MALNUTRITION IN ZAMBIA

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Photo: Cleis Nordfjell/Save the Children

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EXECUTIVE SUMMARY

Malnutrition prevents millions of Zambia's children from reaching their potential. The rates of malnutrition – among the highest in the world – are reducing the country's chances of achieving its aspiration to be a prosperous upper-middle-income country by 2030.[1] Today, in 2016, more than 40% of Zambian children under five are stunted (low height-for-age) and 15% are underweight (low weight-for-age).

A number of non-contributory social protection programmes exist in Zambia, including the government's Social Cash Transfer (SCT). Coverage of the SCT is increasing, with a growing number of beneficiaries (145,000 in 2014) and a rising budget. In 2015 it covered nearly half of Zambia's districts and expansion plans continue, with the aim of achieving full national coverage by 2017.

International evidence shows that a nutrition-sensitive social protection programme can successfully contribute to the reduction of malnutrition. The scale-up of the SCT presents a unique opportunity to use social protection as a platform to improve chronic malnutrition (stunting) in Zambia. In this report we present recommendations for how it can be done, drawing on pathways analysis of the drivers of malnutrition in Zambia and experience of existing social protection programmes, alongside a review of the policy environment.

MALNUTRITION IN ZAMBIA

Stunting has been persistently high at over 40% in Zambia since 1992.[2] The absolute number of children who are stunted has increased, from 685,000 in 1992 to 1.14 million in 2013.[3] More than a quarter of Zambia's children under five – 28% – are stunted.

POVERTY, INEQUALITY AND MALNUTRITION

Zambia has experienced strong progress on economic growth, at around 5% or 6% over the ten years up to 2015. This has been driven by increased copper production, high commodity prices and significant foreign direct investment.[4] Yet, this growth has not resulted in commensurate change in incomes, poverty levels or employment, other than in particular urban settings.[5] In 2016, Zambia's economic environment is under pressure. Limited in power supply and a steep drop in copper prices have led to Zambia's kwacha being labelled the world's worst performing currency.[6]

Zambia's vice-president Guy Scott stated in 2014 that economic growth is a key ingredient for reducing undernutrition in Zambia. However, in order to benefit human and social development, the proceeds from this growth must be effectively invested: "Investing in the most vulnerable members of our society – children under the age of two and their mothers – is a sure-fire way of turning fast economic growth into more meaningful growth, both economic and human."[7]

Zambia's economic growth is noted in the National Social Protection Policy to have been largely unequal, as reflected in one of the highest income Gini coefficients in the world of 57.5.[8] In 2010, the bottom 50% of the population according to wealth accounted for 9.1% of the total income, while the top 10% by wealth accounted for 52.6%.[9] Geographical inequalities are also stark: urban poverty has dropped from 40% to 26% since 1996, yet rural poverty, at around 78% in 2010, has changed very little from its level in 2006 (80%).[10]

These inequalities are reflected in the figures on – and children's experiences of – malnutrition. Stunting levels are especially bad for the three poorest quintiles with more than 40% stunting prevalence, rising to

47% for the poorest quintile.[11] Children in the poorest households are more than twice as likely to be underweight as children in the wealthiest households.[12]

Combatting undernutrition could bring great gains for Zambia and the investment case is strong. Research implies that money invested in nutrition interventions has a 17:1 ratio on average for return on investment in Zambia.[13, 14] Also, research shows gross domestic product (GDP) totals in Africa are less than 90% of what they would be without undernutrition.[15]

THREE NUTRITION PATHWAYS

At the household and community levels, nutritional status is influenced by three pathways:

Household food security

A large number of Zambian households are classed as "extremely poor" – 42% in 2010 – in that they are unable to afford a "minimum food basket".[16] Around 53% of households cannot afford three meals a day.[17] Households, particularly those in rural areas, are also very vulnerable to shocks that affect their supply of food[18] and have very little ability to absorb the impact of negative shocks.[19]

Dietary diversity in Zambia is a major challenge. Children do not consume food from enough food groups, with only 22% of children age 6–23 months found to have sufficient dietary diversity according to infant and young child feeding guidelines.[20] Generally, there is a nationwide focus on maize production, which some argue has "crowded out" diversification into more nutrient-dense food.[21]

Caring practices for women and children

The vast majority of babies in Zambia are not born stunted (chronically malnourished). Instead, most children under age five who become stunted do so between the ages of two months and two years.[22]

Breastfeeding rates are high, but so are incidences of related diseases such as diarrhoea which can be linked to early diversion from exclusive breastfeeding. Diarrhoea affected almost one-third of children aged 6–23 months in 2010. Of breastfed children aged 2–3 months, 7% in 2013 received some kind of solid or semi-solid food, and this proportion increased to 40% by age 4–5 months,[23] showing the need to promote good habits, including exclusive breastfeeding up to six months.[24]

The proportion of children aged 6–23 months receiving minimum adequate feeding is alarmingly low, at 11% across all Zambia and 7% in the lowest wealth quintile. Only 42% of children in this age group ate often enough.[25]

Health services and environment

Poor water and sanitation are particular concerns. In rural areas, 19% of the population uses surface water for drinking. Similarly, 22% of the rural population practices open defecation, leaving them vulnerable to infections transmitted by faeces.[26] Lack of access to clean water is a key factor in the persistence of chronic malnutrition in Zambia. While the Zambia Child Grant Programme – a cash transfer programme – was found to reduce stunting rates by 9 percentage points in households that had access to clean water, it did not reduce stunting at all in those households without access to clean water.[27]

A well-designed social protection system has the potential to affect positively all issues outlined above. It provides a channel through which the government of Zambia can redistribute income and resources and share the benefits of growth[28] to improve nutrition for the poorest children, as well as providing a safety net for those who need it most. For Zambia, the SCT has strong potential to be used as a nutrition-sensitive tool addressing chronic malnutrition (stunting).

HOW SOCIAL PROTECTION CAN HELP TACKLE CHILD MALNUTRITION

Positive results for nutrition are most likely when social protection systems consider children's needs from the outset, and when the 1,000 days between a woman conceiving and her child's second birthday are targeted (see section 'The importance of the first 1,000 days' on page 3).

Within social protection policies and systems, nutrition-focused interventions or programmes tackle the underlying causes of malnutrition through three pathways:

- household food security
- caring practices for women and children
- health services and environment.[29]

TABLE A SOCIAL PROTECTION AND NUTRITION OUTCOMES[31]

Pathway	Importance	How social protection helps tackle malnutrition
Household food security • diet quality • quantity of food available and accessible • economic vulnerability.	Assured access to and consumption of enough nutritious food to live an active healthy life	Improving income, food access and increasing assets
Caring practices for women and children • women's education • empowerment • infant and young child feeding • health-seeking behaviour.	Pregnancy and lactation are critical junctures for good-quality care and support	Targeting nutritionally vulnerable populations through the 1,000-days approach[32]
Health services and environment • access to shelter • access to and use of good-quality health services • access to and use of safe water • access to and use of sanitation facilities for disposing of human waste.	Conditions that expose children to pathogens and the use of preventive and curative healthcare	Promoting improvement, access and delivery of health and sanitation services

These programmes impacts can lead to impressive gains for stunting and wasting. The ways in which these pathways can have an impact on child malnutrition are shown in Table A above.[30]

Social protection interventions or programmes can serve as delivery platforms for wider and larger-scale, more comprehensive and more effective nutrition-specific interventions, potentially increasing their scale, coverage and effectiveness.

HOW TO DEVELOP NUTRITION-SENSITIVE SOCIAL PROTECTION IN ZAMBIA

In order to harness the full potential of Zambia's SCT to address chronic malnutrition, it must:

- address the drivers of malnutrition across all the nutrition pathways: household food security, caring practices for women and children, health services and environment (see Table B overleaf)
- be targeted towards the first 1,000 days
- include behaviour change communication on dietary diversity; infant and young child feeding; safe water, hygiene and sanitation (WASH) practices; and timely health-seeking behaviour
- have an integrated and robust monitoring and evaluation system, including child-centred and nutrition indicators across all pathways
- act as a platform for linkages to other services, including health for HIV, malaria and diarrhoea services; water, hygiene and sanitation; and agriculture.

Policy and decision-makers in Zambia should recognise the value of integrating nutrition into the SCT, through policy and design structures, as demonstrated in the following pathways recommendations table.

TABLE B RECOMMENDATIONS FOR NUTRITION-SENSITIVE SOCIAL PROTECTION IN ZAMBIA

Evidence from social protection	Policy and design implications
Cross-cutting	
When nutrition-sensitive design principles are included, social protection programmes can have a significant impact on malnutrition.[33] Various types of programmes can work for nutrition, including cash transfers, conditional cash transfers and cash for work.[34]	**Social Cash Transfer design:** The SCT must have a detailed and regular monitoring and evaluation system, across the nutrition pathways, to show impacts on nutrition and provide evidence for national decision-making. **Governance and linkages:** National nutrition and social protection strategies must be linked and mutually supportive to support higher development returns. All nutrition-sensitive interventions, including social protection, should be based on a contextual analysis of malnutrition, and detail the pathways through which the intervention will address malnutrition. Zambia should aim to decrease stunting levels overall, but direct specific attention to improving outcomes for the poorest quintiles to reduce inequalities between the wealth quintiles. Other arms of Zambia's social welfare system should be strengthened, following investments for children under five with a focus on health, employment, literacy and nutrition.
Pathway 1: Household food security – assured access to enough food of adequate quality for living an active healthy life	
Cash transfers are widely used for food consumption, often allowing households to invest in and consume better-quality and more nutritious food.[35] Being beneficiary of a social protection programme can increase a household's resilience and ability to absorb shocks.[36] Social protection can improve a household's assets base and improve its livelihood.[37] Nutrition interventions for children have better effects if sustained over long periods of time, extending beyond the first 1,000 days.[38]	**Social Cash Transfer design:** Improve targeting towards those groups which cannot access two meals a day. Cash transfers should run for a sufficiently long time per beneficiary to allow for longer-term impacts arising from livelihoods improvement. Transfer size should be adjusted according to the household size and the cost of a nutritious diet. Behaviour change communication (BCC) should be introduced, in coordination with respective line ministries, to inform households on components of a nutritious diet to impact on consumption behaviour, particularly for young children. BCC can happen during payment events or using SMS in local languages (if beneficiaries hold mobile phones). The geographical overlap of the SCT and Zambia's 1000 Days programming should be reviewed to ensure agricultural interventions for improved dietary diversity are accessible to SCT recipients. This could be achieved, for example, through access to loans for input purchase, crop insurance to encourage production of high-risk crops, farming training and home gardens. **Governance and linkages:** Social protection should be designed to be flexible enough to be able to respond to covariate natural and economic shocks, potentially reduce household negative coping strategies, such as reducing the number of meals per day. The private sector should be engaged on the provision of diverse foods. Agricultural schemes should explore options to support the production of alternative, more nutrient-dense crops. The bias towards maize production should be readdressed.

TABLE B RECOMMENDATIONS FOR NUTRITION-SENSITIVE SOCIAL PROTECTION IN ZAMBIA *continued*

Evidence from social protection	Policy and design implications
Pathway 2: Caring practices for women and children – pregnancy and lactation are critical junctures for good-quality care and support	
The 1,000 days between a woman's pregnancy and her child's second birthday is a critical period for nutrition interventions to target.[39] The education level and age of the mother influence the nutrition status of the child: the better educated and older the mother, the better the nutrition status of the child.[40]	**Social Cash Transfer design:** Target the critical window of the first 1,000 days: pregnant/lactating women and children under two years old. Include BCC as a soft condition of the SCT, with a focus on infant and young child feeding practices, in particular on exclusive breastfeeding for the first six months and dietary diversity for children aged six to 24 months. Include monitoring of infant and young child feeding practices within the SCT framework to show the impact of BCC. Promote gender inclusivity across all behaviour change communication activities by including men and boys alongside women and girls. Encourage completion of secondary education for adolescents, particularly girls, as a minimum.
Pathway 3: Health services and environment – conditions children's exposure to pathogens and the use of preventive and curative healthcare	
If combined with access to safe water, social protection programmes can have a huge impact on nutrition.[41] Social protection programmes can encourage timely health-seeking behaviour.[42]	**Social Cash Transfer design:** Include BCC on safe water, hygiene and sanitation (WASH) practices, and timely health-seeking behaviour. Include monitoring of WASH and health-seeking behaviour indicators within the SCT framework to show the impact of behaviour change communication. **Governance and linkages:** The geographical overlap of the SCT and Zambia's 1000 Days programming should be reviewed to promote linkages between the SCT and WASH programmes that provide access to safe drinking water specifically in rural areas, and health programmes focusing on malaria, diarrhoea and HIV and AIDS. Access to health services at local levels should be reviewed at district level, with particular attention given to communities with the largest distance to basic health centres.

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
BCC	Behaviour change communication
CSO	Civil society organisation
DHS	Demographic and Health Survey
FAO	Food and Agriculture Organization
GDP	Gross domestic product
GRID	Groups and Inequality Database
GRZ	Government of the Republic of Zambia
HANCI	Hunger and Nutrition Commitment Index
HIV	Human immunodeficiency virus
ILO	International Labour Organization
IYCF	Infant and young child feeding
JMP	Joint Monitoring Programme
LCMS	Living Conditions Monitoring Survey
MCDMCH	Ministry of Community Development, Mother and Child Health
MDG	Millennium Development Goal
MOH	Ministry of Health
NFNC	National Food and Nutrition Commission
NFNSP	National Food and Nutrition Strategic Plan
NGO	Non-governmental organisation
NSSP	National Social Protection Policy
PWAS	Public Welfare Assistance Scheme
SCT	Social Cash Transfer
SDG	Sustainable Development Goal
SP-SAG	Sector Advisory Group on Social Protection
SUN	Scaling Up Nutrition
UNICEF	United Nations Children's Fund
UNSCN	United Nations Standing Committee on Nutrition
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

KEY TERMS

1,000-day window

The 1,000-day period between a woman's pregnancy and her child's second birthday. The right nutrition during this critical period can have a profound impact on a child's ability to grow, learn and rise out of poverty. It can also shape a society's long-term health, stability and prosperity.[43]

Hunger

Hunger is the body's way of signalling that it is running short of food and needs to eat something. It can lead to undernutrition, although it is only one of many causes, which include diarrhoea, malaria and HIV and AIDS.[44]

Malnutrition

Malnutrition is a broad term commonly used as an alternative to **undernutrition** but technically it also refers to overnutrition. People are malnourished if their diet does not provide adequate calories and protein for growth and maintenance or they are unable to fully utilise the food they eat due to illness (undernutrition). They are also malnourished if they consume too many calories (overnutrition).[45]

Nutrition-sensitive interventions

Nutrition-sensitive interventions target the underlying determinants of nutrition, affecting the broader context of life and health, and enhancing the coverage and effectiveness of nutrition-specific interventions.[46] Nutrition-sensitive interventions that have significant potential include **social protection**, agriculture and women's empowerment (including girls' education).

Undernutrition

Undernutrition is defined as the outcome of insufficient food intake and repeated infectious diseases. It includes being underweight for one's age, too short for one's age (stunted), dangerously thin for one's height (wasted), and deficient in vitamins and minerals (micronutrient malnutrition).[47]

INTRODUCTION

Malnutrition prevents millions of Zambia's children from reaching their potential. The rates of malnutrition – among the highest in the world – are reducing the country's chances of achieving its aspiration to be a prosperous upper-middle-income country by 2030.[48] An estimated 40% of children under five in Zambia are stunted (low height-for-age) and 15% are underweight (low weight-for-age).[49] Children in the poorest households are more than twice as likely to be underweight as children in the wealthiest households.[50]

Social protection is a crucial tool in combatting poverty, in tackling inequalities and breaking inter-generational poverty traps.[51] It is a mechanism through which human rights can be realised and a means for states to protect their most vulnerable citizens. This is recognised in the Universal Declaration of Human Rights, the United Nations Convention on the Rights of the Child, the International Labour Organization's (ILO) constitution, and legal instruments on social security.

