

# Reflections on the Role of Donors in Scaling Up Nutrition in Zambia from 2010 to 2013: Successes, Challenges and Lessons Learnt

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**Abstract** In Zambia, the Scaling Up Nutrition (SUN) movement has provided an unprecedented opportunity to situate nutrition high on the agenda. Since Zambia joined SUN, nutrition has acquired an increasingly important political profile. However, this has yet to translate into improved implementation of nutrition interventions. Applying the key SUN principles, donors have played a pivotal role by aligning resources behind one evidence-based national multisectoral nutrition plan. This article reviews donors' roles in: (1) coordination of assistance for policy development, programme design and implementation; (2) advocacy and strategic lobbying for political commitment; and (3) mobilising resources and support. It examines key successes such as the launch of the First 1000 Most Critical Days Programme; challenges such as seeking acceptance of politically unpalatable evidence on stunting, and handling misconceptions among senior officials; and the need to resolve donors' own neglect of nutrition, and responsive funding processes. Finally, it reflects on lessons learnt from the HIV response.

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## 1 Introduction

In Zambia, undernutrition is a major human and economic development challenge, with higher rates than average for Africa (NFNC 2011a). The first Millennium Development Goal called for the eradication of extreme hunger, using the prevalence of underweight children under five as a progress indicator. Although Zambia experienced a decrease in the proportion of underweight children under five from 21 per cent in 1992 to 15 per cent in 2007, progress against stunting has been stagnant and the proportion remains unacceptably high, with 45 per cent of children under five classifiable as stunted (CSO *et al.* 2009).

Micronutrient deficiencies in iron, zinc, vitamin A and vitamin B12 are also common in Zambia due to the heavy reliance on monotonous plant-based diets. Anaemia prevalence, an indicator of iron deficiency, stands at 61 per cent in children under five (MOH 2010). However, remarkable progress has been made in eliminating iodine deficiency through use of iodised salt, with iodine deficiency in school children reducing from 74 per cent in 1992 to 4 per cent in 2002 (NFNC 2011b).

Until Zambia became signatory to the Scaling Up Nutrition (SUN) movement in early 2011, policies focused on maize-based food production with minimal attention to broader nutrition and diet diversity issues. Existing nutrition policies and strategies were largely unimplemented due to inadequate resources, lack of effective coordination and leadership, absence of a nutrition donor group, insufficient strategic advocacy and communication, and weak monitoring. Nutrition interventions were also fragmented, not at scale and fell mostly within the health sector.

Zambia is now at a different stage in addressing undernutrition. The new National Food and Nutrition Strategic Plan (NFNSP) (NFNC 2011a) and the First 1000 Most Critical Days Programme (First 1000 MCDP) focus on the prevention of stunting in pregnancy and children under two years of age. The programmes aim to scale up a multisectoral package of cost-effective nutrition interventions with expected high long-term benefits to cognitive development, individual earnings and economic growth. This unprecedented national interest for nutrition culminated in the endorsement of the Global Nutrition for Growth Compact by the Government of Zambia in June 2013.

However, this move has yet to translate into improved and scaled implementation of nutrition interventions on the ground – interventions which call for additional financial and human resources as well as stronger inter-sectoral coordination and governance of the nutrition sector. This article describes how donors have applied the SUN principles to position nutrition higher on the national development agenda, and secured increased resources behind priorities for nutrition.

## 2 The launch of SUN in Zambia

In 2010, the Scaling Up Nutrition initiative was launched globally against a backdrop of disappointing progress in reducing undernutrition and a need to step up the pace of nutrition interventions to meet Millennium Development Goal 1 (MDG 1) and contribute to MDG 2 (universal primary education), MDG 4 (reducing child mortality) and MDG 5 (improving maternal health) by 2015.

In late 2010, an informal nutrition group was established by the UK Department for International Development (DFID) and UNICEF and joined by Irish Aid to improve

coordination of support by donors. The group facilitated Zambia's incorporation into SUN and in February 2011 Zambia became one of the first 'SUN early riser countries', committing the country to applying the SUN principles and implementing the SUN road map. The National Food and Nutrition Commission (NFNC), the advisory and coordinating government arm for nutrition, was nominated as the SUN government focal point. The existing donor group then became formally the SUN donor group, with DFID and UNICEF as co-convenors and new member-organisations including USAID, the World Food Programme (WFP), the World Bank, the European Union, Swedish International Development Cooperation Agency (SIDA) and the World Health Organization (WHO). The role of this group is to support the government in scaling up nutrition at country level and achieve the objectives of the NFNSP, focusing on preventing stunting in the first 1,000 days of life. The global momentum on nutrition helped to galvanise donor coordination at country level. Mirroring other sector donor groups such as HIV and health, the SUN donor group meets regularly to discuss key nutrition issues and keeps other sector groups informed of key developments.

