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How Africa Can Build a Future Free from Hunger and Malnutrition



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ZAMBIA



CASE STUDY



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Between 2000 and 2016, Zambia made good progress in reducing levels of undernutrition with a reduction in the Global Hunger Index from 50 to 39 (equivalent to a 23 percent change) and a fall in stunting rates from 58 percent to just 40 percent over the same period.¹ This means that Zambia currently is off-target to reach the Malabo commitment of reducing stunting to less than 10 percent by 2025. Only 11 percent of infants were consuming a minimum acceptable diet in 2013-2014. Furthermore, Zambia is facing an increasing double burden of malnutrition as overweight and obesity rates have also reached 29 percent and 10 percent respectively. The Government of Zambia has committed to tackling malnutrition more actively through institutional reforms and programs.²

INSTITUTIONAL REFORMS

The government began addressing malnutrition as early as the 1960s with the creation of a National Food and Nutrition Commission (NFNC) under the Ministry of Health. The NFNC functioned as an advisory body to the government to promote and oversee nutrition activities in Zambia, primarily focusing on vulnerable groups such as children and women.³ In addition, Zambia is committed to the devolution of government functions as one of the key elements of its decentralization policy. While line ministries continue to approve major programs to be carried out at provincial and district levels, these programs are managed by district-level officers and there is a growing emphasis on community participation and community-level health and other sector activities. Furthermore, civil society organizations, private sector companies, religious leaders, and the media have been recognized to play important roles in promoting healthier diets. Legislation for mandatory fortification, maternity leave, and the International Code of Marketing of Breast-Milk Substitutes have also been introduced over the past years. Furthermore, the government encourages various agricultural research and extension services, and local farmer organizations are involved in setting policy priorities.

POLICY AND PROGRAMMATIC INTERVENTIONS

Although the challenge of malnutrition remains prominent, Zambia has made progress in strengthening or developing new national programs. The inclusion of food security and nutrition objectives in the fifth (2006-2010) and sixth (2011-2015) National Development Plans demonstrated the programmatic commitments by the government to address malnutrition. In addition, Zambia joined the Scaling Up Nutrition Movement in 2011. Recognizing that significant contributions from agriculture, health, education, community development, social services, water and sanitation, and emergency response programs were critical in addressing undernutrition, the government developed the National Food and Nutrition Strategic Plan for the period of 2011-2015, which put a major emphasis of government policy on decentralized program development and management.⁴ As levels of vitamin A deficiency remain high in Zambia, the country is losing an estimated US\$186 million annually due to vitamin and mineral deficiencies. With 54 percent of Zambian children under five estimated to be vitamin A deficient, the government actively promotes complementary feeding practices and provided two high doses of vitamin A supplementation for 93 percent of children in 2013.⁵ The government also committed to increasing financial contributions to nutrition by at least 20 percent annually for the next 10 years, and to reaching the estimated additional US\$30 per child under five required to scale up high impact nutrition interventions. Furthermore, Zambia has developed the Nutrition Trust Fund, a pooled fund that supports innovative approaches to scaling up nutrition. The Fund is currently being implemented.⁶

Moreover, a community-based approach to managing acute malnutrition proved to be a complementary service to inpatient therapeutic care.⁷ The 2011-2015 National Food and Nutrition Strategic Plan for Zambia

consisted of strong community mobilization, identification of children suffering from malnutrition, outpatient supplementary feeding for patients with moderate acute malnutrition, outpatient therapeutic care for uncomplicated cases of severe acute malnutrition, and inpatient care for patients with severe acute malnutrition with medical complications. The adoption of a community-based approach has significantly extended service coverage and improved treatment outcomes in Zambia, with a cure rate of 80 percent, while maintaining a death rate of 5 percent.