Universal social protection, as the integrated set of policies designed to ensure income security and support to all people across the life cycle, is a global aim promoted by the ILO and World Bank. Anyone who needs social protection should be able to access it.[52] However, social protection is far from the norm for most of the world's population: 73% of the world's population are covered partially or not at all.[53] In Zambia, social protection provision, through targeted programming, covered 1.6% of the total population and 14.8% of the poorest quintile in 2010.[54]

A number of non-contributory social protection programmes exist in Zambia, including the government's Social Cash Transfer (SCT). The effective scope of social protection coverage is low. Due to limited resources and low capacity, it only reaches a small portion of the poor and vulnerable groups it intends to cover. Coverage, however, is increasing, with a growing number of beneficiaries (145,000 in 2014) and a rising budget. In 2015 the SCT covered nearly half of Zambia's districts and expansion plans continue, with the aim of achieving full national coverage by 2017.

The scale-up of the SCT presents a unique opportunity to improve nutrition in Zambia. In this report we explore how it can be done.

OVERVIEW OF THE REPORT

Part 1 of this report examines the potential of social protection for nutrition in Zambia. Part 2 sets out the issues we need to consider. It examines the results of our literature review on the impact of Zambian and worldwide social protection programmes on nutrition outcomes and pathways. It summarises the context in Zambia for each pathway, considers the known impacts of social protection, and draws conclusions. Part 3 makes recommendations for the development of social protection programmes, with focus on the SCT for Zambia, and systems to improve nutrition.

The major pathways to nutrition outcomes are demonstrated by evidence for nutrition-sensitive social protection. This allows us to make knowledgeable recommendations for policy and programme development in Zambia and to inform global learning.

This reports builds upon the approaches set out in *Malnutrition in Bangladesh: Harnessing social protection for the most vulnerable*, which was published by Save the Children in February 2015.

PART 1

SOCIAL PROTECTION FOR NUTRITION IN ZAMBIA

PHOTO: CLEIS NORDFJELL/SAVE THE CHILDREN

A mother and child at Chisannina primary healthcare unit, which is part of the Lufwanyama Integrated and Child Health Project

In this section we:

- explain why we are focusing on social protection and nutrition
- consider the definitions
- summarise the current situation for nutrition-sensitive social protection in Zambia, including progress to date on malnutrition.

PHOTO: CLEIS NORDFJELL/SAVE THE CHILDREN

Mirium, with her children who are beneficiaries of the Lufwanyama Integrated and Child Health Project

1 WHY SOCIAL PROTECTION AND NUTRITION?

WHY WE MUST TACKLE CHILD MALNUTRITION

THE IMPORTANCE OF THE FIRST 1,000 DAYS

Maternal and child malnutrition is the underlying cause of 45% of preventable child deaths[55] and, for those children who survive, malnutrition is likely to have irreversible, lifelong consequences for a child's physical and cognitive development. Evidence shows that up to 70% of stunting takes place before a child's second birthday.[56] Maximising the unique window of opportunity between conception and a child's second birthday – the first 1,000 days – helps shape healthier and more prosperous futures. The right nutrition during this period can have a profound impact on a child's ability to grow, learn and rise out of poverty.

During this period of the first 1,000 days, malnutrition affects the structural and functional development of the brain, directly affecting cognitive development.[57] Malnutrition[58] also has an indirect impact, affecting the ways children learn and their ability to interact and engage with the world. Good maternal nutrition is essential: pregnant or breastfeeding mothers who cannot access the right nutrients are more likely to have children with compromised brain development and poor cognitive performance. Once the child is born, nutrition continues to play a key role in ensuring that the brain develops properly.

A high return on investment

Ensuring the right nutrition during those first 1,000 days can also help shape a society's long-term health, stability and prosperity.[59] Children who are malnourished earn 20% less as adults than children who are well nourished.[60] The effects of malnutrition on physical stature, cognitive development and the ability to do physical work can lock children into poverty and entrench inequality. Malnutrition can therefore act as a significant barrier to economic growth. According to the World Bank, improving nutrition enough to eliminate anaemia in working adults results in a 5–17% increase in adult productivity, increasing the national income growth by up to 2%.[61]

The resulting human and economic cost of malnutrition is huge. With a long-term impact on productivity, hunger and undernutrition reduce global gross domestic product (GDP) by 2–3% and cost the world up to US$2.1 trillion in lost global GDP.[62] The Copenhagen Consensus,[63] which involves hundreds of economists evaluating the returns to investing in a variety of social goods, calls fighting malnutrition a 'phenomenal' investment, putting it in the top category of investments.

THE POTENTIAL OF SOCIAL PROTECTION

Investing in social protection brings multiple gains – including long-term gains – for individuals and societies as a whole. When designed well, social protection can:

- address poverty and provide protection against vulnerability and exclusion
- empower the most vulnerable people
- offer a means to cope with major risks throughout the lifecycle
- reduce people's vulnerability to global challenges such as aggregate economic shocks, instability in the price of food or other essential commodities, and climate change
- contribute to inclusive growth, social cohesion and broader national social-economic development and security.[64]

Social protection can also increase the effectiveness of investments in nutrition, health, education, and water and sanitation and enhance outcomes for children. Cash transfer programmes, like Zambia's Social Cash Transfer (SCT), are an increasingly popular social protection tool due to their ability to deliver direct cash to households, usually targeted to poor and vulnerable groups.[65]

HOW SOCIAL PROTECTION HELPS TACKLE HUNGER AND MALNUTRITION

Positive results for nutrition are most likely when social protection systems consider children's needs from the outset and when the 1,000-day period between conception and a child's second birthday is targeted (see page 3).

Within social protection policies and systems, nutrition-focused interventions or programmes tackle the underlying causes of malnutrition (see 'Understanding the pathways approach' on page 17) through three pathways:

- household food security
- caring practices for women and children
- health services and environment.[66]

These programmes can lead to impressive gains for stunting and wasting. The ways in which **these pathways can have an impact on child malnutrition** are shown in Table 1 below.[67]

Social protection interventions or programmes can serve as delivery platforms for larger-scale, more comprehensive and more effective nutrition-specific interventions.

Nutrition-sensitive social protection programmes also help tackle both the immediate and the underlying causes of malnutrition by reducing vulnerability, challenging discrimination and exclusion, protecting productive assets, and ensuring that basic needs can be met. Nutrition-sensitive social protection has an important role to play in addressing children's needs – and in addressing children's needs throughout the lifecycle.

Nutrition-sensitive social protection and the three pathways are explored in detail in Part 2 of this report.

INTERNATIONAL EVIDENCE ON THE IMPACT OF SOCIAL PROTECTION

Social protection initiatives across a number of countries show strong evidence of positive impacts on both hunger and malnutrition. In Africa, Asia and Latin America, cash transfers have been shown to improve both the quantity and the diversity

TABLE 1 SOCIAL PROTECTION AND NUTRITION OUTCOMES[68]

Pathway	Importance	How social protection helps tackle malnutrition
Household food security • diet quality • quantity of food available and accessible • economic vulnerability.	Assured access to and consumption of enough nutritious food to live an active healthy life	Improving income, food access and increasing assets
Caring practices for women and children • women's education • empowerment • infant and young child feeding • health-seeking behaviour.	Pregnancy and lactation are critical junctures for good-quality care and support	Targeting nutritionally vulnerable populations through the 1,000-days approach[69]
Health services and environment • access to shelter • access to and use of good-quality health services • access to and use of safe water • access to and use of sanitation facilities for disposing of human waste.	Conditions that expose children to pathogens and the use of preventive and curative healthcare	Promoting improvement, access and delivery of health and sanitation services

of food consumption, as well as to protect food consumption during shocks or lean periods.[70] For example, Ghana's Livelihood Empowerment Against Poverty cash transfer programme saw reductions of 25 percentage points in perceived food insecurity for families, and of 32 percentage points for families headed by women.[71]

Improved nutrition from social protection programmes also contributes to better physical development for children, demonstrated by programmes in Mexico, Malawi and Colombia that show reductions in the number of children with stunted growth.[72, 73] For example, with Malawi's Mchinji Social Cash Transfer scheme stunting among child participants decreased from 55% to 46%.[74] Children in South African households receiving a pension grow, on average, five centimetres taller than those in households without a pension.[75]

DEFINITIONS

NUTRITION-SENSITIVE SOCIAL PROTECTION

Nutrition-sensitive social protection refers to the interventions or programmes within **social protection** policies and systems that integrate a nutrition objective and address the underlying determinants of foetal, young child and adolescent growth and development.

NUTRITION-SPECIFIC INTERVENTIONS

Nutrition-specific interventions target the immediate causes of **undernutrition**, for example, inadequate dietary intake and ill-health.[76]

SOCIAL PROTECTION

Social protection is a set of public policies, programmes and systems that help poor and vulnerable individuals and households to:

- reduce their economic and social vulnerabilities
- improve their ability to cope with risks and shocks
- enhance their social rights and status.

Social protection initiatives provide:

- social assistance to poor, vulnerable and excluded individuals and households, which may include non-contributory cash transfers, in-kind transfers or a combination
- social insurance, such as unemployment benefits and health insurance, to protect people against the risks and consequences of livelihood shocks, including unemployment, climate disasters, conflict, economic crises, and large-scale health risks.

In addition, relevant national legislation, policies and regulations – such as maternity policy – are essential measures to address legal, social, cultural and economic barriers to social protection programmes and basic services.[77]

TABLE 2 SOCIAL PROTECTION THROUGH THE LIFECYCLE

Lifecycle stage	Example of social protection
Pregnancy and early childhood	Maternity grants, child grants
School-age children	Child grants, education stipends, family allowances/conditional cash transfers, school feeding
Youth	Education/training stipends, employment guarantee schemes
Working age	Employment guarantee schemes/public works, family allowances
Old age	Pensions

SOCIAL PROTECTION IN ZAMBIA

The Government of the Republic of Zambia, in the National Social Protection Policy (2014),[78] defines social protection as: "Policies and practices that protect and promote the livelihoods and welfare of people suffering from critical levels of poverty and deprivation and/or [who] are vulnerable to risks and shocks."

The Zambian government has, over a decade or more, introduced a range of social protection interventions, including social cash transfers, school bursaries, disability and old-age grants, maternity grants, and fertiliser subsidies.[79]

SOCIAL PROTECTION SYSTEMS

Social protection should be designed and implemented through a systems approach, where all actors coordinate in support of strategies, policies and programmes underpinned by the national vision. The role of government in developing, implementing and financing social protection is critical in order to ensure long-term sustainability of policies, guided by national vision. National systems can comprise non-governmental social protection schemes alongside those that are government-led.

To be effective, social protection should be complemented by wider policy reforms to address the causes of poverty, improve the quality and scale of healthcare, education and other basic services, and promote social equity and inclusion.

PHOTO: CLEIS NORDFJELL/SAVE THE CHILDREN

Peter (second right) at home with his mother and younger siblings in Lufwanyama district, Copperbelt province

2 MALNUTRITION IN ZAMBIA

Before we delve into our pathways analysis, we need to understand the wider nutrition context that social protection needs to address in Zambia. In this section, we explore nutrition progress through an equalities lens, compared with other African countries, and highlight the places where the problems underlying poor nutrition outcomes are worst.

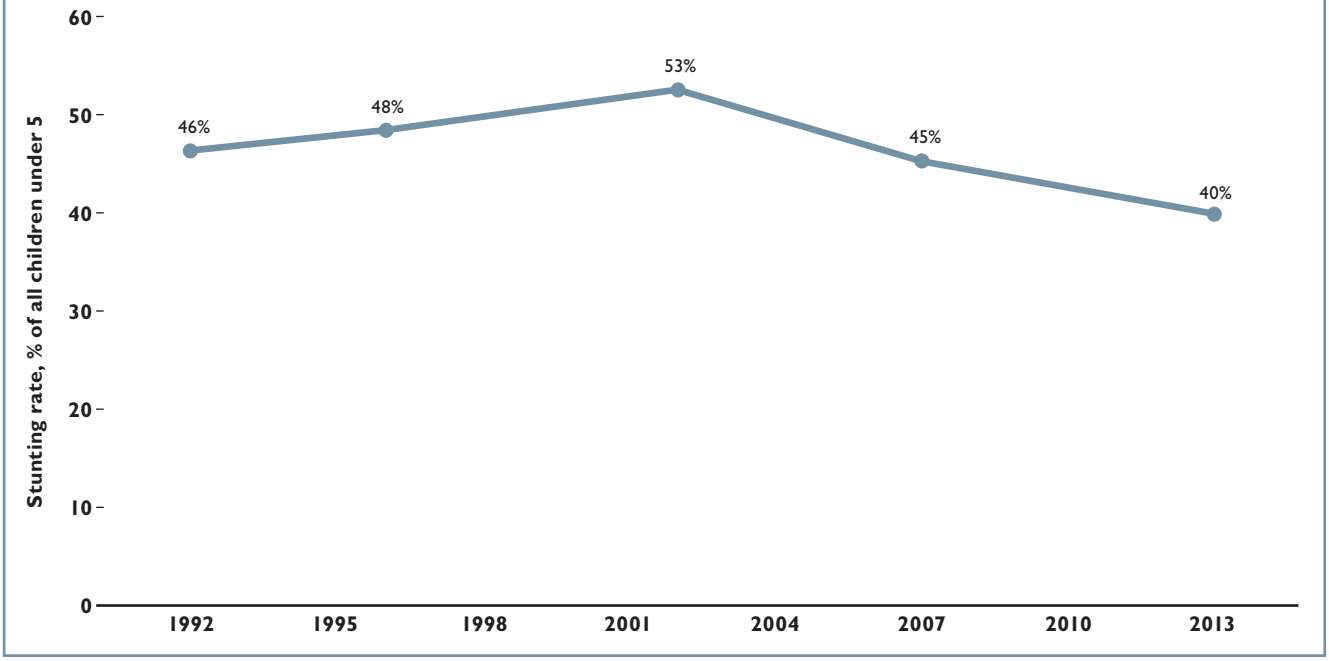
OVERVIEW OF ZAMBIA'S PROGRESS AND OUTCOMES ON NUTRITION

Stunting has been persistently high in Zambia for more than two decades, as shown by data since 1992 (see Figure 1). Rates only dropped by 6 percentage points from 46% to 40% between 1992 and 2013. Given population growth, the absolute number of children who are stunted has increased, from 685,000 in 1992 to 1.14 million in 2013. Stunting rates climbed to 48% in 1996 and then to a peak of 53% in 2002, coinciding with the peak of HIV infection in the pre-treatment era.