### **3 The role of donors in scaling up nutrition**

#### **3.1 Coordination of assistance for policy development, programme design and implementation**

The SUN road map (SUN 2010a) called for better alignment of nutrition assistance from development partners behind national priorities. Thus, and in line with the Paris and Accra harmonisation principles, the SUN donor group began to engage with the NFNC and the Ministry of Health (MOH). This engagement began with the group's support for Zambia's application to join SUN, as discussed above. From the outset, strong coordination of support and collaboration among donors has been instrumental in achieving progress.

*The Lancet Maternal and Child Nutrition Series (The Lancet 2008, 2013)* and the SUN Framework (SUN 2010b) are clear on the need for a multisectoral approach to address undernutrition. Following the current evidence base, donors in Zambia supported the development of the first multisectoral NFNSP with both financial and technical resources. The plan was developed with broad multisectoral consultation and has been endorsed by five key ministries involved in nutrition: (1) Health; (2) Community Development, Mother and Child Health; (3) Agriculture; (4) Education; and (5) Local Government and Housing. The coordination of donor technical assistance was important for an effective development plan process, as was the extensive consultation supported to secure broad buy-in for the final plan.

Recognising significant financial and human resource gaps in the sector, and that the NFNSP is an ambitious plan given the very high stunting levels, donors and government decided to start by focusing efforts on the first 1,000 days of life. As with the NFNSP, donors provided technical and financial support to develop the First 1000 MCDP which, in essence, operationalises the first strategic priority of the NFNSP. A key element of this support was the establishment of a multi-disciplinary technical support team working closely with the NFNC. Ensuring that the process focused on both nutrition-

specific and nutrition-sensitive interventions, and that it took due consideration of gender and governance, has resulted in a comprehensive approach to addressing chronic undernutrition in Zambia. The recently established SUN Fund, a catalytic pooled funding mechanism, will provide donor financial support to the implementation of the First 1000 MCDP. It will promote progressive matched funding and supportive actions by government in addition to financial support from other donors who are not part of the pooled funds.

#### **3.2 Advocacy and strategic lobbying for political commitment**

Harris and Drimie (2012) identify three barriers to inter-sectoral coordination for nutrition: (1) low political commitment and mobilisation; (2) sector-bound organisation structures and weak coordination bodies; and (3) lack of human resources and capacity. These all stand true for nutrition in Zambia. In the Hunger and Nutrition Commitment Index (Lintelo *et al.* 2013) Zambia ranks 17th out of 45 countries and is classified as having moderate political commitment to nutrition. Thus, donors have been actively engaged in advocacy for nutrition since 2010, applying a number of strategies, as described below.

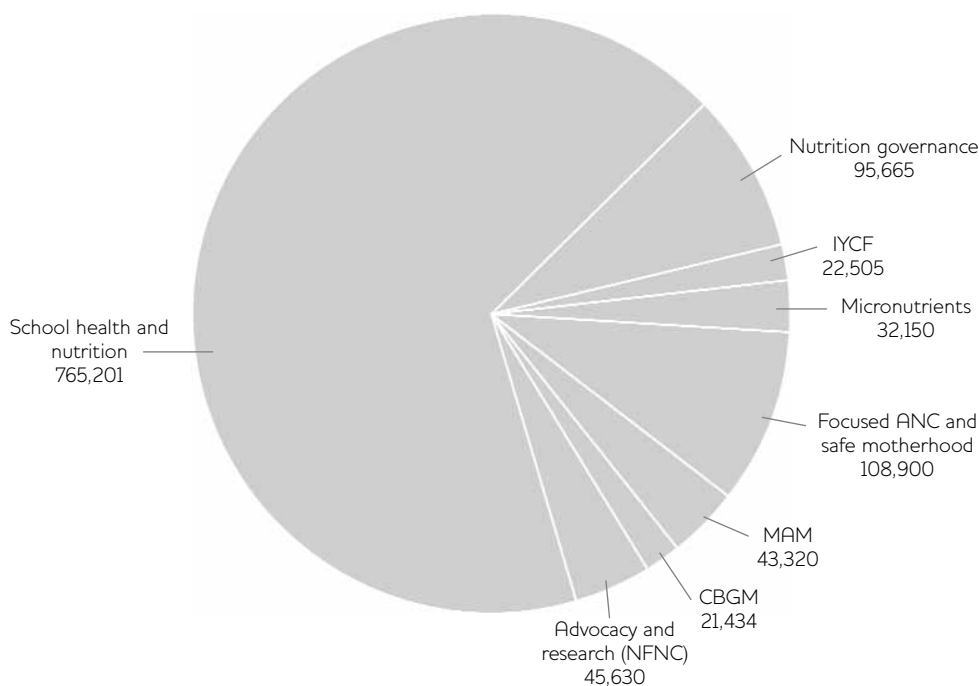
#### **International exposure of national stakeholders to the SUN movement**

