use of their financial resources/services (savings, loans, and insurance). According to the preliminary midline survey, the proportion of households reporting stronger resilience increased from 39.3 percent to 43.7 percent, however only a minimum increase in urban areas. Mumbwa district had the highest increase in the proportion of households reporting resilience to environmental shocks from 45.7 percent to 73.4 percent. To enhance resilience among households, SUN TA will strengthen the linkage of CSLGs to other project pillars targeting SMSG members, improve nutrition messaging in the CSLGs, roll-out financial literacy to increase financial knowledge on purchasing and consuming nutritious foods, make sound financial decisions to foster enterprise development, and increase income at the household level.

In 2022, SUN TA undertook a review of the village chicken value chain and based on the findings decided to streamline the target audiences to include more beneficiaries from SUN TA existing groups, especially SMSGs. A similar review was done for savings groups with a view to include more beneficiaries from SUN households. This will be monitored in 2023 to ensure each of the project's interventions are aligned with the primary target group. One lesson the project has learned is the difference in the rural-urban socio-economic dynamics, which have an influence on the uptake of the project's activities. For instance, due to high commercial/trading activities in urban settings, not every mother has time for SMSG activities compared to rural areas where seasonal agriculture is the main source of livelihood. Consequently, the project made the decision to implement context specific activities with variations between urban and rural areas rather than taking a one-size-fits-all approach.

To scale up activities under this component and thereby respond to survey findings, SUN TA will work with the Ministry of Agriculture, the Ministry of Fisheries and Livestock, and the Ministry of Community Development from national to district and community levels to undertake the following activities:

- Continue promoting convergence, reach, and targeting while integrating activities across the four pillars (agriculture, livelihoods, health & nutrition, and WASH)
 - Increase targeting of members of the SMSGs, Lead Farmers, and Follower Farmers to self-select and form CSLGs
 - Orient new and strengthen old V-WASHE committees on how to utilize the local CSLG to 'bank' community user fees to safeguard and increase funds allocated for repair and maintenance of water points
 - Conduct convergency sensitization radio programs using Lead Farmers, Follower Farmers, CSLGs, SMSGs, V- WASHE committees
 - Strengthen CSLG linkages with other pillars through nutrition triggering sessions
 - Facilitate the registration of ready CSLGs into cooperatives or clubs to access funding opportunities
 - Transform and transition ready CSLG to digital savings, services, and products provided by the private sector, other NGOs, and government
 - Facilitate and promote nutrition and gender-based violence messaging in CSLGs saving meetings

- Commercialize production of vegetables, orange maize and orange flesh vines for sweet potatoes (OFSP) through private service provider engagement, adoption of improved technologies, and field days targeting SMSGs and CSLG members to promote rural women’s economic development
- Expand and streamline the village chicken value chain to target SMSG and CSLG members
 - Support the formation of village chicken hubs to shorten distances for Follower Farmers in accessing the birds and supportive services
 - Improve local supply of day-old chicks by establishing incubation facilities (i.e., GRZ supplied, Demo Farmer owned and/or private sector service provider) and support establishment of vaccine and drug delivery systems
 - Identify and engage village chicken off-takers and build capacity of farmers to aggregate their village chicken produce
 - Facilitate formation and registration of village chickens’ beneficiaries into cooperatives
- Strengthen the private sector soybean value chain
 - Good Nature Agro (GNA) will identify, recruit, orient, or train new Private Extension Agents (PEA) linking them to for the 2023/2024 season
 - Facilitate targeting of SMSG and CSLG members as Follower Farmers for the soybean value chain
 - Support productivity technologies for soybeans, such as timely planting, using conservation methods, use of inoculant, access to better planting, and threshing equipment
 - Continue strengthening and development of backward and forward market linkages with GNA and other private players
- Enhance the capacity of Lead and Follower Farmers on good agriculture practices such as integrated pest management (IPM), minimum tillage, crop rotation, mulching, composting, weed control, farmer managed natural regeneration, gross margins for focus crops like soybean, beans, sweet potatoes, and maize
- Promote backyard vegetable gardens among the SMSGs and CSLGs and encourage households to scale-up production and consumption of diverse nutritious/green leafy and quick maturing vegetables (such as Amaranthus, Rape/Kale, sweet potato leaves) and build their knowledge on how to better process, preserve, and store for the lean months
- Strengthen livelihoods and economic empowerment through financial literacy trainings, business, and entrepreneurship skills training to CSLGs members (women and men) for improved food production
- Improve extension services for crops and animal products that women produce or process, to increase access to nutrient-rich foods
- Encourage safer use and storage of agrochemicals to reduce children's and women's exposure where possible to pesticides and veterinary pharmaceuticals used in livestock and crop production
- Identify and support possible irrigation systems for selected Lead Farmers to boost crop yields while promoting good agricultural practices (including water conservation)
- Encourage communities to invest in technologies (such as treadle pumps and solar irrigation) to reduce women's workload through the Constituency Development Fund (CDF) opportunities
- Conduct regular technical field monitoring and supportive visits

3.2 Nutrition and Health

The Nutrition and Health component of SUN TA improves maternal, infant, and young child feeding (IYCF) and caring practices, as well as maternal and adolescent nutrition. SUN TA promotes nutrition-specific, high-impact interventions (maternal nutrition, early initiation of breastfeeding, exclusive breast feeding (EBF) for the first six months, complementary feeding, and systems strengthening for iron, folate and vitamin A supplementation and immunizations including diarrheal treatment with oral rehydration salts (ORS)/Zinc). Emphasis will not only be made on iron supplementation for women of reproductive age or pregnant women to reduce maternal anemia, low birthweight (LBW), and neonatal mortality, but also on the importance of completing under two scheduled immunizations to

prevent and protect children from communicable childhood illnesses. The project targets pregnant, breastfeeding women, pregnant adolescents, and children under two years, as well as delivery of community-level family planning interventions. This is being achieved by working with the Ministry of Health as lead implementer and other line ministries through the formation and operationalization of SMSGs within health facility catchment areas. This structure enables the project to reach beneficiaries at household levels. Further, SUN TA supports integrated early childhood development (IECD) activities at the community and household levels to address stunting through nutrition-sensitive agriculture; improved WASH practices among caregivers; and promotion of responsive caregiving to help children in their first years of life. Additionally, SUN TA supports community-based growth monitoring and promotion (GMP) activities where all mothers with children under two years are required to attend growth monitoring at community and health facility at least once per month as part of every comprehensive primary care program. Weights measured for children during GMP are recorded by community health promoters and staff who are able to understand how to correctly utilize and interpret the information. Equal importance will be placed on educating mothers/caregivers to recognize the danger signs of growth faltering.

