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Zambia: Nutrition Profile

Zambia has made genuine progress in reducing malnutrition and stunting since the launch of Zambia's Scaling Up Nutrition (SUN) movement in 2010. However, Zambia still has one of the highest rates of malnutrition and stunting in sub-Saharan Africa. Malnutrition in childhood and pregnancy has many adverse consequences for child survival in Zambia and for long-term well-being. It also has far-reaching consequences for human capital, economic productivity, maternal and child health, and national development, overall. The consequences of malnutrition are a significant concern for Zambians and partners, where 35 percent of children under five years are stunted (have low height-for-age) and 4 percent of children under five years are acutely malnourished or wasted (have low weight-for-height), according to the most recent Demographic and Health Survey (DHS) (Central Statistical Office [CSO] [Zambia], Ministry of Health [MOH] [Zambia], and ICF International 2018).

Background

Currently, Zambia ranks 139th out of 162 countries in progress toward meeting the Sustainable Development Goals (Sachs et al. 2019). Zambia's development holds much promise, but faces much peril. Urban economic growth has boomed, but rural areas have stagnated in poverty. Most rural households are engaged in subsistence-level farming on very small plots that are not economically viable, often turning to unsustainable livelihoods that degrade natural resources, such as forests and wildlife, to supplement their incomes. Despite more than a decade of high economic growth, most of Zambia's population remains below the poverty line due to high income inequality (Zambia's Gini coefficient is among the world's highest), and the economy remains far too dependent on copper for tax revenue and foreign currency reserves. Rural enterprise development is constrained by a lack of capacity and access to credit, and a poor enabling environment. A high national debt burden jeopardizes future growth and the Government Republic of Zambia's (GRZ) ability to make critical human capital investments. While significant progress has been made in Zambia's political and social development in recent decades, serious concerns remain. Zambia has been a regional bastion of peace, but democratic backsliding and corruption threaten political stability and effective public service delivery. Substantial U.S. Government support has brought Zambia close to achieving HIV epidemic control, but sustaining this progress is undermined by an under-resourced, poorly managed health system. The battle against HIV/AIDS remains the highest priority in the health sector, however, with Zambia expected to reach the important milestone of "epidemic control" in 2020, there will be a strategic shift in emphasis from a laser focus on getting as many infected people as possible on treatment to strengthening the technical and financial capacity of the country's health system to maintain and advance these gains on its own (thus furthering its own self-reliance in health), and to reduce (and eventually, end) the need for continued U. S. Government assistance over time.

Child mortality rates have also fallen, but high malnutrition and the poor quality of primary education impede child development and future workforce productivity. Although many high-level political leaders (including the vice-president and several Cabinet ministers) are women, deeply-rooted gender inequities in social, political, and economic rights and opportunities continue to hamper women's empowerment and welfare, and gender-based violence (GBV) remains pervasive. The Zambian government has committed to addressing these issues through its 2018–2022 7th National Development Plan (7NDP). Its objectives are to (1) diversify and make economic growth inclusive, (2) reduce poverty and vulnerability, (3) reduce development inequalities, (4) enhance human development, and (5) create a governance environment conducive to a diversified and inclusive economy. Zambia's growing and unsustainable debt

burden has implications for USAID programming. Official external debt rose to over \$10 billion in 2018. Of this, \$3 billion is currently owed to China, but another \$6–8 billion is estimated to be in the pipeline (contracted but not disbursed) through various opaque lending agreements. The International Monetary Fund (IMF) estimates overall public debt (external and internal) to be 71 percent of Zambia’s annual gross domestic product (GDP), up from 10 percent in 2011. The government spends 87 percent of its budget on debt servicing and wages, leaving little left for other priorities. Fiscal deficits also continue to rise and are currently about 10 percent of GDP. This budget burden undercuts progress toward Zambia’s financial self-reliance as the government is less able to make critical investments in health, education, and rural development, which also jeopardizes the sustainability of USAID investments.

Nutrition and Food Security Situation

Malnutrition is a major burden for Zambia, rooted in multidimensional poverty and systemic challenges to food; water, sanitation, and hygiene (WASH); health; social; and economic systems. Malnutrition contributes to low human capital (Zambia Statistics Agency et al. 2019), reduces maternal and child survival and health, school achievement, and economic progress. Overall, 4 percent of children under five are wasted.

Analysis by age group shows that wasting peaks at 7 percent among children aged 9–11 months. By province, wasting is highest among children in Muchinga (8 percent) and lowest among children in Eastern, North Western, and Southern (2 percent each). There is no major variation in wasting by a mother’s education or household wealth (Zambia Statistics Agency et al. 2019).