Supporting international exposure to nutrition fora has been instrumental in building up a core group of Zambians, namely the SUN government focal point, parliamentarians, ministers and civil society representatives, who understand the evidence and the urgency of the situation. It has also helped establish links with the SUN movement, creating a sense of ownership and commitment. While vital in earlier stages, the proliferation of global nutrition and SUN-related meetings in 2013 has paradoxically caused this support to become somewhat problematic. It has led to the expectation that donors should be relied upon to fund participation at these events and it means that key policymakers and programme implementers spend significant amounts of time attending international meetings.

#### **Raising nutrition awareness internally and externally**

As noted in the SUN Framework (SUN 2010b) 'recent evidence on high development returns to selective nutrition interventions is generally not well known outside nutrition circles in many developing countries'. Although SUN has now gained large support, the evidence and messages of what works to address undernutrition are not universally known nor accepted. Therefore, advocacy to secure support for nutrition has been a key donor focus. Firstly, work was needed within donor agencies to achieve buy-in and secure funding for the nutrition agenda. Secondly, much effort has been spent in increasing engagement and support for nutrition among the wider donor community. Thirdly, the nutrition donor group has advocated extensively for greater commitment from the Zambian government. Taylor (2012) highlighted the opportunity presented with the new government following elections in September 2011. Nonetheless, undernutrition remained low on the government's agenda. In 2012, facing difficulties in getting increased government buy-in, donors developed a more structured advocacy plan. The plan sought to promote higher political will through coordinated and strategic

**Figure 1 Budget allocation for nutrition-specific programmes in 2014**



Note Total Ministry of Community Development, Mother and Child Health (MCDMCH) budget – US\$350 million, of which nutrition interventions have a total allocation of US\$228,000, and the total nutrition-specific budget allocation across government is US\$1.3 million. IYCF = Infant and Young Child Feeding; ANC = antenatal care; MAM = moderate acute malnutrition; CBGM = community-based growth monitoring. Source Adapted from SUN CSO (2014).

policy dialogue, identifying key people to target, key messages and key asks from government. It is only since the endorsement of the Nutrition for Growth Global Compact by Zambia at the high-level summit held in the UK in June 2013, that the picture is beginning to change.

**Supporting the government nutrition focal point**

Since the 1990s, many studies have identified similar shortcomings with the focal government point for nutrition, the NFNC. These include institutional weaknesses as identified by Schwerzel (2012); Taylor (2012); and Lintelo *et al.* (2013) but also its lack of ‘political clout’ among other ministries. Donors have addressed these weaknesses by supporting the NFNC in developing an advocacy and communications plan, as well as building up its inter-sectoral engagement. Donors have also called on other ministries and the Office of the Vice President to strengthen the management and accountability of NFNC.

**Supporting civil society**

Before 2012 there was very limited CSO collaboration and voice on nutrition. Donor provision of technical and financial support to the nascent Zambia SUN-CSO Alliance has since then proven to be immensely successful. Under strong leadership, the Alliance has become a key stakeholder in nutrition in Zambia and globally, as well as a key ally in scaling up nutrition.<sup>1</sup>

**3.3 Mobilising resources: establishing a SUN Fund**

In addition to better alignment among donors, the SUN road map called for increased resources to support the implementation of national multisectoral nutrition plans. As mentioned earlier, nutrition interventions in Zambia

remain largely fragmented and under-resourced. Government allocations to nutrition budget lines are highly inadequate and far from reaching the estimated US\$30 per child under two that are needed to scale up a package of cost-effective nutrition interventions to about 90 per cent (*The Lancet* 2008; Horton *et al.* 2010). The total 2014 budget for nutrition-specific infant and young child-feeding interventions for instance is only about US\$230,000, excluding salaries. The Government of Zambia doubled the health and nutrition budget in 2013, but very low budget allocations for nutrition have been the trend for many years. Figure 1 shows a breakdown of the nutrition-specific budget for 2014. In addition, Zambia has very few positions for nutritionists, and resources to support nutrition training and capacity building are inadequate. Until recently, there were no university courses and nutrition as a profession remains marginalised and misunderstood.