According to the SUN TA annual indicator survey, 80 percent of respondents reported using family planning (62.7 percent use injectables, predominantly among females and adolescents). A vast majority of new mothers (98.6 percent) breastfed their children aged 0 to 6 months, with 84.8 percent of them indicating exclusive breastfeeding. The results showed that the median Child Dietary Diversity Score (CDDS) was 5.0 with an estimated mean of 4.7. A CDDS of 5 or above was present in 56.6 percent of children. A total of 69.7 percent (n=749) of women scored 5 or above, with an average score of 5.5. The mean Maternal Dietary Diversity (MDD-W) for women in the community savings and loans groups was 5.6, whereas the mean MDD-W for SMSG members was 5.9.

Similarly, the SUN LE preliminary midline survey observed that exclusive breast feeding increased at midline compared to baseline in districts such as Chibombo (62.5 percent vs. 71.2 percent); and Samfya (57.7 percent vs. 79.5 percent). However, reduction in exclusive breastfeeding was seen in some districts such as Kabwe (77.5 percent vs. 72.4 percent); Kitwe (73.7 percent vs. 64.9 percent), and Ndola (69.2 percent vs. 43.8 percent). Among SUN districts, modern family planning use was highest in Ndola (86.0 percent).

As the pacesetter for the other interventions, Nutrition and Health will support increased convergence and coverage through CLTN while sharing data and coordinating with other thematic areas to ensure that communities are covered with all nutrition-specific and nutrition-sensitive interventions. Also, the project will continue to support community-based growth monitoring and promotion activities. Key activities for CLTN

- Roll-out CLTN to reach at least 90 percent of the facility catchment area coverage to increase awareness, demand for nutrition services and practice of optimal behaviors at community level
- Integration of the Safe Motherhood Action Groups (SMAGs) activities in the SMSGs
 - Promote Kangaroo Mother Care (KMC) for newly delivered babies both LBWs and normal birth weight babies
 - Support the work of community-based volunteers (CBVs - including SMAGs) that are helping to educate women and girls about maternal and neonatal issues at the community and household levels
 - Support pregnant women to deliver in health facilities by a skilled staff rather than at home
 - Raise awareness about pregnancy and birth-related complications to reduce critical delays that occur at household level regarding decision-making
 - Support health facility staff to attend SMSG community sessions to ensure the delivery of high-quality information, and promote access to services on mothers bringing in infants for immunization 48 hours after delivery and all the follow-up immunizations

- Support CBVs conduct active case finding of malnutrition cases through routine nutrition assessment of children under two and pregnant women using the mid-upper arm circumference (MUAC) tape to determine the risk of malnutrition and linking them to appropriate nutrition support services within the community and at the health facility.
- Continue formation of SMSGs using catchment area/population-based needs through registration of pregnant women at antenatal clinics and children aged 0-24 months at outreach and static under-five clinics, CSLG groups, Follower Farmer group gatherings, and V-WASHE and SAG gatherings
- Promote community level family planning activities to expand the coverage and reach of women in all SUN TA catchment areas through trained community-based distributors of contraceptives and referrals to health facilities
- Support integration of health facility and community-level Early Childhood and Development (ECD) activities
- Strengthen lower-level structures such as WNCCs and Catchment Area Nutrition Coordinating Committees (CANCCs) to deliver and monitor MCDP II multi-sectoral activities
- Support commemorations of relevant events such as Child Health Week and World Breastfeeding Week
- Intra- and inter-district exchange visits and learning tours for CBVs and SMSGs to promote cross learning among CBVs and SMSGs
- Conduct joint technical monitoring of catchment level health and nutrition activities, and continuous on-site coaching and mentoring of CBVs and health facility staff

3.3 Water, Sanitation, and Hygiene (WASH)

SUN TA's WASH thematic area focuses on three core interventions: 1) hygiene promotion, 2) sanitation (critical for preventing fecal contamination of the environment), and 3) water access, quantity, and quality. In 2023, SUN TA will continue to support hygiene interventions including the promotion of handwashing with soap and clean water at critical times, food hygiene, and environmental hygiene all of which support improved nutrition outcomes (inclusive of proper separation of fecal matter from the environment). Further, the project will support the promotion and use of clean play areas for children so that they are not exposed to environmental animal waste. SUN TA will promote CLTS focusing on social and behavior change as well as capacity-building such as: how to acquire/build and use latrines, practice optimal handwashing with clean water and soap at critical moments, practice key food safety actions, and properly dispose of (adult, child, and animal) feces. Also, the project will support adoption of legal enforcement for urban communities in CLTS. Further, SUN TA will continue to work with communities to attain ODF certification status with health facility catchment areas.