Furthermore, the government supports a campaign to replace the traditional white maize with orange maize. Maize is a staple food in Zambia and the more nutritious orange variety⁸ provides consumers with vitamin A. Orange maize has also been included under the government's Farmer Input Support Programme (FISP), which subsidizes farmers' access to seeds. The government is encouraging farmers, millers, and seed companies to champion orange maize and encourage more people to switch from the white to the orange variety. An assessment conducted among school-aged children (four to eight years old) in rural Zambia highlighted that children who ate orange maize showed improved night vision within six months. Their eyes adapted better in the dark, improving their ability to engage in optimal day-to-day activities under dim light, such as during dusk and dawn.⁹ As biofortified maize is scaled up to reach more households in more provinces, the main challenge is to ensure extensive distribution through private networks to outlying areas.¹⁰

From 2011 to 2014, sweet potato production in Zambia ranged between 43,211 and 45,677 tons, which is low compared to Eastern African countries, where sweet potato is one of the main staple foods. The Integrating Orange Project was implemented by the Zambia Agriculture Research Institute in collaboration with the International Potato Center in 2011 to promote orange-fleshed sweet potato (OSP) in rural farming communities in the Eastern and Central Provinces. The target was to reach 15,000 rural households, prioritizing women with children younger than five years. Baseline data for this project showed that only 0.2 percent of households in the Chipata district cultivated OSP, covering a total of only 3.67 ha of land. Since then, a number of strategies have been implemented in the target areas, such as provision of high-quality OSP vines to rural households; training of communities on good agronomic practices, multiplication, and conservation of vines; providing nutritional knowledge related to vitamin A deficiency, OSP, childcare, and dietary diversity; developing promotional and education messages; and building capacity.¹¹

With cassava the second most important staple food crop after maize in Zambia, vitamin A biofortified cassava is currently being field tested in cassava-consuming communities that include the Luapula, Western, North-Western, and Northern provinces.

Although levels of malnutrition and stunting remain high, and obesity and overweight rates are on the rise, the government's commitment to tackling malnutrition is visible. Since 2016, the national Multi-Stakeholder Platform (MSP) has been strengthened, with the designation of the Permanent Secretary of the Ministry of Health as chair by the Special Committee of Permanent Secretaries. The District Nutrition Coordinating Committees (DNCCs) are being expanded to new districts beyond the current 14, and ad hoc Provincial Nutrition Coordinating Committees are also in place. However, although the national budget has doubled since 2012 overall, governmental allocations for nutrition remain stagnant and have declined in some cases. In 2014, the government was spending 11.3 percent of its budget on health, while spending on nutrition-specific interventions was just 0.1 percent in the same year.¹² Furthermore, weak access to safe drinking water and adequate sanitation facilities prevents positive outcomes for nutrition in Zambia.¹³

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⁴ National Food and Nutrition Commission of Zambia, "National Food and Nutrition Strategic Plan for Zambia 2011-2015", accessed 27 November 2017, http://www.scalingupnutrition.org/wp-content/uploads/2013/02/Zambia_NFNC-Strategic-Plan-2011-2015.pdf.
⁵ Hunger and Nutrition Commitment Index, "Key data for Zambia", Zambia, 2014, http://www.hancindex.org/files/2014/HANCL_Global_2014_ZM.pdf.
⁶ Scaling-Up Nutrition Movement, "SUN Movement Compendium Zambia (2014)" accessed 27 November 2017, http://scalingupnutrition.org/wp-content/uploads/2014/11/SUN_Compendium_ENG_20141026_05Zambia.pdf.
⁷ Maleta, K. and Amadi, B., 2014, "Community-Based Management of Acute Malnutrition (CMAM) in Sub-Saharan Africa: Case Studies from Ghana, Malawi, and Zambia", in *Food and Nutrition Bulletin*, vol. 35, 2_suppl1: pp. S34-S38.
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¹⁰ Bouis, H.E. and Saltzman, A., 2017, "Improving nutrition through biofortification: A review of evidence from HarvestPlus, 2003 through 2016", in *Global Food Security*, 12: 49-58.
¹¹ Sakala, P., Kunneke, E. and Faber, M., 2017, "Household Consumption of Orange-Fleshed Sweet Potato and its Associated Factors in Chipata District, Eastern Province Zambia" in *Food and Nutrition Bulletin*, <https://doi.org/10.1177/0379572117729979>.
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¹³ Hunger and Nutrition Commitment Index (2014). Key data for Zambia. http://www.hancindex.org/files/2014/HANCL_Global_2014_ZM.pdf