The SUN Fund was conceived as a catalytic mechanism to mobilise financial resources in support of the national First 1000 MCDP and established in 2013 by pooling funds from various donors (DFID, Irish Aid, SIDA). It is managed by a management agency which was competitively selected and will support all programme components: scaling up priority interventions, institutional strengthening and coordination, communications and advocacy, capacity building and monitoring and evaluation. As institutional capacity for nutrition and financial management strengthens, it is hoped that donor resources will flow directly to government.

Most resources will support government efforts to scale up nutrition, particularly at district level and starting with 14 ‘phase one’ districts through both national and district

grants. The remaining funds will be available for complementary and innovative efforts by non-governmental organisations (NGOs), academia, private sector and others on a competitive basis. The SUN Fund is governed by a steering committee (SC) comprising representatives from government and donors. The SC provides overall oversight of the Fund and makes decisions over funding allocations based on district and national-level work plans and priorities.

The SUN Fund intends to leverage government and other non-pooling donor resources, as well as progressively encourage increased government allocations to nutrition. In the absence of tangible human resource and financial government commitments, it will be difficult for donors to obtain further funding to support SUN efforts beyond the current agreed allocations.

Estimating how much it will cost to implement the First 1000 MCDP was difficult and largely based on global aggregates, but it proved invaluable in mobilising resources from donors who wanted to cover the 'gap'. The costing needs to be refined to take into account the specific situation in Zambia, as well as the cost of strengthening and putting in place an effective service delivery and community platform.

#### **4 Key successes**

The hard work, facilitation and intense advocacy by donors and key allies over the past few years are beginning to bear fruit and have resulted in a number of concrete successes as described below.

##### ***National launch of the NFNSP and the First 1000 MCDP***

The support provided to develop the NFNSP and the First 1000 MCDP culminated in the national launch of both plans by the Vice President in April 2013. All key ministries engaged in nutrition were present at the event and the SUN-CSO Alliance launched a 'One Thousand Days' song. Responsibility for implementing the First 1000 MCDP falls primarily under the MCDMCH, this being the ministry which leads on the delivery of primary health care at district and community levels.

##### ***Zambia's endorsement of the Nutrition for Growth Global Compact***

In June 2013, Zambia was represented by the Vice President at the UK high-level Nutrition for Growth event, endorsing the Nutrition for Growth Global Compact and making ambitious commitments to address stunting. The commitments include actions across the most pressing areas identified throughout the article:

- Resolving nutrition human resource gaps in the five key ministries at all levels;
- Increasing financial allocations to nutrition budget lines – by at least 20 per cent annually in order to get closer to the estimated US\$30 per child under two as recommended by the World Bank;
- Gradually matching increased donor contributions to nutrition;
- Progressively encouraging private sector engagement in the local production of nutritious complementary foods;
- Improving governance of the nutrition sector by establishing higher level oversight of the sector under

the Office of the Vice President and by strengthening the NFNC.

Zambia now ought to establish a road map with the concrete actions needed to meet these commitments, agree on how to measure progress and ensure higher level oversight of the sector.

##### ***A functional and active SUN Civil Society Alliance***

While at the inception of SUN in Zambia there was no coordinated civil society action or voice for nutrition, there is now a functional and active CSO Alliance. The Alliance brings together over ten civil society organisations working in the areas of nutrition and social protection and has contributed significantly to raising awareness on undernutrition by engaging parliamentarians, the media and district level officials. It also plays an important role in making the government accountable and in monitoring commitments made.

##### ***A bigger and consolidated nutrition donor group***

The small and informal nutrition cooperating partners group of 2010 has become a larger and well-established formal group convened by DFID and UNICEF, with membership from nine donor agencies. The group works according to clear terms of reference, includes health and agriculture representation and meets with government partners on a bi-monthly basis. Donors who are not able to join the SUN Fund are coordinating closely and supporting identified priorities through a variety of funding mechanisms.

##### ***Significant increase in resources for nutrition***

Other than traditional partners such as the UN system, which has long supported nutrition interventions, there has been a significant increase in donor support to the sector. The SUN Fund has so far raised US\$27 million from donors to support the implementation of the First 1000 MCDP. In addition, the European Union has allocated support for nutrition interventions in ten districts as part of a new Health MDGs Programme, USAID's Feed the Future and Global Health Initiatives are aligned to the SUN and the World Bank is designing a new health systems support programme which includes nutrition and expects to cover over 40 districts.

#### **5 Challenges**

The previous sections have highlighted many of the common challenges faced in scaling up nutrition in contexts where there are limited financial and human resources. This section offers a reflection on particular challenges encountered in Zambia which may or may not apply to other settings. It also reflects on key challenges likely to be faced in the future.