Nationally, 35 percent of children under five years are stunted. Analysis by age groups shows that stunting is highest (46 percent) in children 18–23 months and lowest (19 percent) in children under six months. Children in rural areas (36 percent) are more likely to be stunted than those in urban areas (32 percent). At the provincial level, Northern has the highest percentage of stunted children (46 percent), followed by Luapula (45 percent). Levels of stunting are lowest in Western and Southern provinces (29 percent each). A mother’s level of education generally has an inverse relationship with stunting levels; stunting ranges from a low of 15 percent among children whose mothers have more than a secondary education to a high of 38 percent among those whose mothers have no education.

Exclusive breastfeeding in children zero–five months of age decreased slightly from 73 percent in 2013–2014 to 70 percent in 2018, while the median duration of exclusive breastfeeding increased slightly in 2018 to 4.3 months from 4.1 months in 2013–2014. The prevalence of underweight in children decreased significantly from 21 percent in 1992 to 12 percent in 2018 (Zambia Statistics Agency et al. 2019).

Childbearing begins early in Zambia. By age 19, 29 percent of adolescent girls have begun childbearing in 2018, a sharp decline from 59 percent in 2013–2014. The prevalence of adolescent childbearing is higher in rural areas (37 percent) than in urban areas (19 percent). As household wealth and education increase, childbearing rates decline. By age 15, 17 percent of women have had sexual intercourse and by age 18, that number rises to 69 percent. This has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished and have a low-birth-weight baby, who is more likely to become malnourished and be at increased risk of illness and death than those born to older mothers (Zambia Statistics Agency et al. 2019).

High morbidity, limited access to health services, poverty, and food insecurity are the major determinants of undernutrition in children. In Zambia, only 13 percent of children aged 6–23 months receive a minimum acceptable diet, which has a major impact on their growth and development. Children in urban areas are more likely to receive a minimum acceptable diet than children in rural areas (18 percent and 9 percent, respectively) (Zambia Statistics Agency et al. 2019).

Zambia also has a high HIV prevalence of 11 percent among adults 15–49 (14.2 percent of women and 7.5 percent of men). The HIV prevalence among women aged 15–49 has decreased slightly between 2013–2014 and 2018 from about 15 percent to about 14 percent. Among men, HIV prevalence has decreased from approximately 11 percent to about

8 percent (Zambia Statistics Agency et al. 2019). HIV can cause or aggravate malnutrition through reduced food intake, increased energy needs, and poor nutrient absorption. In turn, malnutrition can hasten the progression of HIV and worsen its impact by weakening the immune system and impairing an individual's ability to fight and recover from illness. HIV affects nutritional status early in the infection, even before other symptoms appear.

Major improvements in agriculture and food systems for healthy diets would have significant nutrition impacts. Little has been done to promote and encourage agricultural diversification among farmers, especially small-scale farmers who constitute the largest proportion of actors in this sector. Improvements in multiple agriculture and livestock value chains would also create employment for youth (37% of Zambia's population) and improve access to more diversified and nutritious food for many rural communities. Recent estimates show that 46% of Zambians cannot afford a healthy diet. Low access to safe water and sanitation is a further contributing factor.

Zambia is experiencing the double burden of malnutrition with 5 percent of children under five years suffering from overweight and obesity (Zambia Statistics Agency et al. 2019).

| Zambia Nutrition Data (DHS 2013–2014 and 2018) | | |
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| Population 2018 (UNICEF 2019) | 17.4 million | |
| Population under 5 years (0–59 months) 2018 (UNICEF 2019) | 2.9 million | |
| | DHS 2013–2014 | DHS 2018 |
| Prevalence of stunting among children under 5 years (0–59 months) | 40% | 35% |
| Prevalence of underweight among children under 5 years (0–59 months) | 15% | 12% |
| Prevalence of wasting among children under 5 years (0–59 months) | 6% | 4% |
| Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known) | 9% | NA |
| Prevalence of anemia among children 6–59 months | 60% (MIS 2015) | 58% |
| Prevalence of anemia among women of reproductive age (15–49 years) | 47% (MIS 2015) | 31% |
| Prevalence of thinness among women of reproductive age (15–49 years) | 10% | NA |
| Prevalence of thinness among adolescent girls (15–19 years) (BMI less than 18.5 kg/m ²) | 16% | NA |
| Prevalence of children 0–5 months exclusively breastfed | 73% | 70% |
| Prevalence of children 4–5 months exclusively breastfed | 45% | NA |
| Prevalence of early initiation of breastfeeding (i.e., put to the breast within one hour of birth) | 66% | 76% |
| Prevalence of children who receive a pre-lacteal feed | 4% | 7% |
| Prevalence of breastfed children 6–23 months receiving minimum acceptable diet | 12% | NA |
| Prevalence of overweight/obesity among children under 5 years (0–59 months) | 6% | 5% |
| Prevalence of overweight/obesity among women of reproductive age (15–49 years) | 23% | NA |
| Coverage of iron for pregnant women (for at least 90 days) | 59% | 73% |
| Coverage of vitamin A supplements for children (6–59 months, in the last 6 months) | 77% | 73% |
| Percentage of children 6–59 months living in households with iodized salt | 96%* | NA |

NA: Not Available

*Salt was tested in 84 percent of households. Among households in which salt was tested, 96 percent were consuming iodized salt.