The percentage of children under five who are underweight followed a broadly similar pattern of increasing during the 1990s, and then beginning to fall (see Figure 2). Wasting has remained constant at between 5% and 6%.[80]

However, acute malnutrition (very low weight for height) may pose a greater threat than these figures suggest. Globally, acute malnutrition is recognised to increase mortality.[81] Recent research by Every Child Fed[82] found that severe acute malnutrition in Zambia comes with a 40% mortality rate. An even higher mortality rate, 46%, was found among children under five with severe acute malnutrition who were admitted to hospital, with diarrhoea and pneumonia,

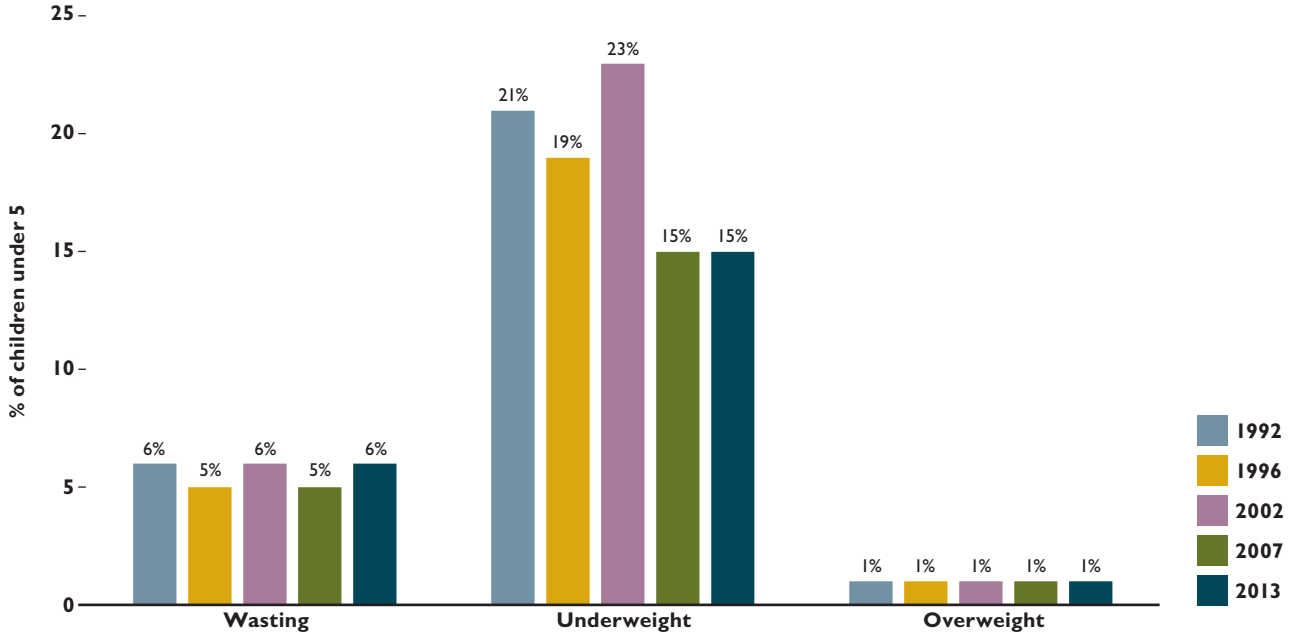
FIGURE 1 **PROGRESS ON STUNTING IN ZAMBIA**



Source: Zambia DHS 1992, 1996, 2002, 2007, 2013–14

Notes: To be stunted a child must have height less than two standard deviations below the median for their age from the reference population. All stunting rates quoted in this report use the 2006 World Health Organization reference populations.

FIGURE 2 **TRENDS IN WASTING, UNDERNUTRITION AND OVERWEIGHT**

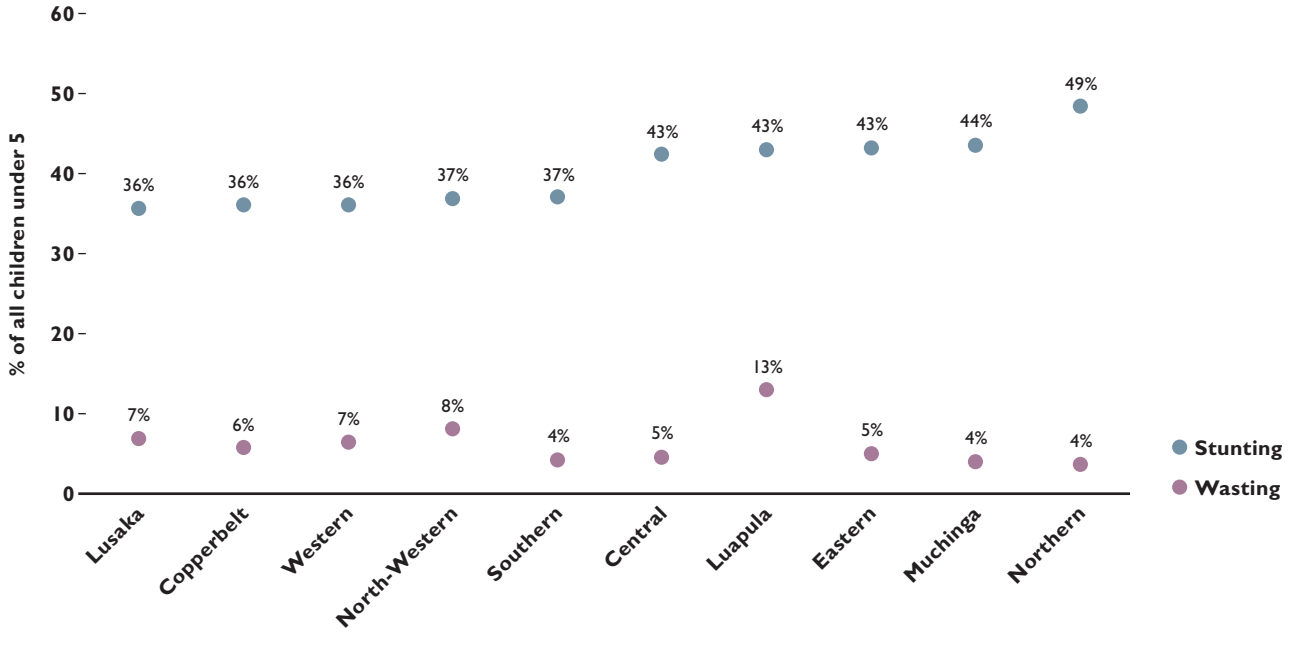


Source: Zambia DHS 2013–14: 161

the most common co-morbidities.[83] Treatment in Zambia is hampered as the availability and use of therapeutic foods is patchy and inconsistent.[84]

When we examine stunting and wasting prevalence across provinces (regions), we see that provinces with the highest stunting (Northern, Muchinga, Eastern) are not the same as the provinces with the highest wasting (Luapula, North-Western) (see Figure 3). Regional variations in wasting are likely to be due to recent weather and its impact on crops and harvests, whereas variations in stunting are driven more by the underlying causes (see page 19). This distinction means interventions, such as nutrition-sensitive

FIGURE 3 **STUNTING AND WASTING BY PROVINCE**



Source: Zambia DHS 2013–14: 161

social protection, must be clear on which measure of undernutrition is being targeted, as these two measures identify different problems and priorities.

Micronutrient malnutrition is also high in Zambia: 15% of children under five are zinc deficient, 20% are vitamin A deficient, 21% are iron deficient and 87% are deficient in vitamin B12.[85]

NUTRITION, POVERTY AND INEQUALITY IN ZAMBIA

ECONOMIC GROWTH IS NOT A MAGIC BULLET FOR NUTRITION

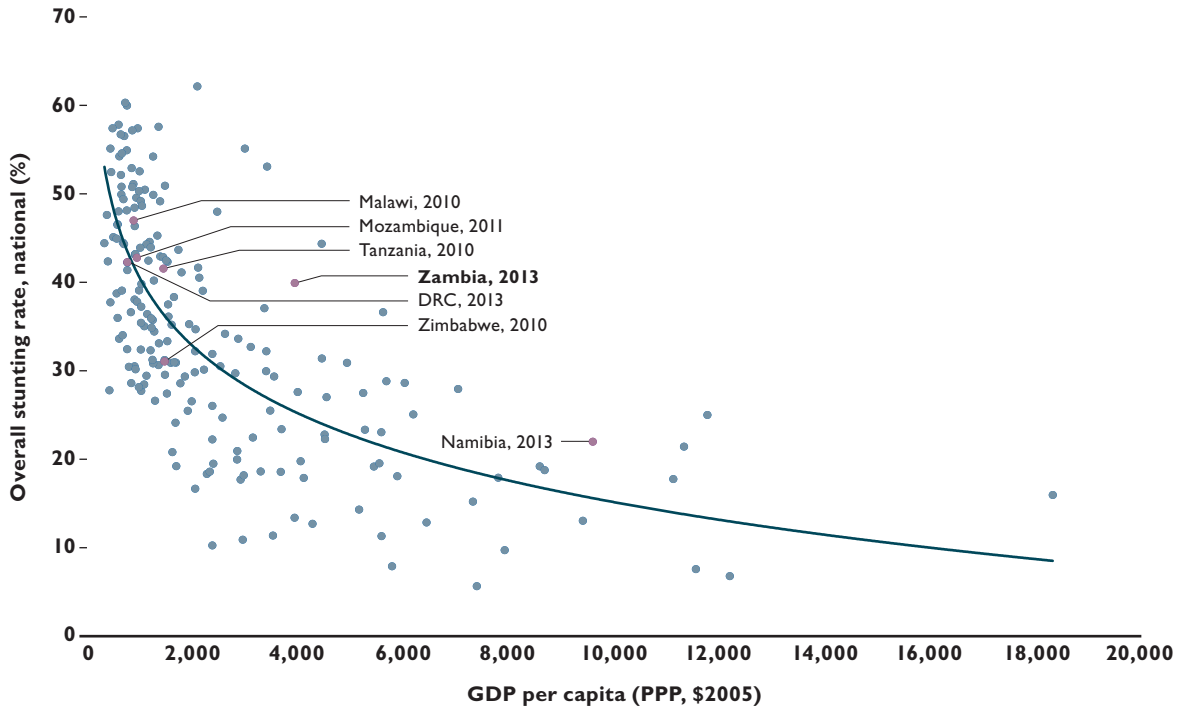
Zambia's progress on economic growth, at around 5–6% over a ten-year period, has been driven by increased copper production, high commodity prices and significant foreign direct investment.[86] Yet this growth has not resulted in commensurate change in incomes, poverty levels or unemployment rates, other than in a few selected urban settings.[87] In 2016, Zambia's economic environment is under pressure. Limited power supply and a steep drop in copper prices have led to Zambia's kwacha being labelled the world's worst performing currency.[88]

As the vice-president of Zambia, Guy Scott, stated in 2014, economic growth is a key ingredient for reducing undernutrition in Zambia. However, to benefit human and social development, the proceeds from this growth must be effectively invested: "Investing in the most vulnerable members of our society – children under the age of two and their mothers – is a sure-fire way of turning fast economic growth into more meaningful growth, both economic and human."[89]

Zambia's economic growth is noted in the National Social Protection Policy to have been largely unequal, as reflected in one of the highest income Gini coefficients in the world of 57.5.[90] In 2010, the bottom 50% of the population according to wealth accounted for 9.1% of the total income, while the top 10% by wealth accounted for 52.6%.[91] Geographical inequalities are also stark: urban poverty has dropped from 40% to 26% since 1996, yet rural poverty, at around 78% in 2010, has changed very little from its level in 2006 (80%).[92]

Looking at the links between economic measures and stunting across countries, we find countries with high stunting are often the same ones with low GDP per capita (see Figure 4). Stunting is higher in Zambia

FIGURE 4 **STUNTING RATE vs. GDP PER CAPITA ACROSS ALL COUNTRIES AND YEARS IN GRID**[93]



Source: Save the Children's own calculations based on DHS and World Development Indicators

Notes: The chart is a scatter plot including 203 country/year combinations, comparing stunting in that country year to GDP per capita. GDP per capita is measured at purchasing power parity, in current international $.

ZAMBIA'S NUTRITION INVESTMENT CASE

Combatting undernutrition could bring great gains for Zambia.

Research shows gross domestic product (GDP) totals in Africa are less than 90% of what they would be without undernutrition.[94]

Scaling up nutrition-specific interventions to 90% coverage to tackle stunting would have a benefit–cost ratio in Zambia of 17 to 1. In other words, for every kwacha invested, at the median, 17 will be returned.[95]

than we would expect, given its level of GDP per capita – as demonstrated in Figure 4 with Zambia positioned well above the 'line of best fit'.

Evidence from other countries – and Zambia's own history – shows that economic growth alone is not enough to tackle hunger and malnutrition. At a global level, the last 23 years have seen a huge increase in real GDP per head and the number of people living on less than $1.25 per head has dramatically reduced. However, the number of people eating too few calories to sustain an active life has fallen relatively slowly – only half as fast as poverty.[96]

Without active government leadership and proactive intervention, the benefits of growth cannot be expected to translate into increased food budgets in the most disadvantaged households, let alone dramatic improvements in malnutrition.[97]

WHICH GROUPS ARE FURTHEST BEHIND?

In order to understand Zambia's malnutrition burden and how to reach the children who are 'hardest to reach' or have been 'left behind', we examine stunting rates by group drawing upon the Groups and Inequality Database.

In Zambia, the groups with the highest stunting rate are:

- Northern Province, with a 49% stunting rate
- the bottom quintile by wealth, with a 47% stunting rate.

The poorest 40% by wealth is only marginally better at 45%, and Eastern Province is the fourth worst group, with 43% (see Figure 5 opposite).

Wealthier Zambians are less likely to be stunted, but stunting rates do not reduce quickly with wealth. All but the top wealth quintile in Zambia have stunting rates of 38% or over (see Figure 6 opposite).

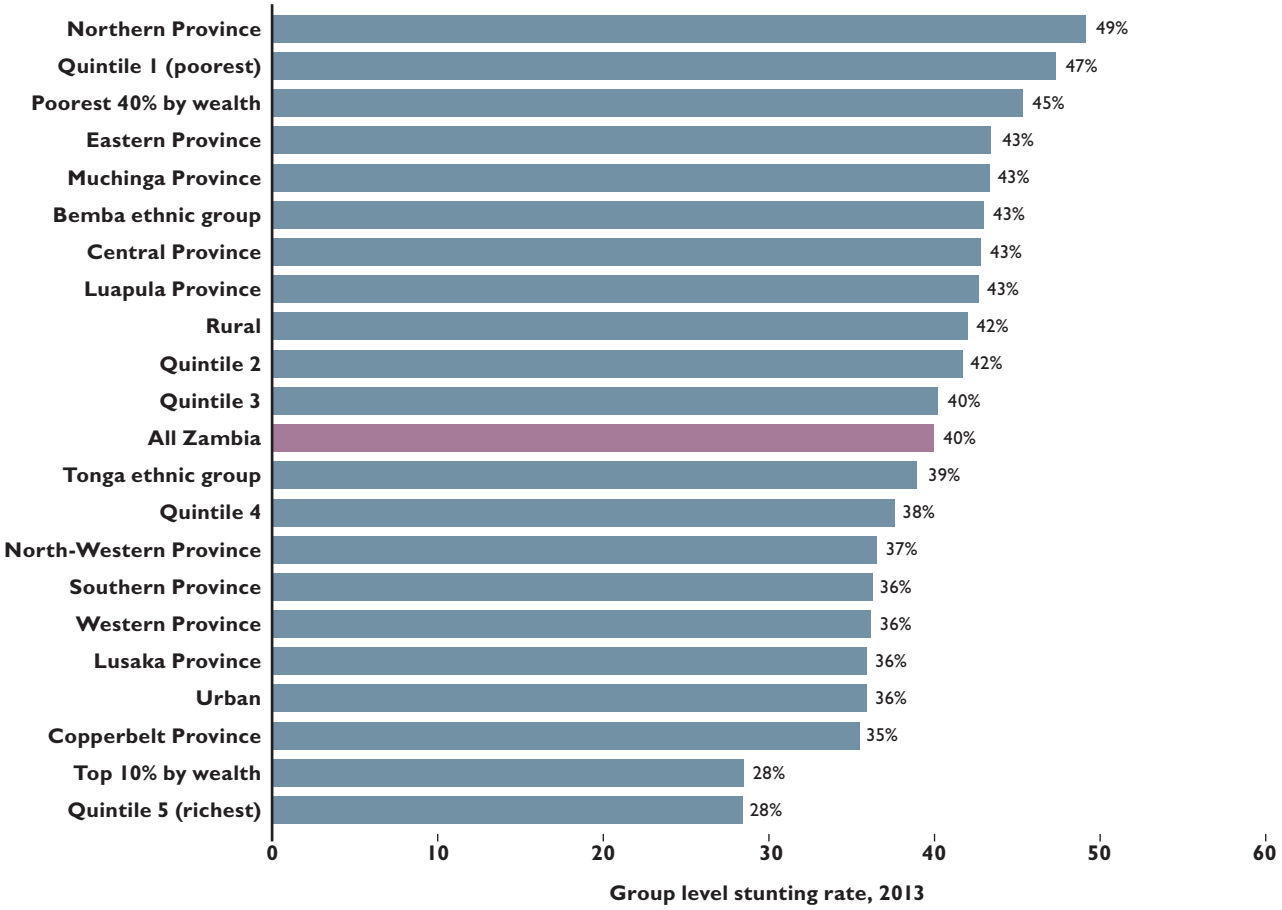
GRID

The Groups and Inequality Database (GRID) was developed by Save the Children and is designed to monitor group-based inequality across developing countries in key dimensions of children's rights and well-being, including child mortality, malnutrition, and water, sanitation and hygiene (WASH). GRID is based on direct processing of raw data from Demographic and Health Surveys (DHS), and it contains results from 257 nationally representative household surveys. GRID currently includes more than 90 developing countries (for up to seven points in time).