##### ***Limited nutrition capacity***

A key challenge is the limited capacity and nutrition expertise available in government, civil society and even donor agencies. Speaking up for nutrition in such a context has required a mammoth effort. In 2011, when Zambia joined SUN and the MOH was the main implementing body responsible for nutrition, there was only one nutritionist (who did not hold a director level position). In fact, no nutritionists in Zambia hold director or decision-making positions in government. The newly

established Human Nutrition BSc at the University of Zambia with support from donors will partly address this shortage and create a new cadre of highly qualified nutritionists and dieticians, but not in the short term.

### **Health sector reform**

In 2013, the government decided to transfer primary health care from the MOH to a new ministry, the MCDMCH. While this move presents some opportunities for strengthening synergies across nutrition interventions – a number of poverty alleviation and social protection programmes fall under its remit – the ministry only has one nutrition officer and is struggling to absorb more than 20,000 staff transferred from the MOH as well as a new programme portfolio. In addition, plans to recruit three nutritionists are under threat because of the current recruitment freeze in the health sector. This shortage of nutritionists needs to be contextualised within Zambia's broader human resources crisis in the health sector, where more than 90 per cent of districts operate on less than half the optimal health staffing levels (MOH 2009).

### **Palatable and unpalatable truths**

It is fair to say that undernutrition is largely unperceived by the Zambian elite and by those in positions of power, who tend to live and work in urban areas where levels of undernutrition are less visible. While Zambia has seen sustained economic growth over the past few years, with an average GDP of 7 per cent, it remains one of the most unequal countries in the world, ranking 164 out of 187 on the UN Human Development Index (2012) and with more than 60 per cent of the population living in poverty. The malnutrition of affluence, characterised by increasing levels of obesity with an associated burden of diabetes and cardio-vascular disease, seems to catch the attention of policymakers more easily. In addition, messages around the largely irreversible consequences of stunting, namely brain damage and impaired cognitive development, are often unpalatable to politicians and members of parliament, some of whom come from communities which have failed to reach their full potential.

In addition, the multisectoral and complex solutions needed to address undernutrition do not marry easily with the need for 'quick wins' by both governments and donors who tend to respond to short electoral cycles. Furthermore, misconceptions and a resistance to accepting the evidence base have been encountered even at senior policy levels. Understanding the WHO Growth Standards and the role of genetics for instance, might need more nuanced messaging, especially in populations where there has been mixing with ethnic groups famous for their short stature.

### **Nutrition leadership and multisectorality**

Despite being a relatively well-staffed and funded national body responsible for coordinating nutrition actions and policy advice, with some strong technical staff, the NFNC is not an effective institution and it lacks the ability to convene high-level and nutrition-related actors. Also, being overseen by the MOH has meant that nutrition is often seen just as a health issue. As Harris and Drimie (2012) point out, the 'health sector tends to own nutrition'. In addition, the MOH has failed to act on any of the recommendations from the numerous institutional reviews

done since 1987. Reforming the NFNC and strengthening its organisational management will be crucial if it is to remain a key player in the nutrition response and promote multisectoral collaboration. New support by the World Bank to revise the outdated 1967 Act which defines the role of the NFNC and the establishment of a new Board present a positive development. The Board, however, needs to meet regularly and provide effective oversight of the NFNC, as well as support the implementation of key recommendations from past reviews.

### **Limited budgetary allocations for nutrition and ineffective agriculture policies**

As noted earlier, current government expenditure on nutrition-specific interventions is grossly inadequate. In addition, agriculture plays a key role in responding to undernutrition but as Pinstrup-Andersen (2013) notes, food systems offer an underused opportunity. Cognisant of this, donors and the NFNC have ensured that the First 1000 MCDP includes agriculture-related activities such as increasing household dietary diversity. Furthermore, a number of nutrition-related programmes which fall under the Ministry of Agriculture and could potentially have a significant impact are largely ineffective. Two of these – the Federal Reserve Agency and Farmers' Input Support Programme – account for more than half of the total agricultural budget. However, they are focused on maize monoculture – with little incentive for crop diversification and negative impacts on nutrition – and fail to target the poorest.

Lastly, although the impact of poor sanitation and hygiene on growth is well known, insufficient resources are allocated to the water and sanitation sector in a country where rural improved sanitation coverage is estimated to be only 43 per cent and improved water coverage 46 per cent (WHO/UNICEF 2010).

### **A fragmented monitoring and evaluation system**

The existing nutrition information system is fragmented and up-to-date data to inform programme design and implementation are not readily available. Aside from District Health Surveys which take place approximately every five years, specific nutrition surveys are periodically conducted with donor support but these are costly and time-consuming. With the renewed impetus on scaling up nutrition and increasing donor support for monitoring and evaluation, there is a real opportunity for Zambia to move towards an integrated monitoring and evaluation framework. The current NFNSP proposed framework of M&E indicators is too long. There is a need for government to take the lead in agreeing a common set of indicators that cut across several sectors but allow for focused measuring efforts.