Global and Regional Commitment to Nutrition and Agriculture

Zambia has made the following global and regional commitments to nutrition and agriculture:

| Year of Commitment | Name | Description |
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| 2012 | Ending Preventable Child and Maternal Deaths: A Promise Renewed | Zambia pledged to reduce under-5 mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition (A Promise Renewed 2017). |
| 2011 | Comprehensive Africa Agriculture Development Programme (CAADP) Compact | CAADP is an African-led program bringing together governments and diverse stakeholders to reduce hunger and poverty and promote economic growth in African countries through agricultural development. CAADP is congruent with the government's Sixth National Development Plan (SNDPP), and fits in Zambia's Vision 2030 target of becoming a middle-income country. |
| 2010 | Scaling Up Nutrition (SUN) Movement | SUN is a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses, and researchers in a collective effort to improve nutrition. The United Nations Children's Fund (UNICEF) and Department for International Development are the donor conveners for SUN in Zambia. The Civil Society, Donor, and Business Networks are active in Zambia, and members of parliament have been oriented on food and nutrition issues and asked to act as nutrition champions in their respective constituencies (SUN 2017). |

National Nutrition Policies/Legislation, Strategies, and Initiatives

The global community has worked hard to put nutrition as a high priority on the health and development agenda in Zambia, with support from the Government of Zambia coordinated through the National Food and Nutrition Commission (NFNC). Zambia subscribes to the Sustainable Development Goals (SDGs), specifically SDG 2 (end hunger, achieve food security and improved nutrition through sustainable agriculture), and SDG 3 (ensure healthy lives and promote well-being for all ages), and is an active participant in the global SUN movement, including active working groups engaging SUN Civil Society Organizations (CSOs) and SUN private sector partners who collaborate to strengthen food systems through the SUN Business Network (SBN). The Office of the Vice President and a Standing Committee of Permanent Secretaries from line ministries further champion nutrition. The Office of the Vice President recently launched a Health Diets Campaign and a Good Foods Logo, aimed at raising awareness and accountability of diverse stakeholders for promoting nutritious foods. The recent enactment into law of the National Food and Nutrition Act demonstrates ongoing commitment to prioritize nutrition as a foundational development issue that requires leadership and multi-sectoral collaboration. Zambia's commitment to improving nutrition is further outlined in the following documents, which align with the country's Vision 2030:

- National Health Strategic Plan (2011)
- National Food and Nutrition Strategic Plan (2011)
- National Agriculture Investment Plan (2014–2018)
- National Agricultural Policy (2012–2030)
- Marketing of Breastmilk Substitutes (2006)
- National AIDS Strategic Framework (2011)
- First 1,000 Most Critical Days Program

USAID and UNICEF co-chair the Cooperating Partners Group and actively collaborate to align and leverage investments and outcomes across 36 SUN target districts nationwide. Cooperating Partners provide financial and technical support for nutrition-related programming through nutrition-specific and nutrition-sensitive interventions aligned around the priorities of Zambia's 1,000 Most Critical Days Program, now in its second iteration. Zambia's national multi-stakeholder platform continues to convene meetings with all SUN networks. Decentralized, local government structures support nutrition coordination, advocacy, and planning, including Provincial Nutrition Coordinating Committees (NCCs) and District NCCs. Statutory Instrument No. 48 of 2006 promotes and protects breastfeeding and regulates the unauthorized or unsolicited sale and distribution of breastmilk substitutes.