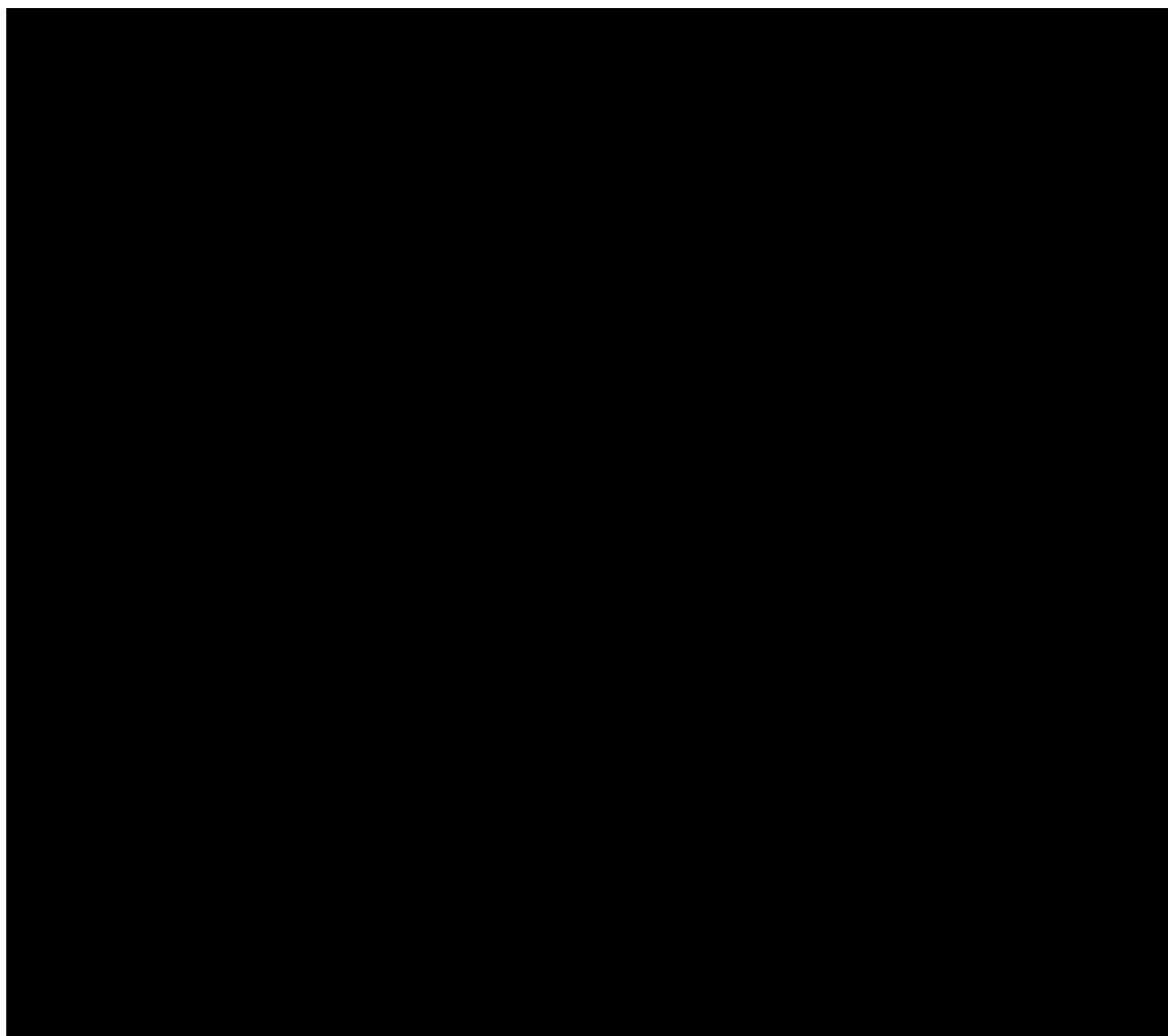
The SUN TA annual indicator survey noted that 99.2 percent have access to a toilet/latrine, with 70.4 percent indicating access to basic sanitation (not having a shared toilet/latrine), 86.9 percent indicated ownership of a handwashing station within 10 meters of a toilet or latrine, and 86.7 percent reported having water and soap at the handwashing facility. In terms of water sources and access, the most prevalent source of district level drinking water was protected wells, whereas water vendors and kiosks were the least common. Regarding access, the average time to source water and travel back was 9.6 minutes. SUN LE midline survey observed that 46.2 percent of households had access to basic drinking water, resulting in an 8.5 percent increase at midline when compared to baseline. In terms of water treatment, the SUN TA annual indicator survey results revealed that 71.1 percent of households treated their drinking water. Similarly, the SUN LE midline survey reported correct use of recommended water treatment technologies at household levels increased by 5 percent (14.8 percent) when compared with baseline (9.5 percent).

SUN TA will continue working with the Ministry of Water Development, Sanitation, and Environmental Protection (MWDS) and the Ministries of Health and Local Authorities to increase access to safe water,

sanitation, and hygiene at household and community levels. The nutrition-sensitive WASH interventions aim to increase access to safe water through the rehabilitation of broken down waterpoints, construction of new water points, and water reticulation schemes.

Further, SUN TA will promote access to water from a safe source, and proper storage and treatment. The project will continue working with the districts to conduct routine water quality monitoring through testing and chlorination of water points and promote home-based water treatment solutions such as boiling and use of chlorine and safe storage. In addition, SUN TA prioritizes sustainability by building the capacity of communities, local government, and stakeholders in understanding their roles and responsibilities in managing preventive, as well as remedial measures, in the operation and maintenance (O&M) of all water points. SUN TA will support local authorities with the establishment of the Sustainable Operations and Maintenance Program (SOMAP) shops to improve availability of borehole spare parts with a goal to reduce the downtime for non-functioning boreholes. To encourage and lead communities to higher levels of sanitation, the project will also explore working with private sector operators for sanitation marketing and available sanitation products with a view of linking them to target households.

Key activities in 2023 include:



3.4 Cross-Cutting Activities

Social and Behavior Change

SUN TA's SBC strategy aims to address information, knowledge, skills and confidence, social norms and structural barriers that contribute to stunting by engaging target audiences that fall under the four pillars. SUN TA continues to use a multi-level and multi-platform approach to build knowledge on multifaceted factors that contribute to stunting and enhance enablers of social and behavior change by leveraging available community resources. Some of the strategies used include community capacity building to enhance skills and confidence to generate local solutions to mitigating the challenge of stunting. Community members are provided with knowledge and skills to use locally available resources to support priority audiences across the four pillars. This is achieved using interpersonal communication through one-on-one counseling, facilitated group discussions, and on-going skills transfer through demonstrations facilitated by trained volunteers through SMSGs, SAGs, CSLGs, and Follower Farmer groups. Others include community mobilization (engaging influencers such as traditional, civic, and religious leaders; interactive drama performances, and using public address system for announcements) and media (radio programs, jingles, spots, and announcements).

In 2022, the project undertook several activities to contribute to the adoption and maintenance of priority behaviors among households such as better childcare practices, improved sanitation and hygiene through chlorination and boiling drinking water, importance of constructing ODF standard latrines and handwashing stations, growing and consumption of diverse, nutritious foods, formation of CSLGs, and establishment of micro, small and medium enterprises as a source of livelihood. As a cross-cutting theme, SBC activities will continue being rolled out to support adoption of priority behaviors across thematic areas.

In addition, the project undertook various activities as part of the Happy Home Campaign - a household-based campaign which supports community members to adopt priority behaviors and engage key audiences, and stakeholders to create a community movement behind the project's priority areas on behavior change. A 'Happy Home' is defined as a household that has adopted at least three (3) priority behaviors crucial to the reduction of stunting in line with SUN TA's four core pillars. Eight priority behaviors aligned to government strategies were selected for the campaign in 2023, and households demonstrating progression in the adoption of these behaviors will be recognized through placement of door stickers.