## **6 Key lessons**

### **6.1 Lessons from the three-year SUN process in Zambia**

- Building the foundations to scale up nutrition in Zambia has been a long and painstaking process. What needs to be done is now widely acknowledged, with the plans and funding in place, but implementing the 'how' remains to be done and will not be easy.
- Donors working to scale up nutrition in countries where this is a neglected issue need to have an advocacy plan

with consistent messages and identified potential nutrition champions from the start.

- Building capacity for SUN at all levels is a prerequisite which may require donors to fund unconventional, longer-term training activities such as university courses and scholarships. Having a nutrition workforce plan as part of broader human resource strategies is also imperative.
- Given that scaling up nutrition is a long-term process and that donor approval processes tend to be protracted, it is important to identify well-established or innovative interventions that can be funded while the broader strategy comes into shape.
- Finally, it is clear that the long list of interventions proposed as the solution to undernutrition is overwhelming for governments. Everyone, including donor agencies, wants ‘magic bullets’. Donors and other funders need to understand that undernutrition is complex and will require a sustained effort across multiple fronts. Support to countries in identifying the most cost-effective packages would be useful but it is important to emphasise that investing in nutrition today will yield huge economic and developmental benefits in the medium to long term.

### 6.2 Some lessons from the HIV response

The SUN movement is already applying successful approaches from the HIV response, such as the coordination of support behind nationally-led strategies with one monitoring framework and the use of ‘champions’. In Zambia, where the HIV response is considered to be largely successful, there are some useful lessons for nutrition:

- The National AIDS Council (NAC) has played an important advocacy and coordination role but with a much higher political status and significant donor support. The NAC has recently been restructured to better align with the new National AIDS Strategic Framework. A similar process should be considered for the NFNC.
- The HIV response is still largely dependent on external funding at a time when HIV funds are decreasing. Donor resources should be gradually matched by increased allocations from government to build sustainability and ownership from the start. Nutrition’s moment is now. Resources need to be targeted to where they are most needed and to evidence-based interventions.
- Although we know much about the overall causes of undernutrition, as with the ‘know your HIV epidemic, know your response’ concept, more context-specific data, including formative research and epidemiological mapping on the drivers of undernutrition would help to better target resources and interventions.
- Given competing health priorities and limited financial and human resources, SUN efforts should be integrated into other maternal and child initiatives, particularly when it comes to the delivery of nutrition-specific interventions at district and community level.

### 6.3 What could have donors done better and how do donors in Zambia score against agreed SUN principles?

As well as reflecting on successes, it is important for donors to reflect on what could have been done better.

Three issues come to mind:

Firstly, an advocacy strategy to increase political commitment on nutrition should have been developed earlier. Most of the dialogue during the initial months was held with government counterparts at the technical level who had little influence over the broader political agenda.

Secondly, although three donors have been able to pool funding in support of the First 1000 MCDP, a bigger pool of donors would have probably set the path for a more joint implementation, with common reporting mechanisms and agreed disbursements. However, there is often limited flexibility for some donors to pool funds and compromises have to be made.

Lastly, the coordination of the UN agencies around nutrition has been sub-optimal at country level. However, a commitment to ‘delivering as one’ has been made and nutrition has become a UN signature issue for Zambia. This would allow capitalisation on strengths and comparative advantages of the different UN agencies towards the national goal of reducing stunting. The SUN pooled funds will also seek to support joint UN approaches.

Looking at the key SUN principles agreed to assess donor progress, cooperating partners in Zambia have significantly contributed to bringing people together, the establishment of coherent policies for nutrition and mobilising resources (indicators 1, 2, 4). However, as noted earlier, Zambia does not yet have an agreed multisectoral common results framework and efforts will be needed to ensure joint implementation around common results. In this regard, the jury is still out: the next two years offer a window of opportunity to further galvanise support and move towards a higher level of collaboration.

### 7 Conclusions and next steps

Despite numerous challenges, there is no doubt that Zambia has an unprecedented opportunity to significantly reduce undernutrition in the coming years. The foundation is now in place for a phased scale-up in a number of high-burden districts, including an agreed minimum package of interventions and the funding and technical support required.

For a truly multisectoral approach, not only the health sector, but also the agriculture, education and sanitation sectors, will need to strengthen their nutrition remit. The expansion of social protection offers great potential, but policies to incentivise diversified crop production need to be enacted.