Through GRID, data can be disaggregated to measure and monitor disparities across the following groups:

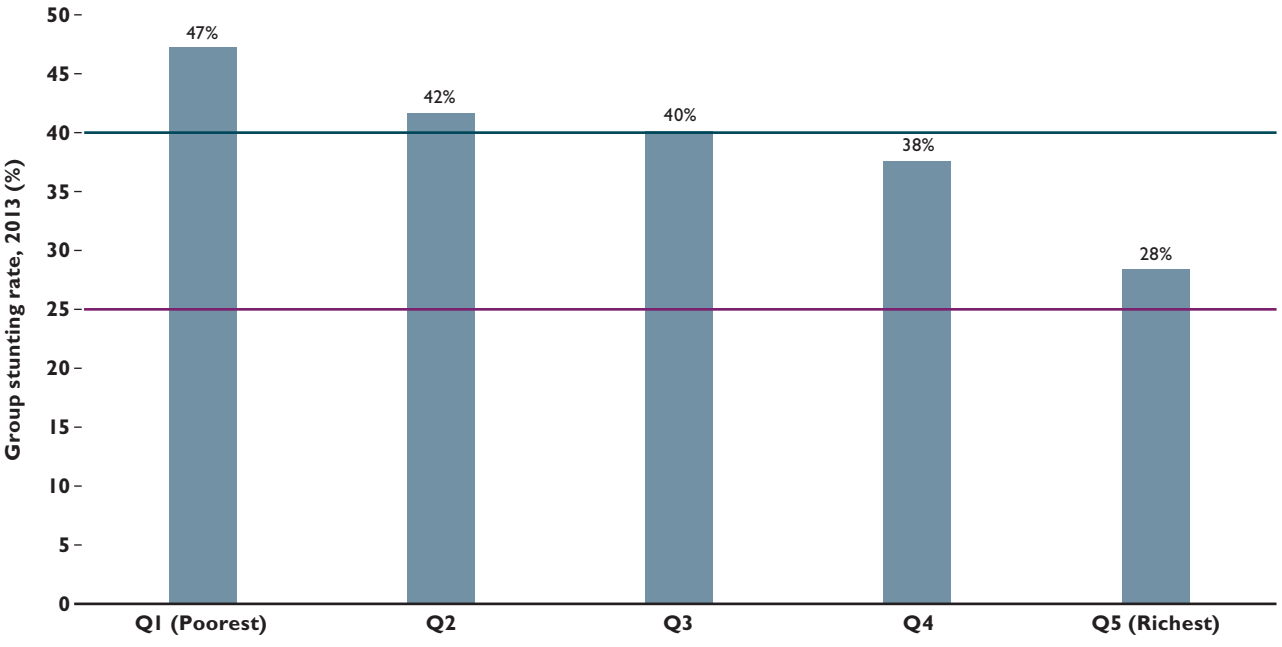
- boys/girls
- urban/rural
- subnational regions
- ethno-linguistic groups
- socioeconomic groups (measured with the wealth index).

FIGURE 5 STUNTING RATE BY GROUP



Source: Save the Children's own calculations, based on DHS

FIGURE 6 STUNTING RATE BY WEALTH QUINTILE



Source: Save the Children's own calculations, based on DHS

TABLE 3 INEQUALITY IN STUNTING RATES BETWEEN GROUPS

	1992	1996	2002	2007	2013	Increase
Bottom 40% vs. Top 10% Ratio		2.0	1.7	1.6	1.6	-0.4
Poorest vs. Richest Quintile Ratio		1.8	1.8	1.4	1.7	-0.1
Rural vs. Urban Ratio	1.3	1.4	1.4	1.2	1.2	-0.2
Luapula vs. Lusaka Ratio	1.6	1.7	1.5	1.5	1.2	-0.4
Northern vs. Lusaka Ratio	1.6	1.6	1.4	1.3	1.4	-0.2

Source: Save the Children's own calculations, based on DHS

Notes: This summarises inequality between groups. For each comparison (wealthy vs least wealthy, urban vs. rural, etc) the table reports the ratio of stunting rates. This measures how much higher stunting is in the first group than the second.[98]

ARE INEQUALITIES WIDENING OR NARROWING?

Inequalities in stunting are narrowing across all group dimensions considered (see Table 3 above). In other words, in each case the disadvantaged group has seen faster progress on stunting than the more advantaged group. This shows that Zambia, since 2002, has experienced the right *type* of progress, albeit modest. Progress has been faster where it is needed most. This needs to be sustained.

However, despite progress since 2002, children from the poorest quintile are 1.7 times as likely to be stunted as children from the wealthiest quintile (see Table 3). As noted, Zambian society is very unequal in income, and the pattern of growth is reinforcing this situation as time goes on. This, combined with the fact that money is a large differentiator of stunting likelihood, demonstrates the importance of addressing the distribution of wealth – not just for poverty, but also for nutrition.

BENCHMARKING ZAMBIA AND OTHER COUNTRIES BY STUNTING AND DISPARITIES IN STUNTING

Figure 8 opposite shows Zambia's position alongside all the other countries in the GRID database, highlighting the southern African nations. It shows how the overall stunting rate and inequality in stunting compare with other countries, and whether Zambia's stunting rate and inequality in stunting are high or low. In the charts below, all the years available for Zambia are plotted and labelled. This also allows us to benchmark Zambia's progress.

The direction of progress which is most desirable depends on the country's starting position.[99]

Relative to other countries, Zambia has a high stunting rate, but relatively low inequality in stunting across wealth groups. Along with many of its neighbours, it is in the "bad for everyone" quadrant of the chart, reflecting high levels of stunting across all wealth groups.

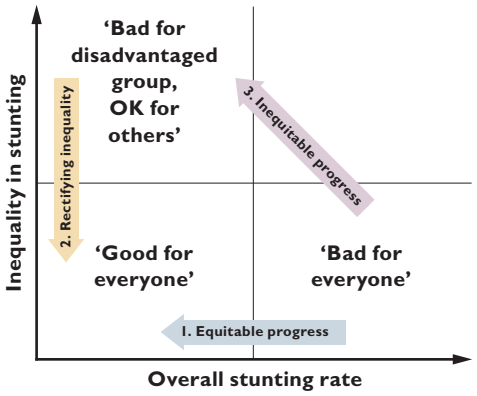
On average, in the 65 other countries included, the stunting rate was 31% in the most recent year for which we have data. Zambia's rate in 2013 of 40% is considerably higher. Namibia, Tanzania, Malawi and Zambia have all reduced national-level stunting, but Zambia is the only one that has reduced inequality over the time period that DHS studies cover.[100] Deeper analysis, which falls outside the scope of this report, is required to understand this success in order for it to be maintained.

Figure 9 on page 14 shows improvements in Zambia (dark blue) compared with neighbouring countries that have also achieved significant falls in stunting. Each country has a line that starts at the earliest year available for that country, and ends at the most recent year available (start and end years are labelled). Namibia, Tanzania, Malawi and Zambia have all reduced national-level stunting, but Zambia is the only one that has reduced inequality over the time period that DHS studies cover.

BENCHMARKING COUNTRIES BY STUNTING AND DISPARITIES IN STUNTING

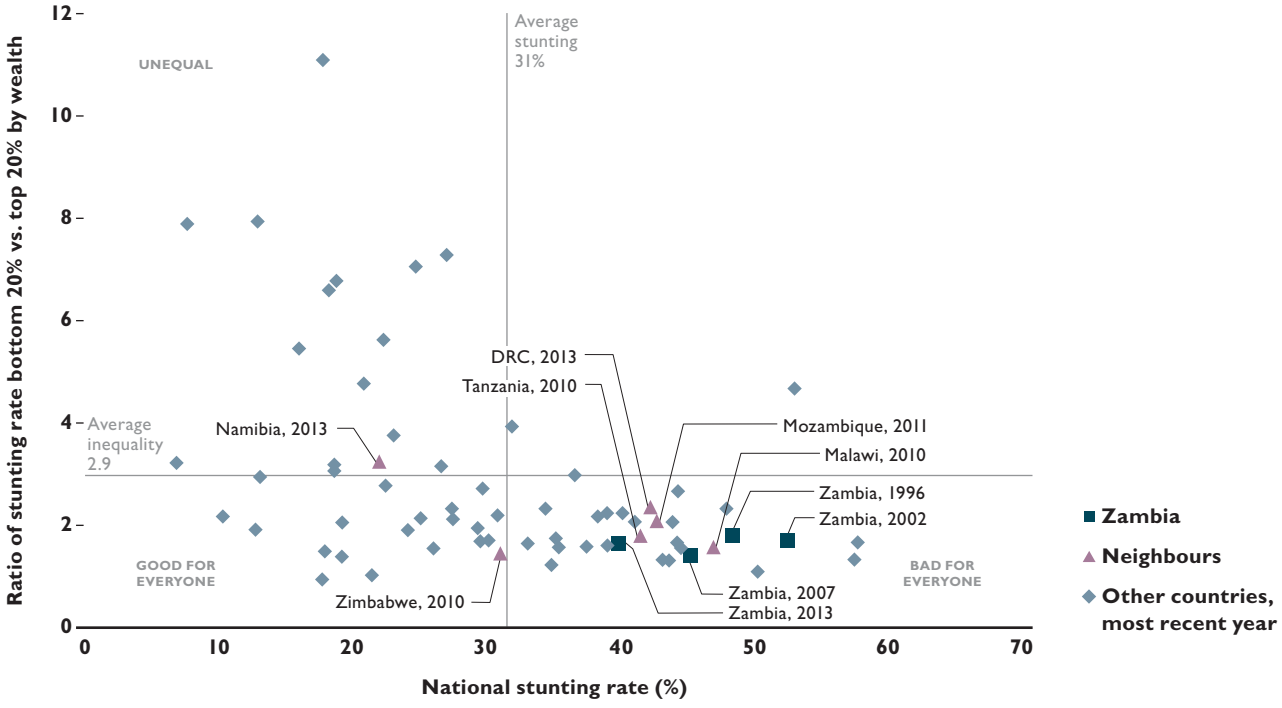
Figure 7 shows how stunting and measures of disparities might combine. Countries with high stunting rates across the whole population combined with little inequality appear in the bottom right corner of the chart. Here, the situation is bad for everyone. The bottom left corner of the chart is the opposite situation. Countries here have low overall stunting rates and low inequality. The situation is good for everyone. The two uppermost quadrants of the chart are where there is high inequality. The top right hand corner with high inequality and high overall stunting rates is the worst case scenario, but this is rarely seen in practice. This leaves the top left, which is where advantaged groups have lower stunting than disadvantaged groups, presumably because the privileged have experienced progress not available to the less fortunate.

FIGURE 7



Source: Save the Children

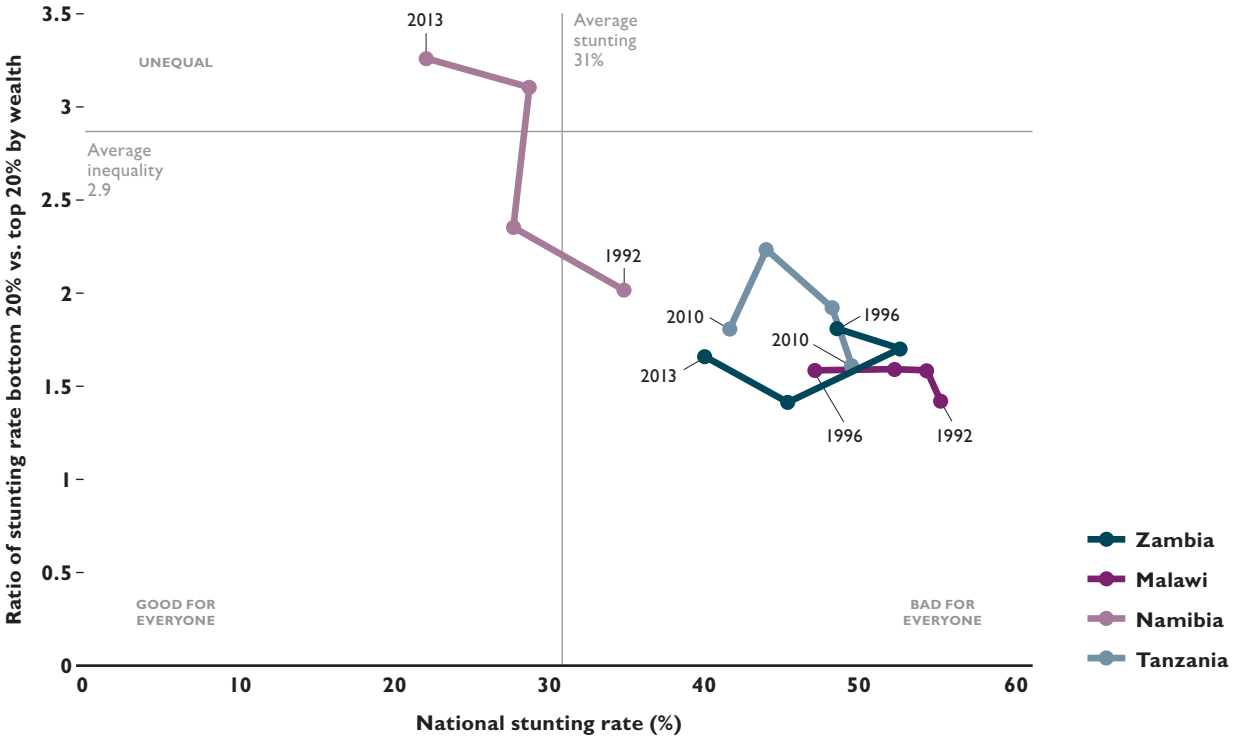
FIGURE 8 **PROGRESS ON NUTRITION BY WEALTH GROUP IN ZAMBIA COMPARED TO OTHER SOUTH AFRICAN NATIONS**



Source: Save the Children's own calculations, based on DHS

Notes: 66 countries included in total. All years are shown for Zambia. For other countries, only the most recent year in the database is included. It was not possible to calculate stunting by wealth quintile using the DHS survey for Zambia in 1992. Neighbouring countries included are Namibia, 2013, Zimbabwe, 2010, DRC, 2013, Mozambique, 2011, Tanzania, 2010, and Malawi, 2010. There is no DHS data available for Angola.

FIGURE 9 **ZAMBIA'S PROGRESS vs. NEIGHBOURING COUNTRIES**



Source: Save the Children's own calculations, based on DHS

Note: This chart does not show all of Zambia's neighbours, but focuses on the three neighbours that have also achieved respectable reductions in stunting. Missing are Angola – no DHS data, and DRC, Mozambique and Zimbabwe, which have not significantly reduced their overall stunting rate.

IMPLICATIONS FOR NUTRITION-SENSITIVE SOCIAL PROTECTION IN ZAMBIA

- A narrowly targeted programme is not likely to address chronic malnutrition in Zambia sufficiently, as rates are bad for all. Arguments for universal coverage – as a viable cost-effective approach – come to the fore.
- More analysis is required as to why stunting disparities across groups are decreasing in order to design programmes that preserve and accelerate this trend. The gap between children from the least wealthy and wealthiest households requires specific attention.
- Poverty is not the only driver of malnutrition – well-designed social protection needs to be based on a nutrition pathways analysis.

