





Existing rates of: Wasting: 6.3% Stunting: 40% Proportion of population underweight: 14.8% Source: Government of Zambia (DHS, 2013-14)

### **Strong Performance**

- The Government encourages varied agricultural research and extension services, and local farmer organisations are involved in setting policy priorities. The extension system is effective and properly reaches out to poor farmers. Government policies, strategies and mechanisms seek to ensure gender equity in access to extension services.
- Relative to other HANCI countries, Zambia's medium/ long term national development policy (7th Nacional Development Plan) assigns strong importance to nutrition.
- Zambia instituted a separate budget line for nutrition, enabling transparency and accountability for spending.
- The National Nutrition Policy/Strategy identifies time bound nutrition targets and a multisectoral and multistakeholder policy coordination mechanism has been set up.
- Policymakers in Zambia benefit from regular nutrition surveys that are statistically representative at national level. The last survey was published in 2013-2014.
- The Government of Zambia promotes complementary feeding practices and has achieved two high doses of vitamin A supplementation for 93% of children in 2013.
- In Zambia 95.7% of women aged 15-49 were visited at least once during pregnancy by skilled health personnel in 2013-2014.

### Areas for improvement

- Spending on agriculture (8.2% of public spending in 2016) is close to, yet not fully meeting government commitments set out in the African Union's Maputo Declaration (10% of public spending).
- Zambia's spending in its health sector (6.8% of public spending in 2015) does not fully meet (15%) commitments set out in the Abuja Declaration.
- In Zambia, law does neither give women economic rights or agricultural land access rights equal to men. This increases women and children's vulnerability to hunger and undernutrition.
- Weak access to an improved source of drinking water (67.1% in 2015) and an improved sanitation facility (31.1% in 2015) prevents positive outcomes for hunger and nutrition in Zambia.
- In Zambia, constitutional protection of the right to food and the right to social security is weak.
- Social safety nets in Zambia are basic and only cover few risks for a limited number of beneficiaries.
- Civil registration rates are weak (11.3% in 2014) and potentially hold back children's access to critical public services such as health and education.





## **Hunger Reduction Commitment Index (HRCI)**

Public spending		Score*	Year	HRCI Rank of 45
\$ Public spending on agriculture as share of total public spending 1		8.2%	2016	14th
\$ Public spending on health as share of total public spending <sup>2</sup>		6.8%	2015	23rd
Policies				
Access to land (security of tenure) 3		Moderate	2016	Joint 25th
Access to agricultural research and extension services 3		Strong	2013	Joint 14th
Civil registration system — coverage of live births		11.3%	2014	44th
Functioning of social protection systems <sup>3</sup>		Weak	2016	Joint 8th
Laws				
<b>b</b> Level of constitutional protection of the right to food <sup>3</sup>		Weak	2016	Joint 29th
epi Equality of women's access to agricultural land (property rights) 4		Not in Law	2014	Joint 41st
Equality of women's economic rights 4		Not in Law	2014	Joint 26th
② Constitutional right to social security (yes/no)		No	2016	Joint 29th
Possible scores are: <75% of agri. spending pledges (AU commitment Possible scores are: <75% of health spending pledges (AU commitme Possible scores are: Very Weak/Weak Moderate Strong/Very	nts set	out in the Abuja Declaration		_

# **Nutrition Commitment Index (NCI)**

<sup>4</sup> Possible scores are: ● Not in Law ● In Law Not in Practice ● In Law & Practice

Public spending	Score*	Year	NCI Rank of 45
\$ Separate budget for nutrition (No/Sectoral only/Yes)	Yes	2017	Joint 1st
Policies			
Vitamin A supplementation coverage for children	93%	2013	Joint 13th
Government promotes complementary feeding (yes/no)	Yes	2014	Joint 1st
Population with access to an improved water source	67.1%	2015	37th
Population with access to improved sanitation	31.1%	2015	26th
Health care visits for pregnant women	95.7%	2013-2014	11th
Nutrition features in national development policy 1	Strong	2017-2021	15th
National nutrition policy/strategy (yes/no)	Yes	2017	Joint 1st
Multisector and multistakeholder policy coordination (yes/no)	Yes	2017	Joint 1st
Time bound nutrition targets (yes/no)	Yes	2017	Joint 1st
Mational nutrition survey in last 3 years (yes/no)	Yes	2013-2014	Joint 1st

### Laws

① ICMBS^ Enshrined in domestic law <sup>2</sup> Many Aspects Enshrined 2016 Joint 15th





<sup>&</sup>lt;sup>1</sup> Possible scores are: • Very Weak/Weak • Moderate • Strong/Very Strong (Note: Performance relative to other countries).

<sup>&</sup>lt;sup>2</sup> Possible scores are: Not Enshrined in Law Few/Many Aspects Enshrined Fully enshrined.

<sup>^</sup> International Code of Marketing of Breastmilk Substitutes