Achieving sufficient coverage of interventions and demonstrating results are probably the most daunting tasks in terms of converting momentum into action. Zambia now needs to focus and monitor progress to show what works. To do this, it will be key to strengthen monitoring and evaluation in the sector and agreeing how to track progress. Sustained efforts and the definition of intermediate milestones will be needed to keep momentum, and to hold government and donors to account for what they have committed to deliver.

## Note

- 1 Chilufya, in this *IDS Special Collection*, describes in detail the role of the SUN Civil Society Alliance in Zambia.

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# Glossary

AAS	Aquatic Agricultural Systems
ADP	area development programme
AfDB	African Development Bank
AFF	Alliance Forum Foundation
AIR	American Institutes for Research
ANC	antenatal care
ANOVA	Analysis of Variance within groups
ART	antiretroviral therapy
BMGF	Bill and Melinda Gates Foundation
BMI	Body Mass Index
BMZ	German Federal Ministry for Economic Cooperation and Development
BoP	Base of the Pyramid
BRAC	Bangladesh Rural Advancement Committee
CAADP	Comprehensive Africa Agriculture Development Programme
CARE	Cooperative for Assistance and Relief Everywhere
CBGM	community-based growth monitoring
CBO	community-based organisation
CD	cluster of differentiation
CDC	Centre for Disease Control and Prevention
CER	cost-effectiveness ratio
CGIAR	Consultative Group on International Agricultural Research
CGP	Child Grant Programme
CGP	Child Growth Promoter
CHA	Community Health Assistant
CI	confidence interval
CIDA	Canadian International Development Agency
CIGNIS	Chilenje Infant Growth, Nutrition and Infection
CIMMYT	International Maize and Wheat Improvement Center [Bangladesh]
CIP	International Potato Center
CMAAE	Collaborative Masters Programme in Agricultural and Applied Economics
CSN	civil society network
CSO	Central Statistical Office
CSO	civil society organisation
CSO-SUN	Civil Society Scaling Up Nutrition
CTC	Community-based Therapeutic Care
CT-OVC	Cash Transfer for Orphans and Vulnerable Children
CWAC	Community Welfare Assistance Committee
DALY	Disability-Adjusted-Life-Years
DD	difference-in-differences
DDCC	District Development Coordinating Committee
DDS	diet diversity score
DFID	Department for International Development
DHA	docosahexaenoic acid
DHMT	District Health Management Team
DHS	Demographic and Health Survey
DMO	District Medical Officer
DNCC	District Nutrition Coordinating Committee
ECA	Economic Commission for Africa
EPA	eicosapentaenoic acid
ESARO	Eastern and Southern Africa Regional Office (UNICEF)
FAO	Food and Agriculture Organization of the United Nations
FISP	Farmer Input Support Programme
FRA	Food Reserve Agency
GAIN	Global Alliance for Improved Nutrition
GRZ	Government of the Republic of Zambia
HAZ	height-for-age z-score
HDDS	Household Dietary Diversity Score



HEPS	High Energy Protein Supplement
HGFP	Home Grown Feeding Programme
HIV	human immunodeficiency virus
ICRISAT	International Crops Research Institute for the Semi-Arid Tropics
IDD	Iodine Deficiency Disease
IFAD	International Fund for Agricultural Development
IFPRI	International Food Policy Research Institute
IITA	International Institute of Tropical Agriculture
ILO	International Labour Organization
ILSI	International Life Sciences Institute
IMAM	Integrated Management of Childhood Illness
INDABA	Indaba Agricultural Policy Research Institute
IYCF	Infant and Young Child Feeding
LA	local authority
LCIRAH	Leverhulme Centre for Integrative Research on Agriculture and Health
LCMS	Living Conditions Monitoring Survey
LMIC	lower middle-income country
M&E	Monitoring and Evaluation
MACO	Ministry of Agriculture and Cooperatives
MAL	Ministry of Agriculture and Livestock
MAM	moderate acute malnutrition
MCDP	[First 1000] Most Critical Days Programme
MCDMCH	Ministry of Community Development, Mother and Child Health
MICS	Multiple Indicator Cluster Survey
MOH	Ministry of Health
MP	member of parliament
MQSUN	Maximising Quality in Scaling Up Nutrition
MUAC	mid-upper arm circumference
MUACZ	mid-upper arm circumference z-score
NAC	National Aids Council
NACA	Network of Aquaculture Centres in Asia-Pacific Bangkok
NAIP	National Agriculture Investment Plan
NBR	Net Benefit Ratio
NCHS/CDC	National Centre for Health Statistics/Centres for Disease Control and Prevention
NFNC	National Food and Nutrition Commission
NFNP	National Food and Nutrition Policy
NFNSP	National Food and Nutrition Strategic Plan
NGO	non-governmental organisation
NISP	National Input Subsidy Programme
NNSS	National Nutrition Surveillance System
ODI	Overseas Development Institute
OECD	Organisation for Economic Co-operation and Development
OPEC	Organization of the Petroleum Exporting Countries
ORS	Oral Rehydration Salt
OTP	outpatient therapeutic programme
PAM	Programme Against Malnutrition
PATH	Program for Appropriate Technology in Health
PD	positive deviance
PDH	Positive Deviance/Hearth
PDI	positive deviance inquiry
PHO	Provincial Health Office
PI	Principal Investigator
PLAAS	Institute for Poverty, Land and Agrarian Studies
ppb	parts per billion
PRSP	Poverty Reduction Strategy Paper
RAAZ	Rural ART Adherence Zambia
RAIN	Realigning Agriculture to Improve Nutrition
RCT	Randomised controlled trial
RENEWAL	Regional Network on AIDS, Livelihoods and Food Security
RPM	Rational Pharmaceutical Management
RUTF	ready-to-use therapeutic food
SADTI	Sustainable Agriculture Development and Training Initiative
SAFL	Southern Africa Food Lab
SAM	Severe acute malnutrition