Over the long term, Zambia should seriously consider reinvestment of gains from economic growth into poverty alleviation, wealth distribution and nutrition interventions for improved social and economic outcomes.

We present specific design recommendations for Zambia, based on all of the evidence presented in this report, in Part 3, section 13.

PART 2

NUTRITIONAL PATHWAYS ANALYSIS: THE POTENTIAL OF SOCIAL PROTECTION FOR NUTRITION IN ZAMBIA

PHOTO: CLEIS NORDFJELL/SAVE THE CHILDREN

Children wait with their mothers at Shimukunami rural health centre, Copperbelt province

In order to make recommendations for nutrition-sensitive social protection in Zambia, it is important to know which programmes have been effective and which features of those programmes might explain their success.

In the following section we explore the results of a comprehensive literature review, which shows the impact of Zambian and worldwide social protection programmes on each nutrition pathway.

In the three sections that follow, we then summarise the malnutrition context in Zambia for each pathway,[101] consider the known impacts of social protection, and conclude with learning for Zambia.

METHODOLOGY

Parts 2 and 3 of this report are informed by three research components:

- a literature review
- contextual analysis
- policy analysis.

For more information on the methods please see Appendix 1.

A research validation workshop took place in Lusaka in October 2015 with participants from a variety of civil society organisations, the University of Zambia and the Zambian Ministry of Health. Its focus was on the drivers of malnutrition that need to be addressed in order to reduce chronic malnutrition (stunting) in Zambia.[102] Recommendations were developed and are presented in this report along with the authors' conclusions.

3 UNDERSTANDING THE PATHWAYS APPROACH

THE NUTRITION PATHWAYS FRAMEWORK

At the most basic level, nutritional status depends on nutrition being available and on a child's ability to absorb it. Nutrition depends partly on household access to food, and on caregivers' awareness of nutrition and their ability to provide it to children. At the same time, children's ability to absorb nutrients is linked to their health status, which is, in part, a function of environmental determinants of health such as access to clean water and developed means of sanitation.

UNICEF's conceptual framework, which has been used by the nutrition community for the past 25 years, identifies three levels of causes of undernutrition:

- **Immediate causes**: manifest at individual level, primarily addressed by nutrition-specific interventions
- **Underlying causes**: manifest at household and community levels, primarily addressed by nutrition-sensitive interventions
- **Basic causes**: around the structure and processes of society, primarily addressed through the enabling environment.[103]

Nutrition-sensitive interventions have an impact on the underlying causes of nutrition. There are three pathways:[104, 105]

1. **Household food security** refers to the accessibility of household resources to consume sufficient food for all members in the household, either by food production, cash income or food received as a gift.
2. **Caring practices for women and children** recognise pregnancy and lactation as critical junctures for good-quality care and support. The quality of care for women and children is determined by the caregiver's:
   - level of control over resources and autonomy
   - mental and physical health (ie, level of stress, maternal nutritional status)
   - knowledge (including literacy and educational attainment), preferences and beliefs.
3. **Health services and environment** considers access to safe water and sanitation facilities, healthcare and shelter.

The success of nutrition-sensitive programmes is often measured by their ability to alleviate the incidence of chronic malnutrition (low height-for-age or stunting) and acute malnutrition (low weight-for-height or wasting). It is also important to acknowledge that it is difficult to attribute this to nutrition-sensitive interventions, given the complexity of most social protection interventions and multi-causality of nutrition outcomes. Also, social protection may address the underlying determinants of undernutrition without necessarily hitting anthropometric outcomes, because of other limiting factors. For example, diets might improve, but if there is no availability of clean water nutrition outcomes may not improve, yet that is still a good thing to do for nutrition. This complexity of causality leads to a lack of strong evidence. Nevertheless, an evidence base does exist and is reviewed below.

NUTRITION FRAMEWORK FOR ACTION

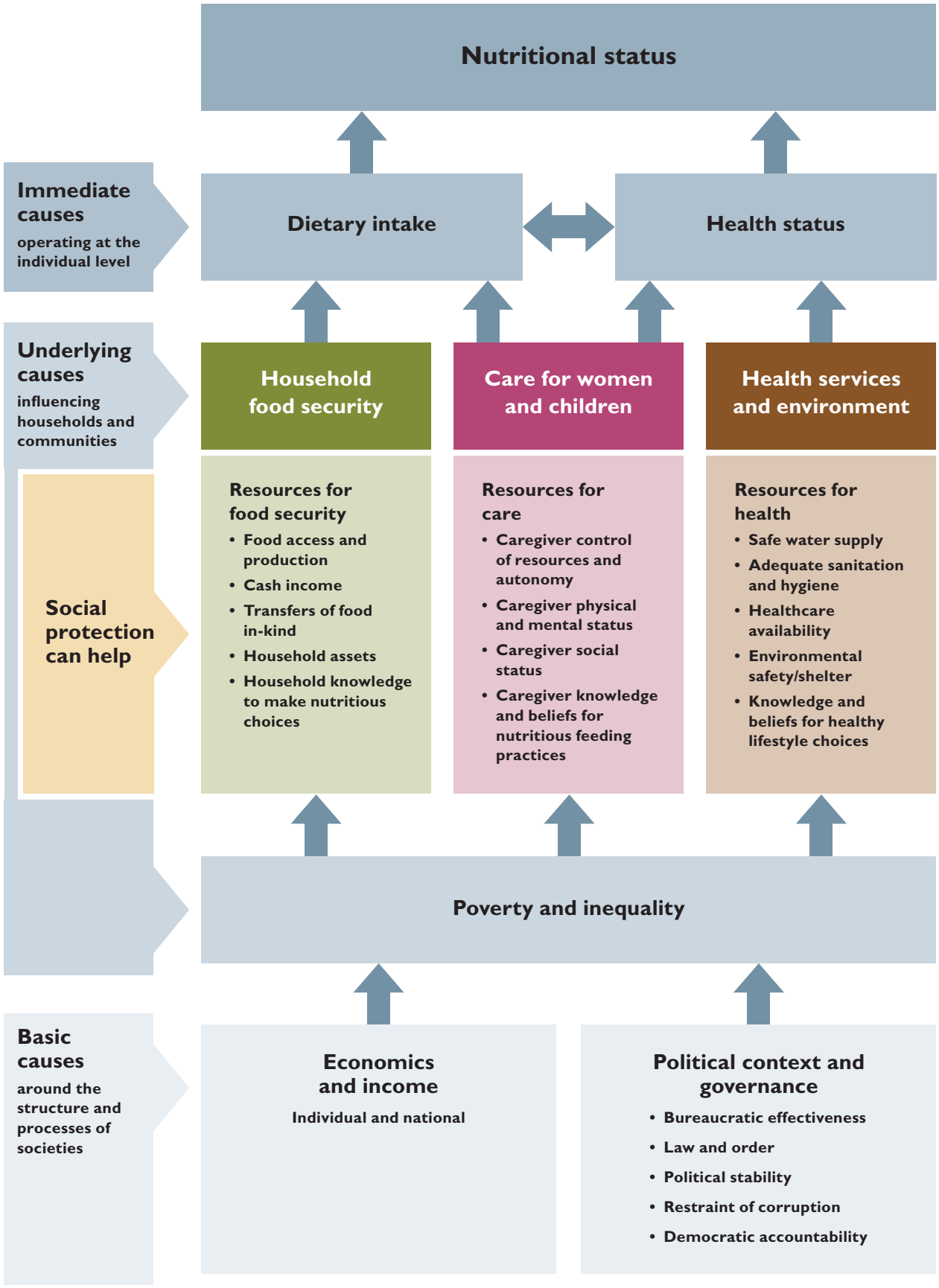
The Lancet Maternal and Child Nutrition series sets out a Framework for Action with three core components:

- **nutrition-specific interventions** that directly address the immediate causes of child undernutrition, that is, inadequate dietary intake and poor health status
- **nutrition-sensitive interventions** that incorporate nutrition goals and actions to address the underlying causes of malnutrition, (namely, household food insecurity, poor quality of caring practices for mothers and children, and unhealthy living environments)
- **building an enabling environment** that addresses the basic causes of malnutrition – more remote factors related to the broad economic, political, environmental, social and cultural context shaping children's nutrition.

PHOTO: CLEIS NORDFJELL/SAVE THE CHILDREN

Children at a community school in Kazungula district, Southern province

FIGURE 10 **MODIFIED VERSION OF UNICEF CONCEPTUAL FRAMEWORK**



Source: Modified by author with information from L. Smith and L. Haddad, 2014, *Reducing Child Undernutrition: Past drivers and priorities for the post-MDG era*, IDS working paper: 10, based on Black et al, *The Lancet*, 2008; UNICEF, 2013, *Improving Child Nutrition*: 6 http://www.unicef.org/publications/files/Nutrition_Report_final_lo_res_8_April.pdf [Accessed 12/11/15]

4 EVIDENCE OF THE IMPACT OF SOCIAL PROTECTION ON NUTRITION OUTCOMES

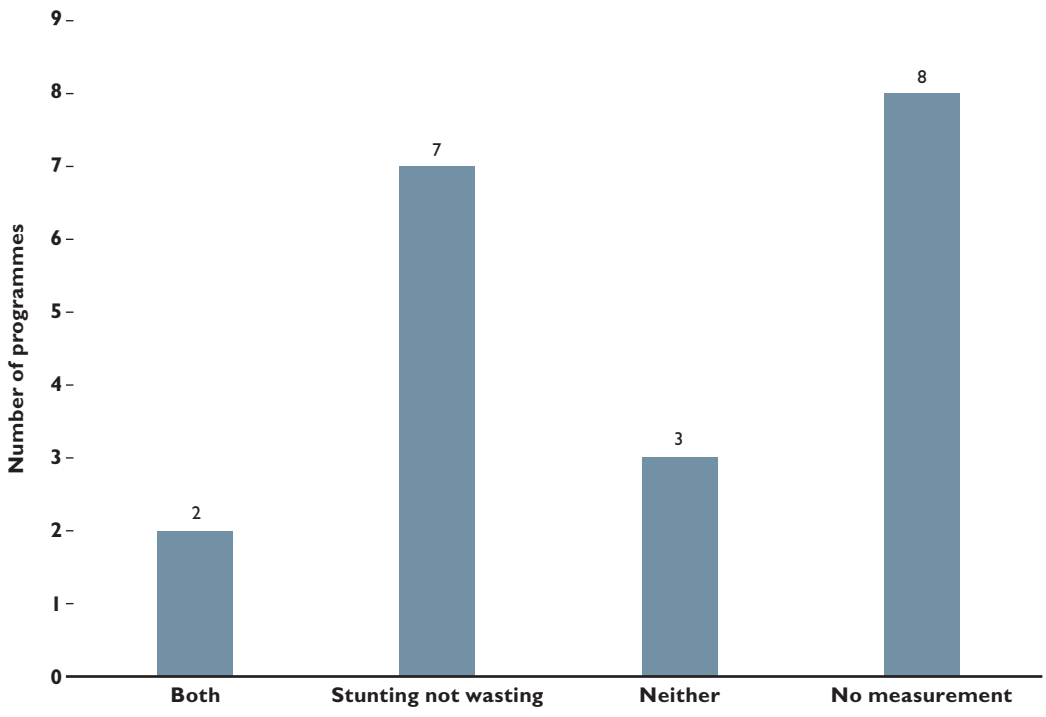
In this section we explore the known impact of social protection on anthropometric outcomes, and its implications for the development of nutrition-sensitive social protection.

When we examined the impact of existing social protection programmes on nutrition outcomes,[106] we found that nine programmes – almost half of those included – reported a reduction in either stunting or wasting (see Figure 11 below). Peru's Juntos and Malawi's Social Cash Transfer were the only programmes that saw a reduction in both stunting and wasting.

We also looked for improvements in three other indicators: low-birthweight babies, the incidence of childhood overweight, and anaemia in women of reproductive age. This provided us with a total of five anthropometric and bio-marker measures that could potentially have registered improvement.

However, as most of the programme evaluations did not look for improvements in all five of the indicators, these results should be treated carefully. The median number of indicators assessed was two. For this reason, we consider the percentage of indicators included in a particular programme's assessment that saw an improvement (see Figure 12 opposite).

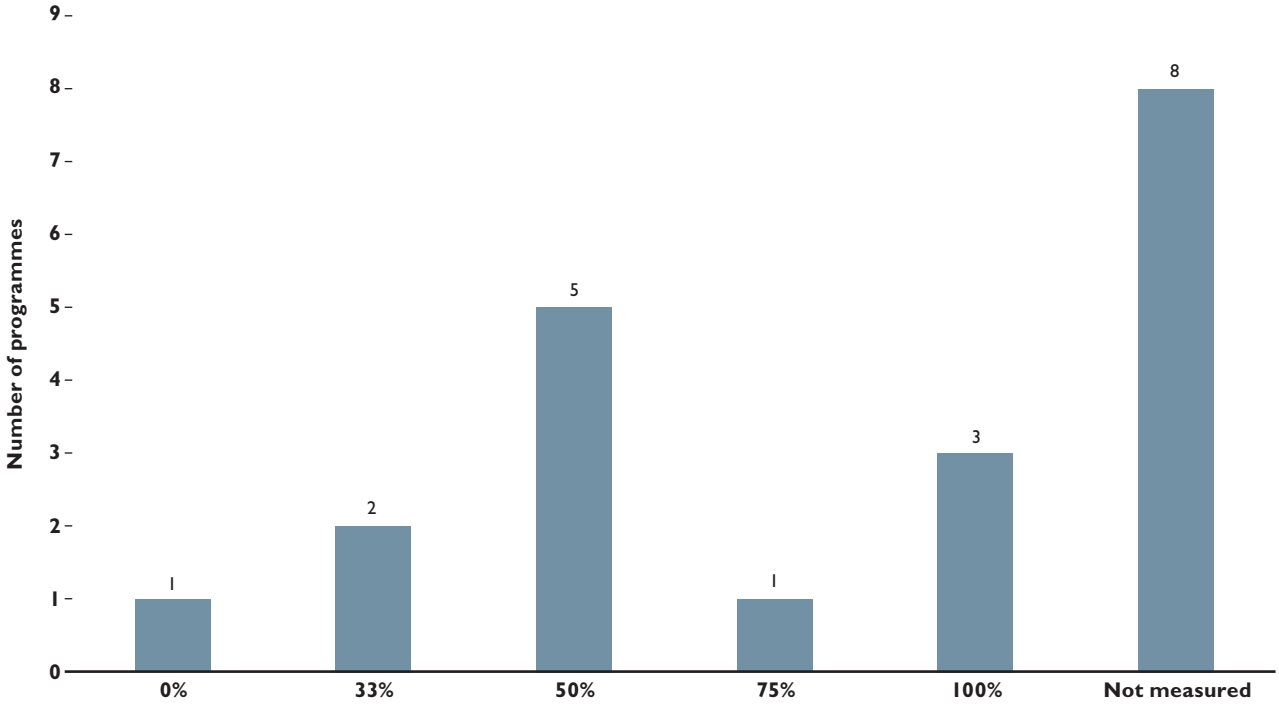
FIGURE 11 **NUTRITION OUTCOMES IN SOCIAL PROTECTION PROGRAMMES**



Source: Save the Children's own calculations, based on literature review. See page 88 for literature review references.

Notes: Different programme evaluations used different measures for stunting and wasting. In our review these measures were interpreted liberally – for example, any measured and significant increase in height for age was counted as a reduction in stunting. Programmes where there was a measured effect or lack of effect for one nutrition outcome but where the other outcome was not evaluated have been categorised according to the measured outcome.

FIGURE 12 **ANTHROPOMETRIC IMPACTS OF SOCIAL PROTECTION PROGRAMMES**



Source: Save the Children's own calculation based on literature review. See page 88 for literature review references.