Some of the activities include an insight gathering exercise in four districts to gain a deeper understanding of contextual issues that serve as barriers and enablers of these behaviors. Information generated through this exercise will inform development of key messages and community-led approaches that will respond to these contextual issues and facilitate the process of adopting and maintaining priority behaviors.

In 2022, SUN TA developed and pretested a campaign tagline. Three taglines were translated into local languages and focus group tested in five districts after which one was selected. The selected tagline '*Raise a healthy family through good nutrition*' will be integrated into the campaign identifier and form part of the campaign branding going forward in 2023.

A local community organization was engaged to support the process of orienting local drama groups in the 13 districts to deliver participatory theater for a multi-sectorial nutrition campaign using "theater for community action" (TCA). Theater for community action is a creative approach and powerful way of sharing messages to stimulate community action and address identified problems and issues. TCA will be used with and by communities and groups to collectively research and critically analyze their own situation. Further, they will develop and perform artistic and cultural content that reflects their reality and actively engage the audience in dialogue, analysis, planning, and action towards positive social transformation.

In 2023, SUN TA will implement the Happy Home Campaign to bring together the community-level package of project interventions and reflect households who have met successful changes by demonstrating progression towards adopting priority behaviors. The project will encourage wider ownership of the campaign and facilitate community-led approaches which allow members to process the problem, generate local solutions and address them. Households will participate by aspiring to graduate to a model SUN Happy Home status which will be recognized and announced on community platforms. Below are the eight behaviors for the Happy Home Campaign:

1. Mothers exclusively breastfeed children from birth to six months, giving them no other liquids, foods, or medicines unless prescribed by a healthcare worker
2. Caregivers of children 6 to 23 months should add a healthy ingredient to meals and snacks (e.g., egg or, chicken, meat, caterpillars, kapenta, fish, or other local sources of protein at least three times a week, as well as nutritious vegetables and legumes, Mbereshi (dry bean) or soybeans)
3. Mothers and caregivers of children under two seek treatment for diarrhea from a health facility to obtain zinc and pre-packaged oral rehydration salts (ORS) to give to their child
4. Women, men, and youth in SUN HHs use certified seeds to grow diverse, nutrient-dense vegetables (specifically those rich in vitamin A, vitamin C, and Iron) and legumes (Mbereshi and soybeans)
5. Women, men, and youth in SUN HHs practice mulching, crop rotation, and minimum tillage in their crop production
6. Women, men, and youth in SUN HHs wash hands with soap and clean, safe water at four critical times (i.e., prior to preparing food and feeding children; before eating; after using the toilet; after washing or cleaning a baby's bottom and after direct contact with animal/human feces)
7. SUN HHs use an improved sanitation facility (e.g., ventilated improved pit latrine, flush or pour toilet connected to a sewer system or septic tank or composting toilet)
8. Women, men, and youth in SUN HHs have micro, small or medium enterprises (SMEs) to help them increase household income by participating in community savings and loans groups (i.e., taking out small business loans)

Technical Working Groups and SUN National Platforms

SUN TA will continue to actively participate in the WASH, Monitoring and Evaluation, Communications and Advocacy, and Ministry of Health Nutrition Technical Working Groups and other relevant SUN National Platforms, such as the SUN Cooperating Partners and Steering Committee, to contribute to and influence the agenda. These forums are a good source of information and updates, collaboration, new policy developments, exchange of ideas, and learning new sector-specific trends. Also, SUN TA will participate in the various sector meetings called by different implementing line ministries and other non-state actors at national, provincial, and district levels.

National Events and Commemorations

There are various national events and commemorations held every year across different sectors. Participation in national events and commemorations is an opportunity to demonstrate the project's contribution to the respective sectors at different levels and use the tie-in days to reinforce messaging to influence SBC. Some of the national events and commemorations that SUN TA will participate in include Child Health Week, World Water Day, World Sanitation Day, World Toilet Day, Global Handwashing Day, World Breastfeeding Week and World Food Day. SUN TA will participate in these events as programmed by the Zambian government and its contribution will mainly be public sensitization through radio and providing limited logistical support.

Communication and Advocacy

Communications is critical in sharing what the project is accomplishing and learning to external audiences, nationally and across districts. Since inception, SUN TA has regularly documented success

stories and will continue to do so to illustrate how the project interventions have improved people's lives and contributed to household, community, institutional, and structural changes. In 2022, the project produced success stories alongside Quarterly and Annual Reports, social media posts, and radio programs on various project activities. The project's activities were covered in the national print and electronic media. SUN TA produced and printed a summary version of the 2021 Annual Report which was shared with USAID, NFNC, Government implementing line ministries at national, provincial and district level. In addition, the project produced a brochure of selected success stories dubbed 'Community Voices' which was shared with various stakeholders including USAID, government line ministries, and beneficiaries. Further, the project printed the USAID-produced project fact sheet for dissemination at project offices and at events. In 2022, USAID approved a set of 5-minute project videos and requested the team to edit and reduce in length to 1-minute and 2-minute for easy sharing and viewing. SUN TA completed this task and started sharing the videos with various stakeholders after USAID approval.

In 2023, the project will continue to deliver the Quarterly and Annual Reports as key deliverables accompanied by success stories that highlight the positive changes individuals are experiencing because of SUN TA activities. Also, the project will produce a popular version of the 2022 Annual Report and the second edition of 'Community Voices' covering a different set of districts. The three photographers/videographers will continue to be regularly dispatched to the 13 districts to collect still and motion pictures to enrich the project's publications.

SUN TA will continue to participate in the NFNC-led National Communications and Advocacy Technical Working Group to tackle various nutrition communication and advocacy issues. Additionally, SUN TA will work with the NFNC to revisit and re-energize the Provincial and District Communications and Advocacy TWGs formed in 2020 so that they can effectively support advocacy activities in their respective locations.