USAID Programs: Accelerating Progress in Nutrition

As of October 2020, the following USAID programs were active in Zambia: Feed the Future, the U.S. Government’s global hunger and food security initiative, emphasizes agriculture as a driver of economic growth through a strategy that encompasses five core investment areas—agriculture, nutrition, policy, infrastructure, and institutional capacity. In Zambia, Feed the Future programs are being implemented in Eastern Province, with a value chain focus on oilseeds, legumes, and maize, and in selected peri-urban districts near Lusaka that connect to Eastern Province, with a focus on horticulture.

| Selected Projects and Programs Incorporating Nutrition in Zambia | | |
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| Name | Dates | Description |
| Alliance for Inclusive and Nutritious Food Processing (AINFP) | 2018–2023 | AINFP aims to create a more competitive food processing sector by providing technical assistance and sector-wide training to local businesses and food processors. |
| Community Health Assistant (HA) Program | 2019–2021 | The program hires, trains, and retains community health assistants (CHAs) who the MOH will formally hire and transition to the government’s payroll, furthering Zambia's journey to self-reliance. This program also supports district and national nutrition-related positions for the same length of time with a similar transition agreement. The implementing partner provides technical and financial assistance to the two existing CHA training schools to improve the quality of training and increase the annual production of CHAs. |
| Emerging Farmers Partnership Global Development Alliance | 2020–2023 | This activity influences food systems and rural poverty in a cross-cutting way, with an emphasis on maize and sustainable farming practices, and the possibility of leveraging support to post-harvest handling and nutrition for rural households by extending the shelf-life of foods and improving food availability throughout the year. |
| Enterprise Development and Growth Enhanced (EDGE) | 2020–2025 | EDGE aims to increase profitability for agricultural small- and-medium-sized enterprises in Zambia. With USAID direction, EDGE has screened targeted value chains from the perspective of profitability and other factors, including nutrition, so it is poised to strengthen food systems in a cross-cutting way. |
| Family Health and Nutrition Activity | 2020–2024 | This activity is collaborative and complementary with the Government Republic of Zambia Reproductive, Maternal, Newborn, Child, Adolescent, Health and Nutrition (RMNCAH&N) Continuum of Care Mechanism, providing technical assistance across at least four provinces: Southern, Eastern, Muchinga, and Luapula. Activities include training and mentorship in RMNCAH&N interventions; targeted health-systems strengthening, including data analysis, data use for decision-making, financial management, and performance |

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| | | management; service delivery; and promotion of community involvement through focused training and behavior change communications. |
| Health, Ecosystems and Agriculture for Resilient, Thriving Societies (HEARTH) | 2020–2025 | This activity aims to achieve biodiversity conservation and cross-cutting thematic outcomes in health, water, and sanitation; nutrition; and food security. Specific interventions include supporting anti-poaching patrols, agricultural productivity, nutrition, entrepreneurship, and strengthening inclusive governance and capacity of communities. As a Global Development Alliance, HEARTH will leverage private sector investment and strengthen community governance institutions to enhance understanding of the positive role that biodiversity conservation plays in improving socio-economic, health, food security, and nutrition conditions. |
| Health Service Improvement (G2G)-Copperbelt, Northern, Central, and Luapula Provinces | 2019–2023 | Provides maternal, child health, tuberculosis, and nutrition resources directly to the MOH Provincial Health Office in the designated provinces to implement high-impact interventions. |
| The Reproductive, Maternal, Neonatal, Child and Adolescent Health and Nutrition (RMNCAH&N) mechanism | 2016–2021 | RMNCAH&N addresses key factors that impact the lifecycle and contribute to maternal and child deaths, such as early pregnancy, weak antenatal/postnatal care, unsafe deliveries, low nutrition levels, incomplete immunization, diarrhea, and pneumonia, and builds the capacity and resilience of the Zambian government. |
| SUN - Technical Assistance (TA) | 2019–2024 | The project’s aim is to reduce malnutrition among children under 5 years of age with a significant focus on stunting during the first 1,000 days of life using an integrated approach that incorporates agricultural production, livelihoods, nutrition, and hygiene-related behaviors; access to clean water and sanitation; and robust linkages between communities and health facilities for referrals and routine health care. |
| SUN - Learning and Evaluation (LE) | 2018–2023 | The activity works across SUN 2.0 to collaboratively identify, design, and test cutting-edge solutions to more effectively understand and measure activity outcomes and impacts that accelerate achievement of the Zambian Government’s and Cooperating Partner’s joint development goal to reduce stunting. While it provides important benchmarks of success for SUN TA, its primary purpose is to be the learning and evaluation arm of the entire SUN program and to work across stakeholders to develop and execute a highly focused learning agenda around stunting in Zambia. |
| Zambia Accessible Markets for Health (ZAM-Health) Activity | 2020–2024 | ZAM-health works to improve health outcomes for Zambians by increasing the use of high-quality health products and services among priority audiences by sustainably expanding their availability and accessibility in the private sector, improving health knowledge, and increasing the adoption of healthy and health-seeking behaviors. Within the framework of a total market approach, the program employs private sector approaches, such as marketing, social franchising, and partnerships with commercial and for-profit entities to achieve these outcomes. |

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