Notes: Different programme evaluations used different measures. These have been interpreted liberally; eg, any measured and significant increase in height for age counted as a reduction in stunting. 100% could mean one anthropometric indicator was assessed and improved or three indicators were assessed and improved.

There are some programmes where, despite looking for an effect on nutrition, no positive effect has been found. The Kenyan Hunger Safety Net Programme evaluation assessed both stunting and wasting and found no effect on either. It did not assess the other three metrics. The Bolsa Familia and Desarrollo Humano programmes also found no impact on either stunting or wasting but both programmes did have some success with one or more of the other three anthropometric measures.

A major issue affecting the results of our review is that nutrition was not evaluated using anthropometric indicators in eight of the 20 programmes included.[107]

IMPLICATIONS FOR NUTRITION-SENSITIVE SOCIAL PROTECTION IN ZAMBIA

- Inconsistent measuring of nutrition outcomes in social protection programmes makes it difficult to be conclusive about certain design features and their respective impact. Zambia should develop a core set of indicators to be monitored frequently across all of its nutrition-sensitive programmes.

To enable us to understand more about differences in impact and their implications for design of nutrition-sensitive social protection, the next three sections explore nutrition pathways relating to the underlying causes of malnutrition, which manifest at household and community levels.

Mary Tembo, a traditional birth attendant in Bulaya, Copperbelt province

5 NUTRITION PATHWAY 1: HOUSEHOLD FOOD SECURITY

In this section we explore the context of household food security in Zambia, the known impact of social protection on this pathway and the implications for the development of nutrition-sensitive social protection.

DRIVERS OF FOOD INSECURITY IN ZAMBIA

THE IMPORTANCE OF AGRICULTURE

Zambia has a population of 15.5 million. The majority of people live in rural areas (65% in 2010, and 66% in 2013–14) and 67% of people work in farming, forestry, or fisheries (2010 figure). Around 1.6 million households rely on agriculture to produce food to eat or to sell.[108] 58% of the total land area of 39 million hectares is classified as having medium to high potential for agricultural production. Central areas of the country are more fertile and accessible, and contain most commercial farms. In the north, the soil has high acidity and in the south the climate is drier. Agriculture plays an important role in the lives of many Zambians: 59% of the total population is engaged in small-scale farming, which is mainly subsistent and rainfall-dependent.[109] The vast majority (83%) of Zambia's agricultural households produce maize. Just over half of them (54%) have poultry and around a third (36%) own livestock.[110] A major challenge for maize-producing households is low productivity: maize yields are just over 2 metric tonnes per hectare. However, the potential yield for most hybrid maize varieties grown in Zambia is about 6 metric tonnes per hectare.[111]

FOOD INSECURITY AND VULNERABILITY TO SHOCKS

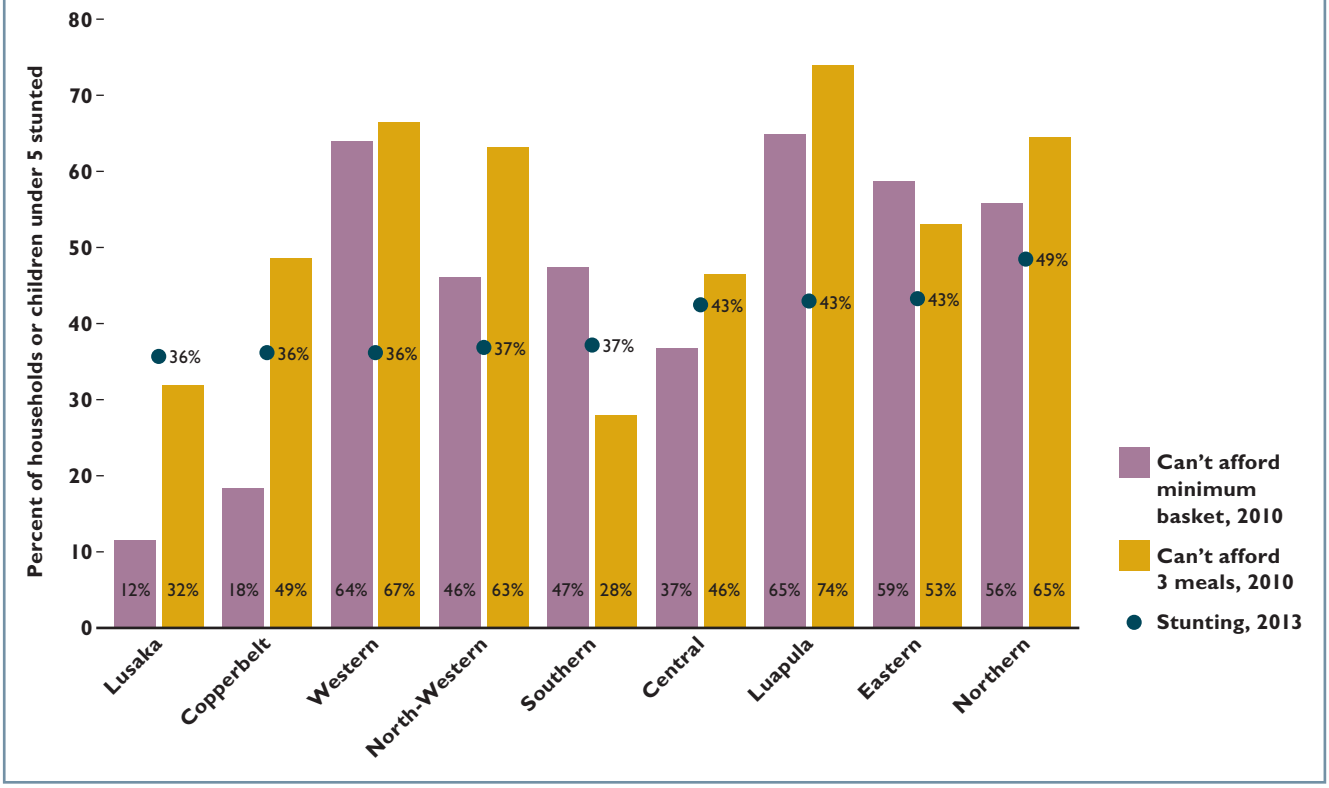
Despite the dominance of agricultural practices across Zambia, only around half of potential arable land is cultivated and water resources remain largely unused for the purposes of irrigation.[112] Nevertheless, Zambia is capable of producing enough food not only to feed itself, but to export to neighbouring countries. In 2011 and 2012, consecutive bumper harvests produced an after-consumption surplus of more than a million metric tonnes of maize. Yet Zambia has been described as having "food self-sufficiency but not food security" due to issues with the supply of food reaching the Zambian population.[113]

In 2010, 42% of Zambian households were classed as "extremely poor" in that they were unable to afford a "minimum food basket", valued at K96,366 for a six-person household per month.[114] This percentage was higher in the west and north of the country and lower in central regions – particularly the more urbanised Lusaka and Copperbelt provinces. When we look at another indicator of food insecurity – whether a household can afford three meals a day – we see a similar trend. Around 53% of households could not afford three meals a day, with the figure increasing to 59% in rural areas.[115] Again, the worst provinces were in the north and west of the country, with central, with southern and urbanised provinces less affected by food insecurity.

Zambian households, particularly those in rural areas, are very vulnerable to shocks which affect their supply of food. The Living Standards Measurement Study (LSMS) household survey asked about a wide range of possible incidents that households might have experienced during the past 12 months – including lack of money, lack of food, a change in food prices, illness, flood, changes in agriculture input prices, death of household member, divorce, drought and livestock disease. 57% of urban households and 62% of rural households had experienced at least one of these incidents.[117] It is likely that these incidents, which affect food insecurity, occur more often among those households that are least able to cope.

Over a five-year period from 2005–10 there was only one year – 2006 – without floods, prolonged dry spells, and droughts.[118] Provinces that have the highest level of food insecurity, with the highest share of households being unable to afford the minimum basket of food, are also dependent on rainfall and

FIGURE 13 **STUNTING AND FOOD INSECURITY**



Source: CSO, 2012: 180, DHS 2013–14[116]

Notes: Stunting rate for 2013–14 in Northern and Eastern regions does not include the districts that are now included in Muchinga. 2010 data on food insecurity in those regions does include the districts that are now in Muchinga.

therefore most vulnerable to drought. A large proportion (71%) of extremely poor households who cannot afford a minimum food basket experienced an adverse incident in the 12 months prior to being surveyed (as listed above).[119]

There is very little scope for households to absorb the impact of negative shocks. On average, Zambians spend around 50% of their total household budget on food, 26% on housing, 7% on education and 3% on clothes. The proportion of the household budget spent on food rises to 65% in rural areas and to 72% in North-Western Province.[120] There is very little support for many of these households. Most agricultural workers (77%), typically casual workers on small-scale farms, do not have formal employment agreements, and so do not have access to safety nets such as paid leave, pensions or social security.[121] In the face of adverse shocks, 43% of urban households and 47% of rural households reduced the amount of food they ate.[122]

The impact of households' responses to shocks on nutrition and, in particular, the effect of food price rises on stunting, show up clearly in a micro-econometric study that compared Living Conditions Monitoring Survey (LCMS) data from before and after the 2007–08 food crisis. The findings show that child height-for-age z scores are negatively affected by an increase in the price of cereals and other commodities, such as chicken and eggs, which are rich in proteins and energy. A 10% rise in the price of the more refined maize flour (breakfast mealie meal) reduces children's height-for-age z scores by 0.36 units in rural areas and 0.23 in urban areas. For an average-sized 28-month-old child this translates into 1.29cm and 0.85cm respectively.[123]

Monetary poverty and inclusive growth are key drivers of food insecurity. See section 'Nutrition, poverty and inequality in Zambia' on page 9 for more details on this and on the relationship between Zambia's economic growth and malnutrition.

LACK OF DIETARY DIVERSITY

Maize (corn) is the staple food for many Zambians, commonly eaten as nshima – a stiff porridge made from ground maize. Maize, other cereals and starchy roots account for 80% of the total energy intake.[124] This is problematic: although maize-based staples provide energy, they do not provide a sufficient range of nutrients (see Figure 14 opposite).

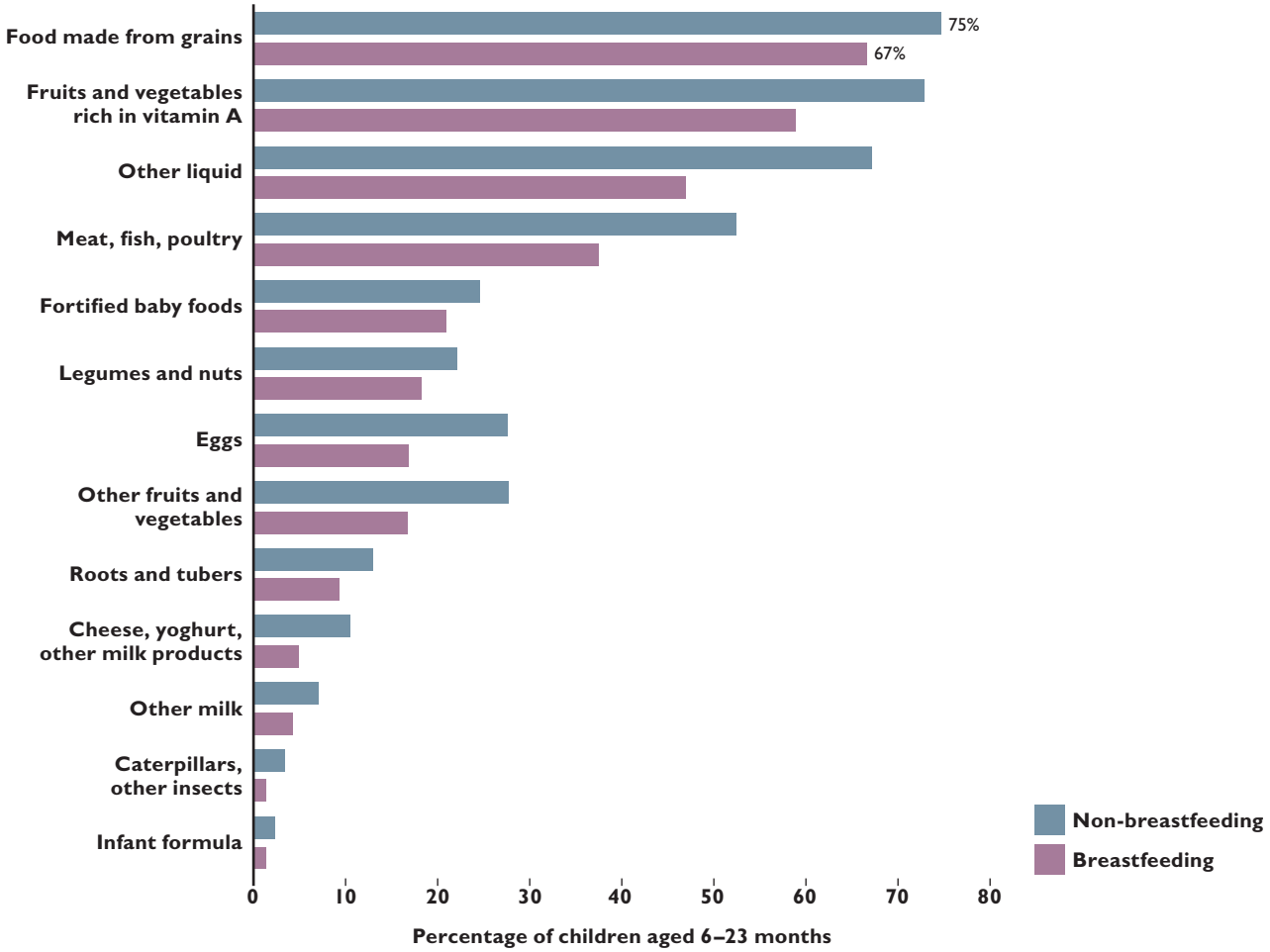
The lack of diet diversity is of particular concern for children, as complementary foods – mainly starchy staples – are introduced early in children's lives.[125] The latest DHS survey (2013–14) found 75% of all 6–23-month-old children had eaten food from grains the day or night preceding the interview – the largest percentage across all the food types included in the survey (see Figure 14 below).[126]

It was also found that only 22% of children aged 6–23 months had sufficient dietary diversity according to the Infant and Young Child Feeding guidelines[127] (four or more food groups) in the day or night preceding the survey (see Figure 15 overleaf). Rural areas, again, present a worse situation: 18% of young children in these areas did not eat from enough food groups. Diet diversity is also worse among poor families. Of children in the least wealthy quintile, only 15% ate from enough food groups. This overlap is not surprising given 77.9% of the rural population is poor.[128]

Recent research suggests several routes by which inadequate dietary diversity might be tackled. Reductions in the prices of foods have been shown to lead to increasing consumption, indicating potential benefits from a policy that reduces the price of nutritious foods.[129] Some also argue that increasing the supply of fish, and undertaking marketing to change attitudes towards eating fish, would be beneficial.[130]