4.0 MONITORING, EVALUATION & LEARNING

Monitoring, evaluation, and learning (MEL) is a critical component to the project, enabling design of the MEL plan, tools, and tracking of results. SUN TA's MEL system draws on and uses the existing government district and sub-district reporting structures and systems. The SUN TA MEL system is custom designed to receive data inputs from implementation districts and communities. [REDACTED]

[REDACTED]

During the 2023 implementation period, the project will continue to demonstrate performance against the set indicator targets through monitoring mechanisms, drawing lessons from implementation while achieving adaptability at all levels, achieving better targeting of project beneficiaries, strengthening M&E sub-structures of the NFNC while focusing on the community level and ensuring increased data quality. In addition, and in line with the project focus for the option years, the MEL function will also demonstrate geographical and service scale-up, sustainability, gender and social inclusion, convergence, private sector engagement and other identified priorities. In 2022, through SUN LE, the project was subjected to a mid-term evaluation (MTE) and 2023 will also focus on responding to the evaluation findings including actioning the study recommendations. The MTE

results will be disseminated at provincial and district level to facilitate local level consideration for uptake and decision making. The project will also conduct rapid surveys on quantitative indicators that require annual reporting as well as qualitative inquiries to provide context to performance data including factors facilitating/inhibiting performance.

Formation and Operationalization of the PNCC and DNCC M&E TWGs

Following the successful formation of DNCCs and PNCCs, and MEL Technical Working Groups in all the project supported districts and provinces, the project will in 2023 continue to strengthen the capacity of these sub-structures through the provision of technical and logistical support with further emphasis on the DNCC assuming more convening responsibilities away from the project. The project will focus more on the formation and operationalization of community structures playing the coordination role on nutrition interventions i.e., the WNCC and its accompanying M&E Technical Working Group to spearhead multisectoral data management. The project will support WNCCs across the 13 districts to ensure functioning M&E sub-structures. Through strengthening of the CANCCs, the project will continue to deliver all services that have converged from the different project pillars directly to the targeted beneficiaries at community level leaving no one behind.

Joint Monitoring to Catchment Areas with the DNCCs and PNCCs

In 2022, the project successfully institutionalized multisectoral monitoring visits among PNCCs and DNCCs with the objective of facilitating increased monitoring of program implementation by these structures taking over the responsibility from project specific structures. All monitoring activities were either led by the PNCC or the DNCC and in some instances, without the presence of project staff. The project will build on this in 2023 and move toward more government uptake of the activity. The project will reduce direct support from four joint monitoring visits to two and with a reduced entourage and more focus on the catchment visiting the community structures. Other district stakeholders will be encouraged to commit resources to this activity including transport and allowances as part of transitioning support to GRZ.

Scale-up the Digitalization of Data Capture

In 2022, the project scaled-up the digital data collection initiative to all districts and catchment areas with 968 Agriculture Camp Extension Officers, Environmental Health Technologists and Clinical Officer/Nurses trained in DHIS2 data reporting and equipped with mobile phones, SIM cards and

monthly data/internet bundles. Within the first few months of its deployment, the project recorded improved reporting by catchment level government officers. As the project will reduce on staffing in the districts, this initiative will be key to remote data management and will ensure that this is monitored closely. The joint monitoring visits will equally focus on providing on-site coaching and support for continued operationalization of the digital platform. In 2023, the digital platform will be extended to the Community Development Assistants (CDAs) to support CSLG with the aim of harmonizing the DHIS2 with SAVIX. The CDAs will be oriented to the DHIS2 and equipped with mobile phones for reporting. Also, the project will pilot and, if successful, implement an extended mobile platform for data collection at the community level and will particularly target lead farmers. Furthermore, the project will work to harmonize the digital system with the national level one developed by NFNC with support from UNICEF.

Promote Exchange/Learning Visits

The project will continue to classify high performing sites as “Centers of Learning” and these will be used to provide a platform for other sites in each district. The project will facilitate visits to high performing communities by low performing ones and in some instances, the high performing catchments or communities will visit the low performing ones to offer on-site support and encouragement. One area that will benefit from cross-learning activities is data management.

[REDACTED]

Measuring Nutritional Status of Women and Children

In between the SUN LE commissioned evaluation studies, the project will implement low-cost rigorous research activities to track the nutritional status of women and children as well as other prerequisite result areas including coverage of nutrition interventions, access to reliable and safe food, child feeding and household nutrition practices, and access to water, sanitation, and hygiene. To achieve this, the following will be considered:

- *Rapid Assessment Survey*: SMSG membership information will facilitate the measurement of stunting by tracking women with children aged 0-23 months. Also, women/caregivers will be assigned unique identifiers, will be drawn from the SUN TA database, and tracked over the period between inception into the SMSG up to graduation. The following data elements will be measured and analyzed at six months intervals:
 - Height-for-age Z-score (HAZ)
 - Weight-for-height Z-score (WHZ)
 - Weight-for-age Z-score (WAZ)

Drawing experience from the beneficiary registration and secondary data collection from the health facilities exercises, the project will rely on existing structures and resources to achieve data collection and entry, leading to analysis and interpretation. These include health facility staff, CBVs, and project technical staff.

- [REDACTED]