SCT	Social Cash Transfer
SCUK	Save the Children UK
SD	standard deviation
SDC	Swiss Agency for Development and Cooperation
SE	standard error
SFP	supplementary feeding programme
SIDA	Swedish International Development Cooperation Agency
SNDP	Sixth National Development Plan
SPSS	Statistical Package for Social Scientists
SUN	Scaling Up Nutrition
TDRG	Tropical Diseases Research Centre
UNICEF	United Nations Children's Fund
UNZA	University of Zambia
UNZAREC	University of Zambia Biomedical Research Ethics Committee
USAID	US Agency for International Development
USG	US government
WAZ	weight-for-age z-score
WFP	World Food Programme
WHO	World Health Organization
WSUP	Water and Sanitation for the Urban Poor
ZDHS	Zambia Demographic and Health Survey
ZMW	Zambian kwacha







### **Relevant IDS Publications**

Barnett, I. and Befani, B. with Sulisty, S.; Yosellina and O'Leary, M. (2014)  
*A Mixed-Method Impact Evaluation Design of a Mobile Phone Application for Nutrition Service Delivery in Indonesia*, IDS Evidence Report 79, Brighton: IDS

te Lintelo, D.J.H.; Haddad, L.J.; Lakshman, R. and Gatellier, K. (2014)  
*The Hunger And Nutrition Commitment Index (HANCI 2013): Measuring the Political Commitment to Reduce Hunger and Undernutrition in Developing Countries*, IDS Evidence Report 78, Brighton: IDS

Bhutta, Z.A.; Gazdar, H.; Haddad, L. and Zulfiqar, A. (2013) 'Seeing the Unseen: Breaking the Logjam of Undernutrition in Pakistan', *IDS Bulletin* 44.3, Brighton: IDS

Haddad, L.; Chandrasekhar, C. and Swain, B. (2012) 'Standing on the Threshold: Food Justice in India', *IDS Bulletin* 43 S1, Brighton: IDS

Haddad, L. and Zeitlyn, S. (2009) 'Lifting the Curse: Overcoming Persistent Undernutrition in India', *IDS Bulletin* 40.4, Brighton: IDS



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The level of undernutrition in Zambia is high and persistent. The increasing commitment of Zambian and international stakeholders to changing this situation holds out the prospect of a real decline in undernutrition over the coming years. In addition, the current strong growth of GDP per capita is potentially a positive driver of future undernutrition decline. Despite these increased opportunities for undernutrition reduction, however, there are several real threats to progress. Based on a combination of research evidence and long experience of working in the country, the authors in this *IDS Special Collection* describe some of these opportunities and threats in Zambia and suggest ways of seizing the former and dealing with the latter.

The articles in this *IDS Special Collection* show how the commitment to nutrition has been built in Zambia, and provide some pointers and guides to the ways in which that increased commitment could be leveraged to raise resources and how to allocate these. Zambia is potentially on the cusp of a great economic transformation. Can gains in economic growth from temporary mineral resources be translated into gains in child growth which reduce mortality and suffering, as well as serving to power economic growth in a sustainable way? Or will we see a situation where current fast economic growth is another redundant flash in the pan? By investing much more of their increasing stream of tax revenues in malnutrition-reducing efforts, Zambian policymakers can make the transformation vision much more likely. In this way, economic growth can be made more sustainable and more transformative. Investing in the most vulnerable members of its society – children under the age of two and their mothers – is a sure-fire way for Zambia to turn fast economic growth into meaningful growth, not only of its economy, but of its population.