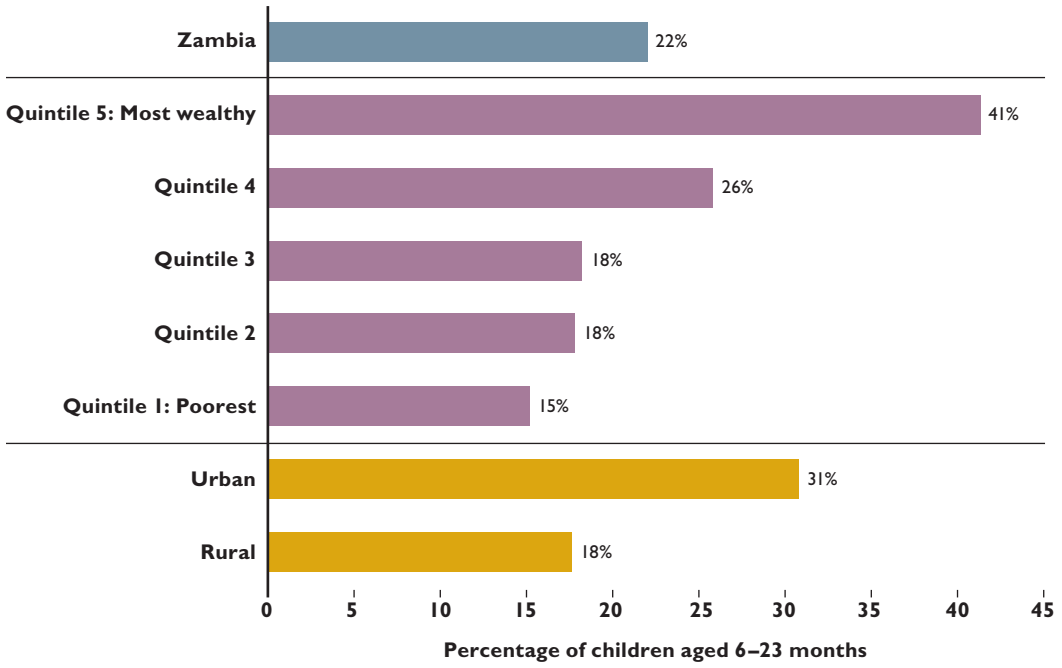
However, perhaps the greatest opportunity for Zambia to improve dietary diversity is through improved agricultural productivity. People who are most food insecure often rely on small-scale, local food production for their livelihoods. Dietary diversity can also deliver better nutrition and health, with benefits for livelihoods, human development and productivity over the life course.[131] Balanced nutrition requires diversity of crops, including diversity among similar types of crops, since some lesser-known crops are superior to staple crops in terms of their micronutrient content.[132]

FIGURE 14 **FOOD CONSUMED BY YOUNG CHILDREN**



Source: DHS 2013–14: 168

FIGURE 15 **YOUNG CHILDREN EATING FOUR OR MORE FOOD GROUPS**



Source: DHS 2013–14: 170

Part of the reason for the lack of dietary diversity in Zambia relates to long-standing policies that were intended to improve food security and to support the production of maize. In particular, policies introduced in the 1970s were intended to ensure that urban residents have cheap maize. Some argue that these policies have "crowded out" diversification into more nutrient-dense food.[133]

EVIDENCE OF THE IMPACT OF SOCIAL PROTECTION ON HOUSEHOLD FOOD SECURITY

As the data above shows, most Zambians are in great need of social protection and ways to absorb shocks and to improve food security. There is a great deal of evidence supporting the link between social protection and food security, which we explore here:

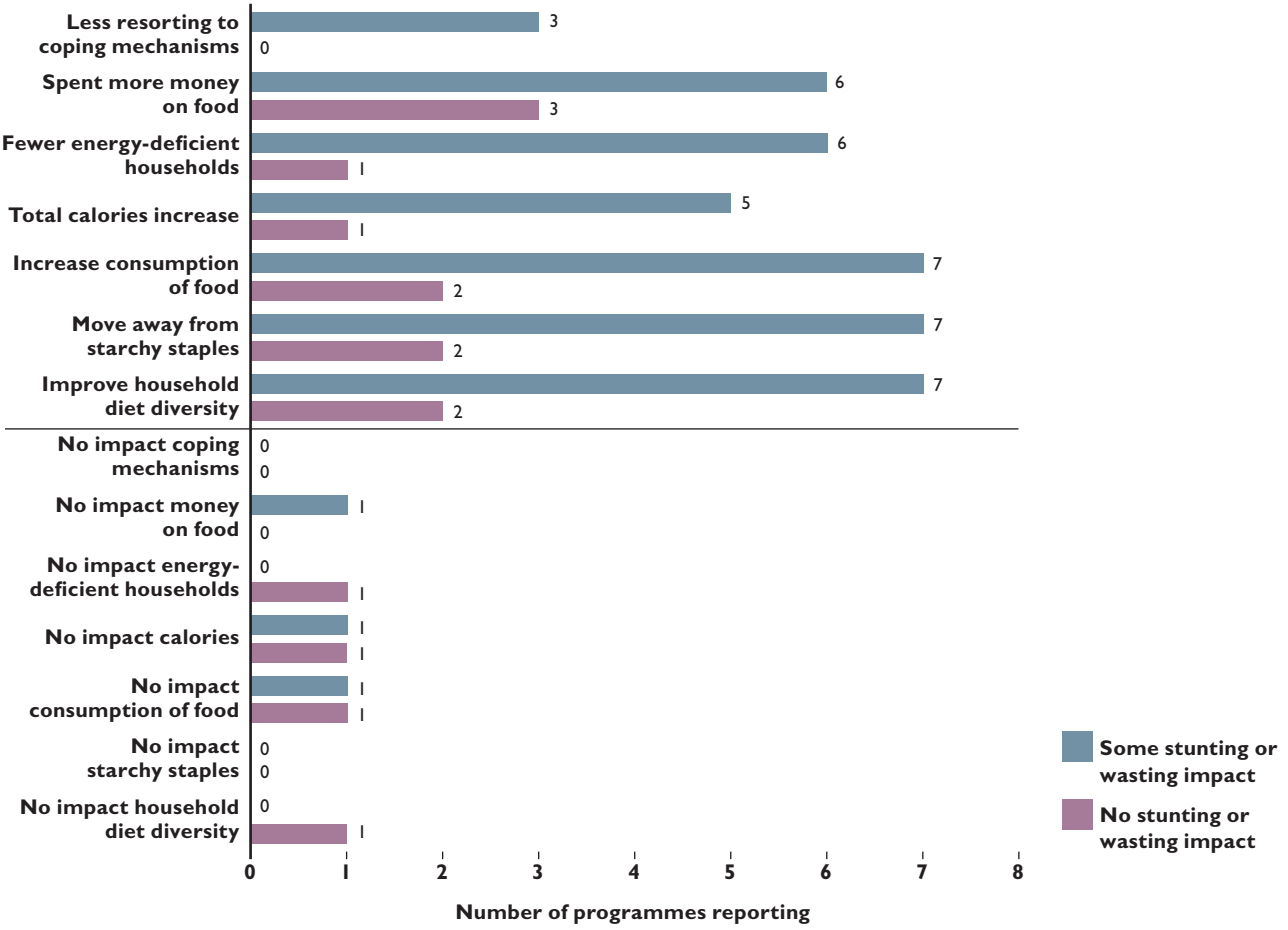
- Poor households globally use most of the cash transfers from social protection programmes to purchase food.[134]
- By increasing food security, social transfers improve households' ability to absorb shocks.[135]
- Social transfers, whether in cash or in kind, can encourage food production.[136] This is thought to be the result of increased stability in market demand for food in areas where social protection programmes have been implemented.[137]
- Food security is an important prerequisite to long-term productivity.[138] Gains in nutrition due to increased food security make both direct and indirect contributions to labour productivity. Directly, proper caloric intake enables workers to endure demanding physical labour. Indirectly, nutritional gains resulting from food security and adequate child feeding and nutrition practices support children's cognitive development and school attendance, increasing educational attainment.[139]

Food security is more regularly assessed than more expensive anthropometric measures in social protection programming, particularly in sub-Saharan Africa. Though food consumption is not a full measure of nutrition, it does provide an important indication of the potential impact of social protection for nutrition.

When we examined the impact of existing social protection programmes on the consumption of food through our review, we found 11 programmes recorded an improvement; five did not; while four did not measure food consumption.[140]

Significantly, our review found that the more food security measures achieved (we looked for seven), the more likely it was that a programme saw an improvement in food consumption and in stunting and/or wasting (see Figure 16 opposite).

FIGURE 16 **IMPACT OF FOOD SECURITY MEASURES ON FOOD SECURITY vs. IMPACT ON STUNTING/WASTING**



Source: Save the Children's own calculations, based on literature review. See page 88 for literature review references.

Notes: 12 programmes were included for stunting, wasting and anthropometric measures; 16 were included for food consumption.

The top section of this chart shows the programmes reporting an impact on each food security indicator and the impact the programme had on stunting or wasting. The lower section of this chart shows programmes reporting no impact on each food security indicator and the impact the programme had on stunting or wasting.

IMPLICATIONS FOR NUTRITION-SENSITIVE SOCIAL PROTECTION IN ZAMBIA

- Targeting should be improved towards those groups that cannot access three meals a day.
- Transfer levels should be adjusted according to the household size and the cost of a nutritious diet.
- Behaviour change communication should be introduced to inform households about the components of a nutritious diet in order to influence consumption behaviour, particularly for young children.
- Social protection programmes should be designed to be able to respond flexibly to shocks such as floods, and to reduce households' negative coping strategies, such as reducing the number of meals per day.

More broadly, agricultural schemes in Zambia need to support the production of alternative, more nutrient-dense crops. We suggest particular emphasis is given to addressing the bias towards maize production through nutrition-sensitive agriculture.

Children at Shimukunami rural health centre, Copperbelt province

6 NUTRITION PATHWAY 2: CARING PRACTICES FOR WOMEN AND CHILDREN

In this section we explore:

- the context of caring practices for women and children in Zambia
- the known impact of social protection on this pathway
- implications for the development of nutrition-sensitive social protection.

DRIVERS OF INADEQUATE CARE FOR MOTHERS AND YOUNG CHILDREN IN ZAMBIA

MALNUTRITION AT BIRTH

While **stunting** prevalence among children under five in Zambia is 40%,[141] the vast majority of babies are not born stunted. Our calculations, based on DHS data, show between 2% and 11% of Zambian children are born stunted.[142] Most of the children aged under five who become stunted do so between the ages of two months and two years.[143]

The situation is similar for children who are **underweight**. Very few babies are born underweight, but the proportion rises rapidly to reach a peak at age two and a half.

Wasting is the highest out of the three nutrition indicators at birth. Around 10% of newborn babies suffer from wasting. This figure slowly and steadily decreases from then until age five.[144]

These trends underline the importance of ensuring sustained nutrition interventions throughout the full period of the first 1,000 days. While good nutrition in pregnancy must not be neglected, nutrition interventions to reach babies in the early months after birth and beyond are also critical.

Poor nutrition in newborn babies is often linked to undernutrition among pregnant women and undernutrition in women of child-bearing age.

Addressing undernutrition quickly when a woman becomes pregnant is difficult. Data on this for Zambia is relatively encouraging: only 1.9% of women have a height of less than 145cm, and the proportion of women with a body mass index classified as 'moderately or severely thin' is also relatively low at 2.5%.[145]

Over 60% of women take vitamin A, iron supplements, iodised salt and deworming medication, which can partly be attributed to the well-established food fortification and supplementation programmes based on vitamin A in sugar and iodised salt.[146] Rates for fortified food intake remain relatively high for women in the lowest wealth quintile, at around 50% for most of the supplements and as high as 95% for iodised salt.[147]

However, there is still work to be done on iron supplementation and zinc. Either not enough people are taking supplements, or the supplements themselves are insufficient. When the National Food and Nutrition Commission[148] tested levels of these nutrients in 2012, they found iron deficiency in 19% of pregnant women and anaemia in 42%. Zinc deficiencies were also high – varying between 28% and 70% in different provinces; 95% of women were also deficient in vitamin B12.

EARLY PREGNANCY AND MOTHERS' EDUCATION

Another driver of poor nutritional outcomes in newborn babies is early pregnancy. In Zambia, the legal minimum age for marriage is 18. The 2013–14 DHS survey showed 16.9% of women aged 15–19 were married or living with a partner.[149] The same data shows that women begin having sex on average around one year before they are married. Compared with a national median age of first sexual intercourse of 17.4 years old, in rural areas it is 16.9 years; in North-Western and Western Provinces the age is 16.6 years and 16.2 years respectively.[150]

When we consider nutrition outcomes at birth by the mother's age and by the mother's level of education, we see that the proportion of babies born small decreases both as the mother's age (see Figure 17) and education increases. Though these changes in babies' size and weight are usually relatively small, they still may be very important for nutrition. Effects may be greater when these drivers of the mother's age and education are very low or very high. For example, there is a significant drop in babies born small when women have "more than secondary" education.[151]

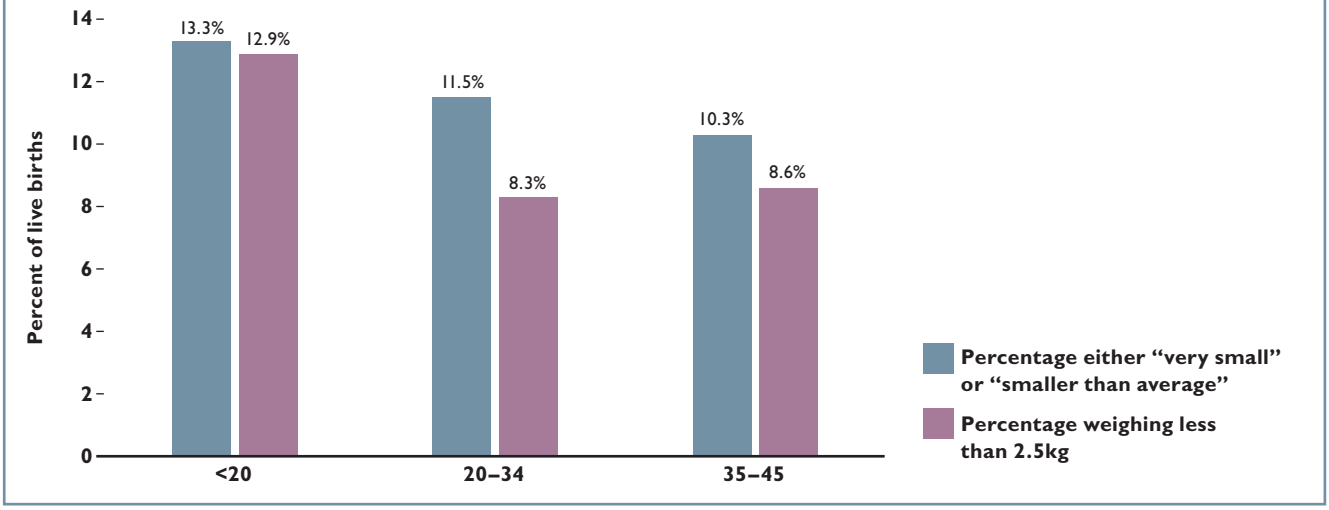
It could also be the case that a large proportion of babies born to very young mothers – to those aged 16 or younger – are small. Information on mothers below the age of 20 in Zambia is not included in the chart below as the data is not available. As we see later in this section, a mother's education and empowerment are important to her children's outcomes after birth.

FEEDING AND HEALTH-SEEKING BEHAVIOUR

Exclusive breastmilk is the optimal diet for babies under the age of six months. Very positively, more than 94% of babies in Zambia are breastfed within one day of birth. However, progress is still required in relation to exclusive breastfeeding for the first six months. 73% of babies aged less than six months were exclusively breastfed, with the very high levels of breastfeeding from birth falling to 45% at age 4–5 months, with the others being introduced to other types of milk and/or complementary foods.[153] Introducing other types of milk, particularly formula, puts babies into contact with more germs, in particular diarrhoea. In Zambia in 2010, almost one-third of children aged 6–23 months had an episode of this disease.[154] Contrary to World Health Organization recommendations, babies in Zambia are also being introduced to solid or semi-solid food too early, ie, before reaching six months. In 2013, 7% of breastfed children aged 2–3 months received some kind of solid or semi-solid food, and this proportion increased to 39% by age 4–5 months.[155] Interestingly, as shown on Figure 18, the wealthiest quintile scores relatively poorly on this measure, reflecting characteristics of women in this wealth group returning to work. Southern Province is the only group getting close to the recommended six months.