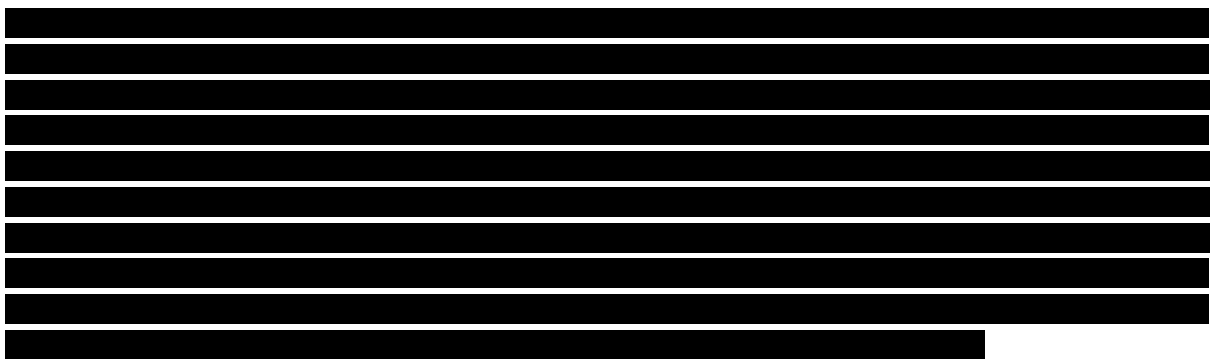


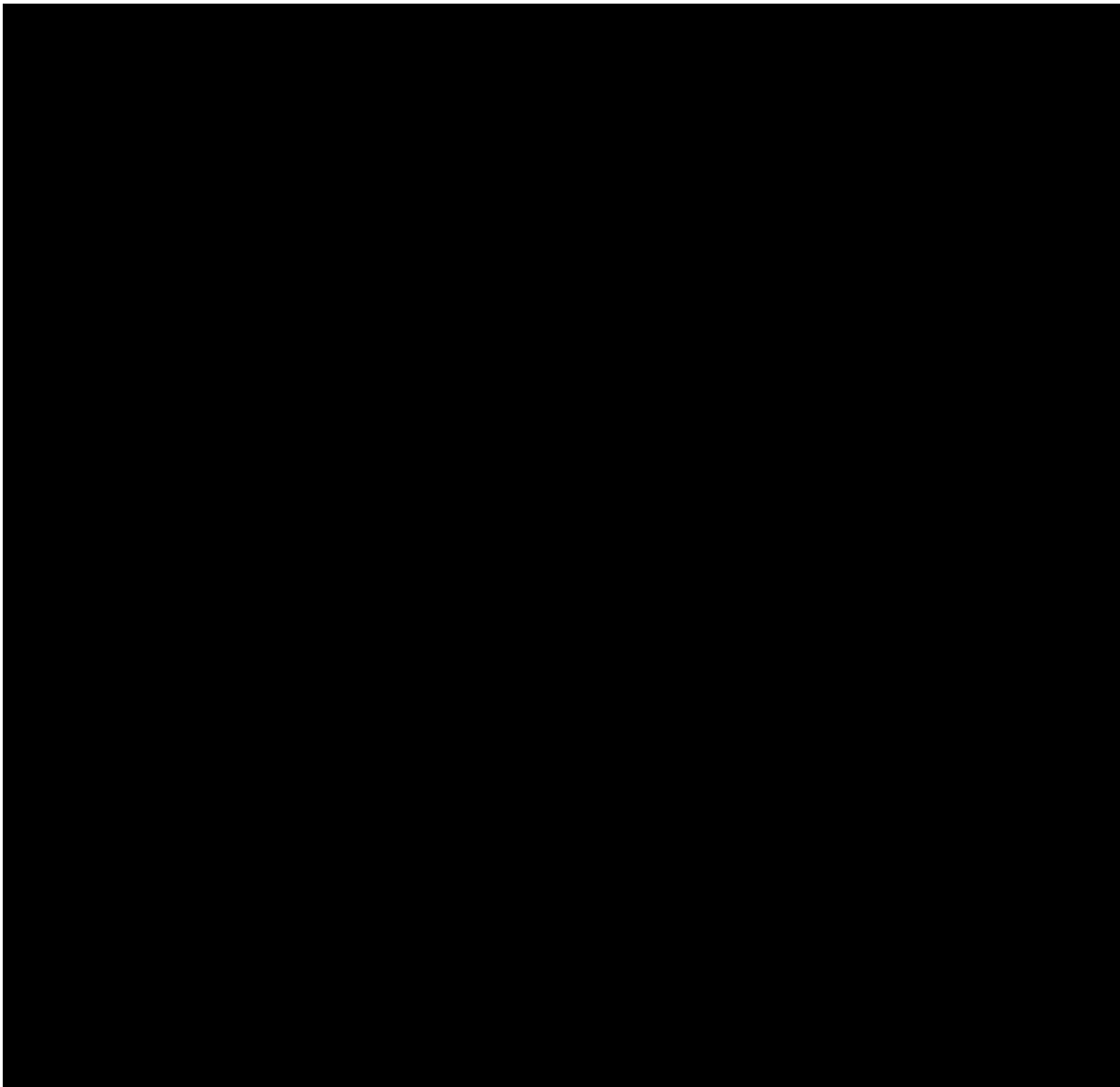
- *Mini Surveys:* In 2022, the project conducted the annual indicator phone-based survey for selected outcome indicators and disseminated the findings at district level. This facilitated discussions on district performance and the identification of strategies for improving outcome results. In 2023, the project will aim to conduct bi-annual population-based surveys that bear similarities in design with the SUN LE evaluation studies but fielded at a smaller scale. Apart from the high-level nutrition status indicators, the mini surveys will also measure coverage of interventions, knowledge levels and practices, and access to project supported products and services with a further aim of at demonstrating incremental change. With the Happy Home Campaign in high implementation mode, the survey will also be used to track SBC indicators, as detailed in the SUN TA SBC strategy.
- *Qualitative Studies:* SUN TA will conduct qualitative studies to provide context to monitoring data and this will target project beneficiaries. As a follow-up to the findings and recommendations from the mid-term evaluation, the project will conduct additional qualitative analysis on:
 - Bright Spots – aimed at investigating positive deviance in the geographies where things are going well and factors facilitating performance
 - Avoid Spots – to investigate the worst performing districts/wards, factors inhibiting performance, and strategies for improving performance

Collaboration with SUN LE

SUN TA will continue to take part in activities being implemented by SUN LE and will also invite SUN LE to participate in project monitoring and research activities. This includes review of study protocols, input into data collection tools and draft reports, and validation of research outputs. SUN LE and SUN TA will continue to hold monthly joint meetings during which the two projects will update each other on implementation and evaluation activities. SUN TA will assume an active role in the dissemination of study results spearheaded by SUN LE to facilitate project uptake and utilization in planning and adaptation of intervention approaches. The studies conducted in 2022 include the *SUN Mid-term Evaluation, Performance Assessment* and *SUN Economic Analysis*.

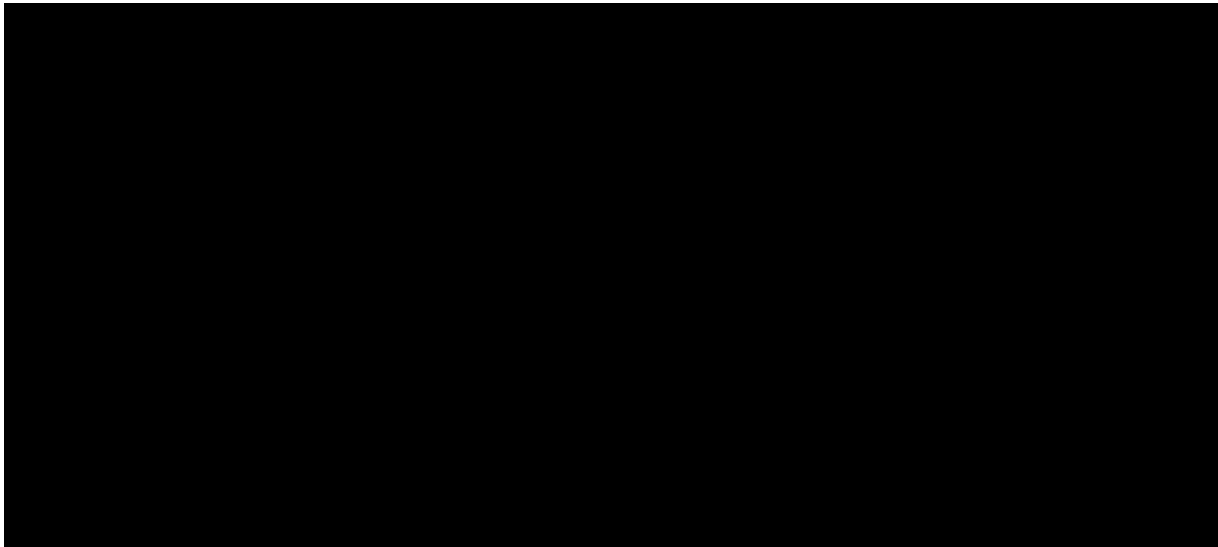
5.0 MANAGEMENT AND OPERATIONS

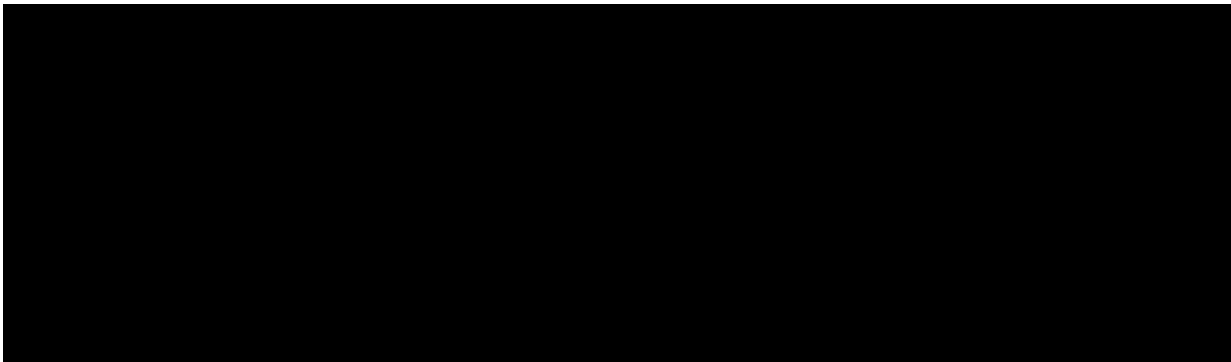




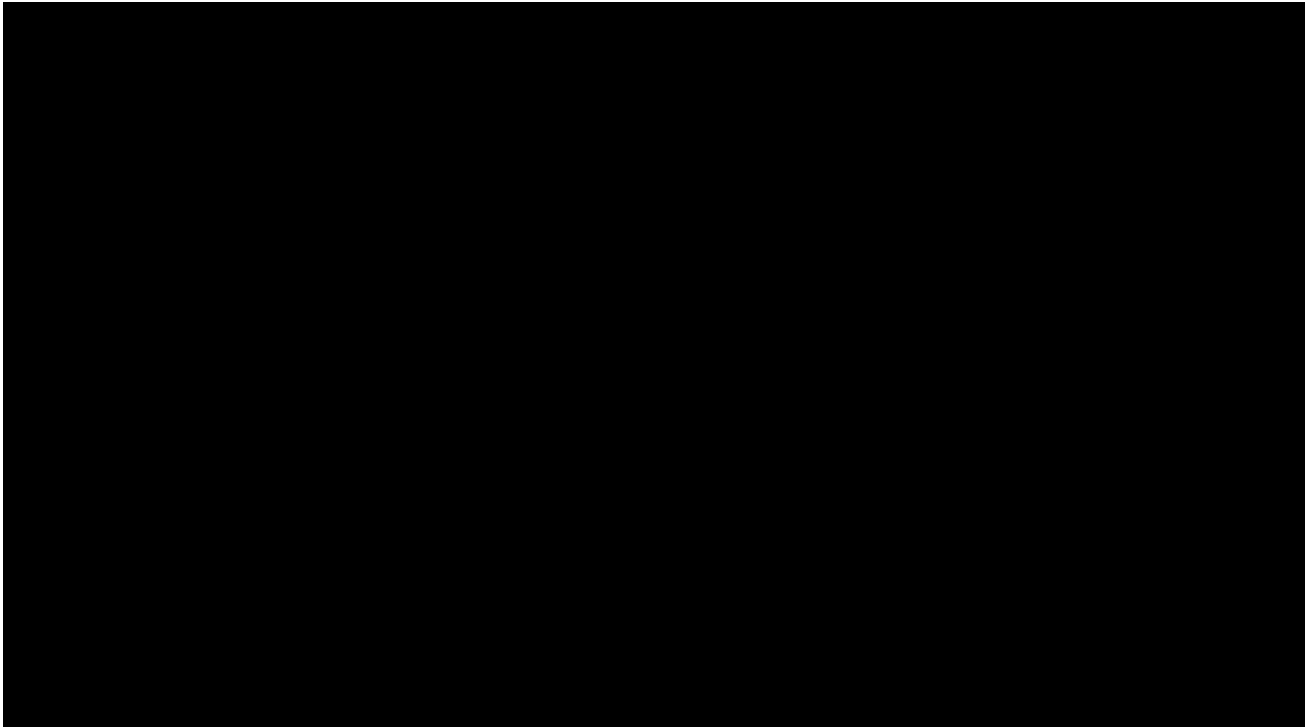
5.1 Summary of Administrative and Operational Priorities

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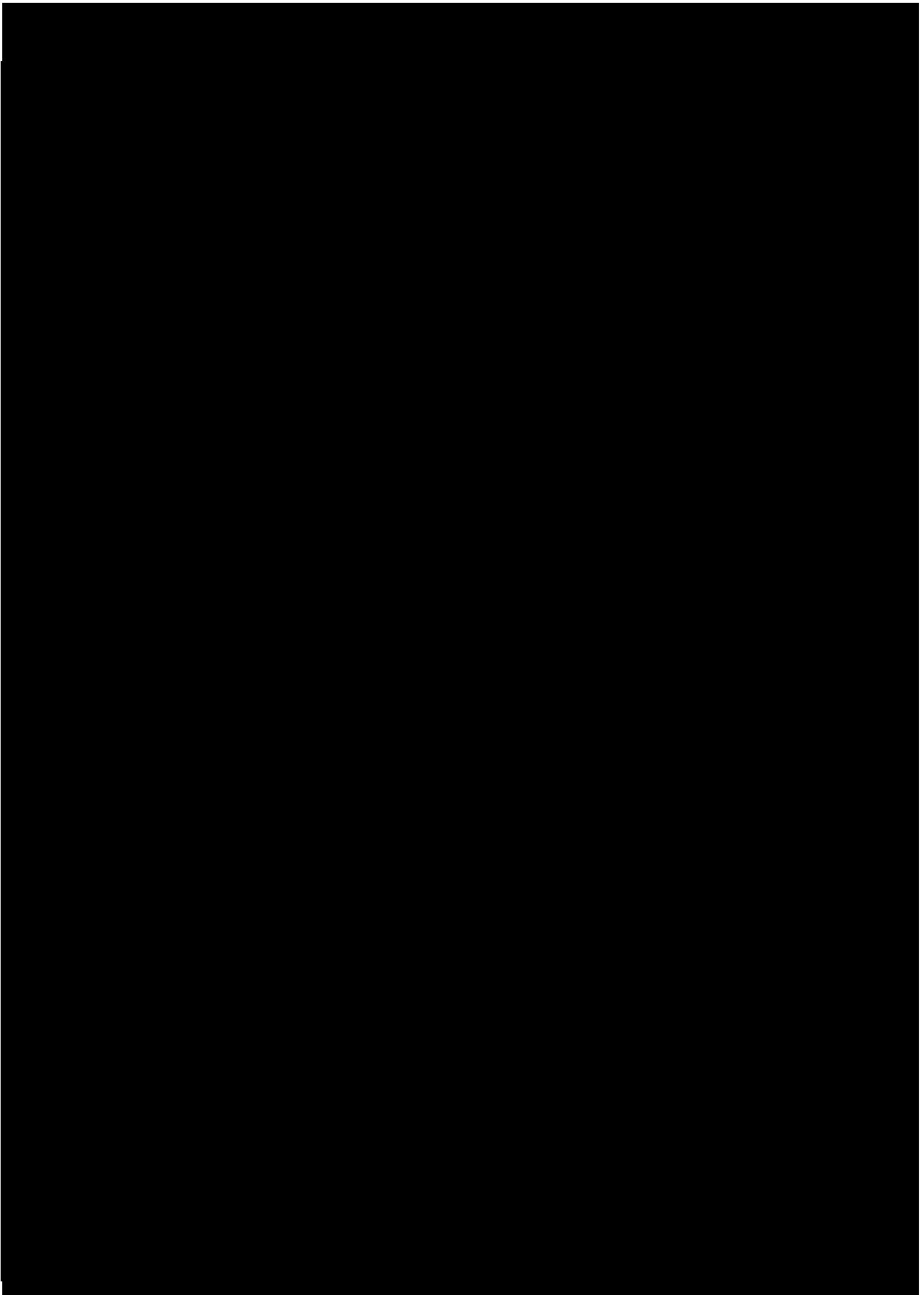


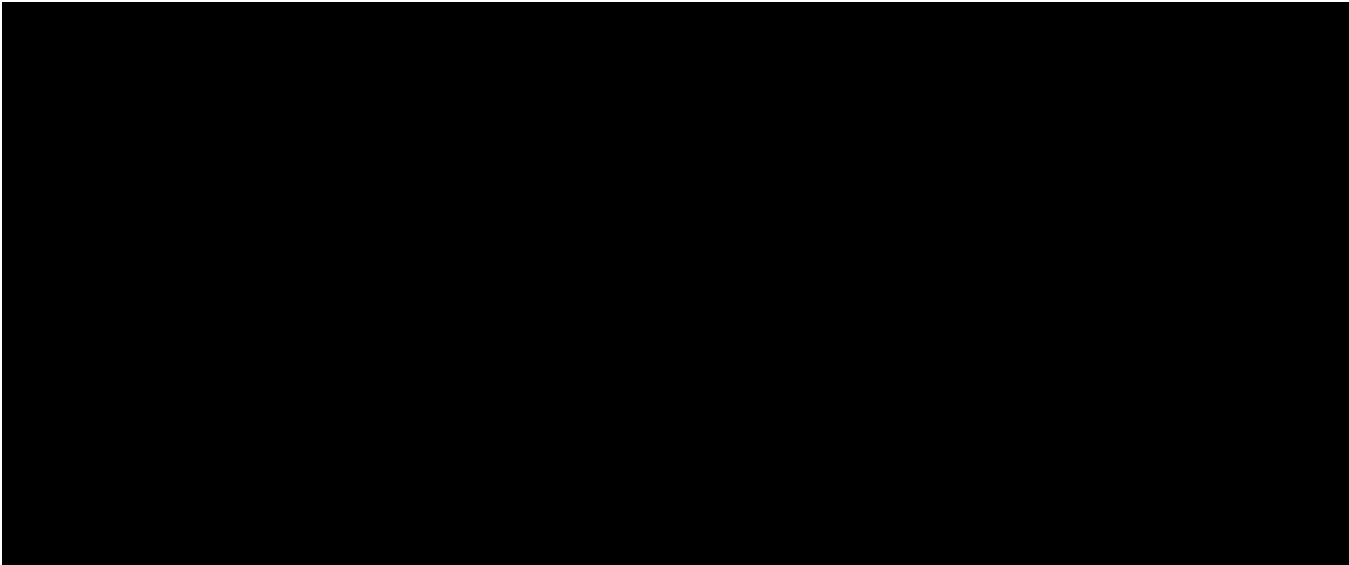


6.0 REPORTS AND DELIVERABLES



7.0 ANNEXES





7.3 Annex III: SUN TA Indicators and Targets for 2023