After the age of six months, and particularly in the period between six and 23 months, children need to continue with milk, eat a range of complementary foods, and eat meals frequently. In Zambia, the proportion of children deemed to be receiving minimum adequate feeding was worryingly low, at 11% across all of Zambia, 7% in the lowest wealth quintile and still only 17% in the wealthiest families. Most children were fed milk. However, the share of children being fed four or more food groups was low in all groups except the wealthiest quintile, and was particularly marked in rural areas and the poorest quintile. Minimum meal frequencies were also not met for the majority of children: only 42% of all Zambian children in this age group fed frequently, or in other words, ate often enough.[156]

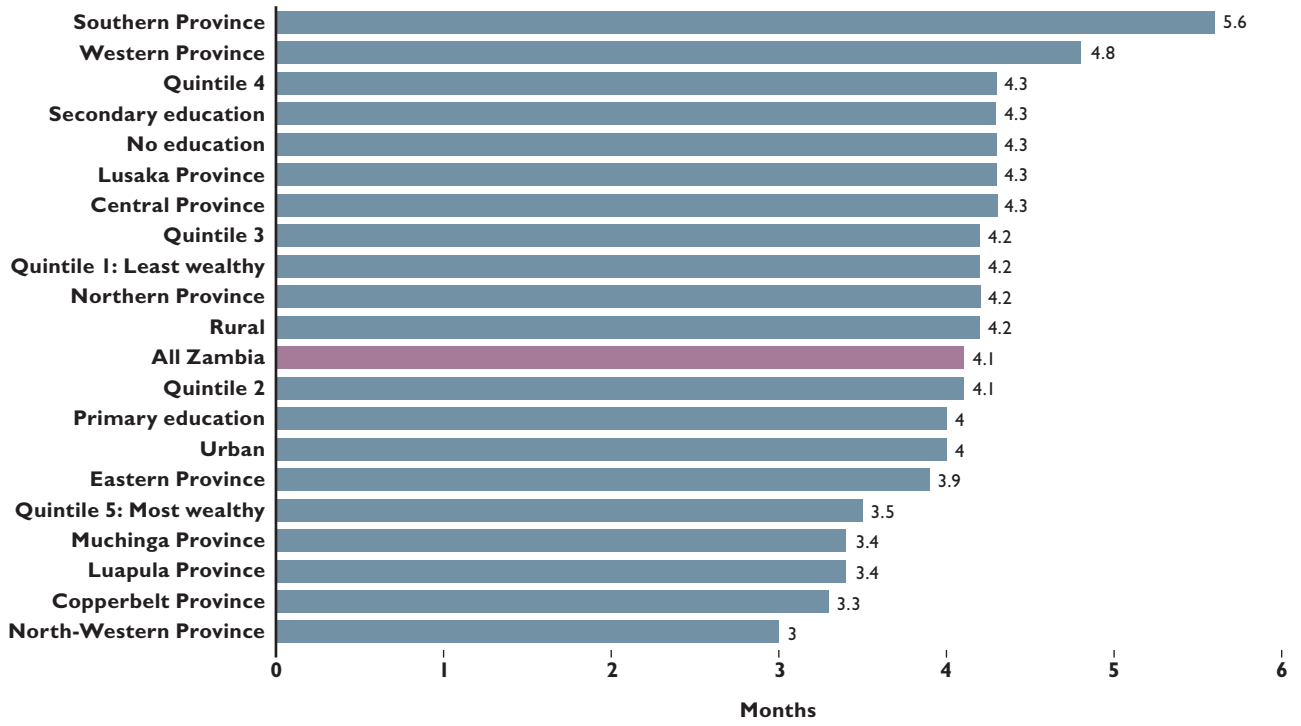
FIGURE 17 **SIZE AND WEIGHT AT BIRTH BY MOTHER'S AGE**



Source: DHS 2013–14: 139

Notes: This Figure shows nutrition outcomes at birth by the mother's age. It show a measure of size – the percentage of babies that were "very small" or "smaller than average" – which is correlated with stunting.[152] It also shows the percentage of babies with low birth weight – less than 2.5kg

FIGURE 18 **EXCLUSIVE BREASTFEEDING**



Source: DHS 2013–14: 173

When we look at health-seeking behaviour by women, the picture is much more encouraging. More than 96% of women received antenatal care from a skilled health provider and 95% had more than three antenatal visits; 82% of mothers were protected against neonatal tetanus.[157]

WOMEN'S EMPOWERMENT

Econometric studies have confirmed that better status for women is correlated with better nutrition outcomes in a wide range of developing countries.[158] In Zambia, a study which looked at the women's education, related to the effect of food price rises on stunting, found that the better educated the mother is in urban areas, the taller the children are.[159]

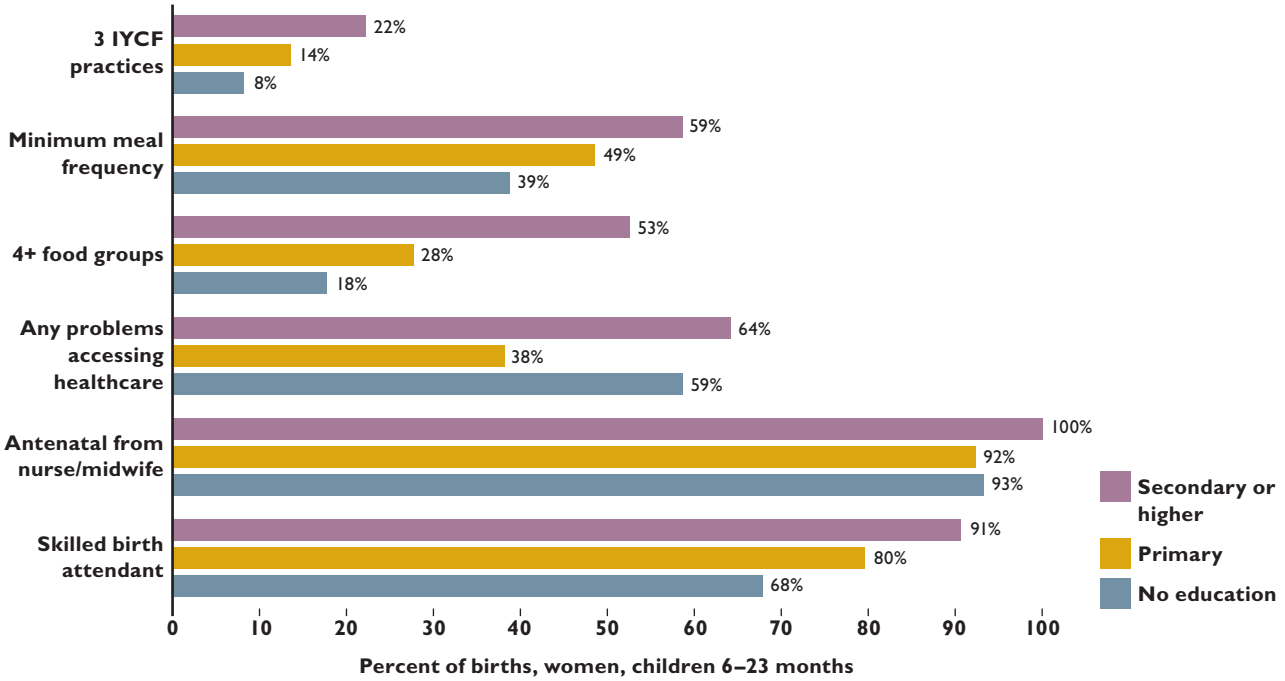
An assessment of the effect of the Zambia Child Grant Programme on stunting found the programme had high impact in households where the mother was educated and no impact where she was not. The programme was found to reduce stunting by 1.2 percentage points for each additional year of education that the mother has.[160] This is a powerful finding, showing that even in households where there are enough resources for nutrition (in this case because they receive a grant), less-educated mothers see little, if any, improvement in their children's nutrition status. It is worth noting that 45% of women in Zambia have secondary education or higher – demonstrating significant progress since 1992 when only 24% of women had secondary education or higher.[161]

INFANT AND YOUNG CHILD FEEDING (IYCF)

IYCF practices play an important role in determining the health and development of children. The IYCF practices most commonly measured include the breastfeeding status of infants, with special attention to exclusive breastfeeding, which is recommended for the first six months of life, along with the complementary feeding of children aged 6–23 months, with three key IYCF practices (as referred to in Figure 19 overleaf) according to WHO guidelines:

- continued breastfeeding, or feeding of milk or milk products to non-breastfed children
- feeding children solid foods the minimum number of times
- feeding children solid foods from the minimum number of food groups.[162]

FIGURE 19 **NUTRITION PATHWAYS AND MOTHER'S EDUCATION**



Source: Save the Children's own calculations, based on DHS 2013–14

Notes: See box on page 31 for detail on IYCF practices. The top three bars (IYCF practices, meal frequency and 4+ food groups) show percentages of children aged 6–23 months. The next two (problems accessing healthcare and antenatal care from a nurse or midwife) are percentages of women, and the bottom bar shows percentages of live births where the birth was assisted by a skilled attendant.

As we can see from Figure 19, educated women in Zambia are more likely to make positive decisions and take the positive actions for their children's nutrition. Children born to educated women are more likely to start life with a doctor, nurse, midwife or traditional health worker in attendance, and their mothers are more likely to have seen an antenatal health professional. Between the ages of 6–23 months, these children are more likely to be fed often enough and with enough dietary diversity. This demonstrates the importance of raising the status of women and empowering them to make decisions as an important step in improving nutrition.

While girls' enrolment has increased in recent years, corresponding with a rise in gender parity, the basic education level, literacy, is not universal among women aged 15 to 49 (68% for the whole of Zambia, and only 54% in rural areas). Keeping girls in school at higher grades remains a challenge. Dropout rates are consistently higher among girls (2.1% in 2013) than boys (1.1%). This is partly because the cost of secondary education for one year is estimated at about 30% of the total annual expenditure of an extremely poor household.

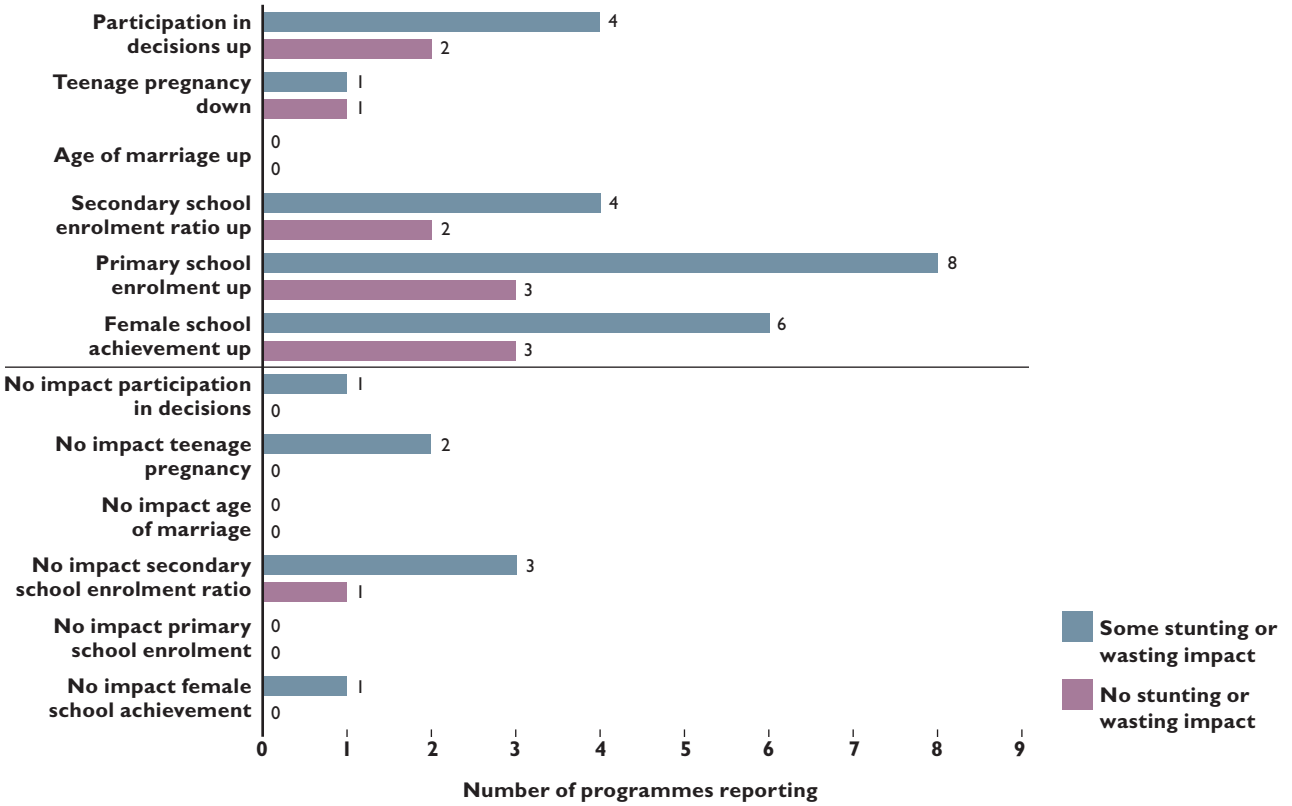
Zambia ranks low at 101 of 148 countries on the Gender Development Index and 134 of 152 on the Gender Inequality Index.[163] Improving gender equality and women's empowerment is also likely to lead to further improvements in women's abilities to make decisions in the household. In 2013–14, 59% of married women said they made decisions about how to spend their husband's cash earnings jointly, and 35% of women who earned their own cash were able to decide how to spend it on their own. 74% of women participate in decisions about their own health and 53% participated in all of the four specified decisions around their own health, major purchases, daily purchases and visits to family.[164]

EVIDENCE OF THE IMPACT OF SOCIAL PROTECTION ON CARING PRACTICES FOR WOMEN AND CHILDREN

When we looked at the impacts of social protection through our review, we found better outcomes for stunting and wasting when programmes bring improvements in education for women and in women's participation in household decision-making (see Figure 20 opposite).

Results of the combined impact of indicators for this pathway were inconclusive, due to the inclusion of

FIGURE 20 **IMPACT ON WOMEN vs. STUNTING/WASTING**



Sources: See references list for literature review (page 88)

Notes: 12 programmes included. The top section of this chart shows the programmes reporting an impact on each food security indicator and the impact the programme had on stunting or wasting. The lower section of this chart shows programmes reporting no impact on each food security indicator and the impact the programme had on stunting or wasting.

a few programmes that do well on many women's empowerment and education measures but did not have an impact on stunting or wasting and which may be due to reasons outside the influence of this pathway.

Unfortunately, our review did not provide much evidence on infant and young child feeding (IYCF). Five measures of IYCF were included, but there was not enough evidence of improvements against four of these measures[165] to produce any interesting analysis of their combined effects on nutrition.

The evidence, however, is much stronger on dietary diversity. Of the 11 programmes measuring dietary diversity, seven saw an improvement. Of these seven, six saw some improvement in stunting and wasting. This suggests that targeting dietary diversity is important for nutrition, and could be included in programmes. We must remember though, this is not evidence that dietary diversity is more important than the other IYCF practices; it is just that it is more often assessed in programme evaluations.

IMPLICATIONS FOR NUTRITION-SENSITIVE SOCIAL PROTECTION IN ZAMBIA

- Target the critical window of the first 1,000 days pregnant/lactating women and children under two years old.
- Include behaviour change communication (BCC) on infant and young child feeding practices, with an emphasis on exclusive breastfeeding for the first six months and dietary diversity for children aged 6 to 24 months. Combine this with monitoring of IYCF practices within the SCT framework to show impact of BCC activity.
- Encourage completion of secondary education – as a minimum – for adolescents, particularly girls.

Besta Chooka, a night nurse at Ngwerere rural health centre, Lusaka province

7 NUTRITION PATHWAY 3: HEALTH SERVICES AND ENVIRONMENT

This section focuses on health services, and water, sanitation and hygiene. It explores:

- the context of the health services and environment in Zambia
- the known impact of social protection on this pathway
- the implications for the development of nutrition-sensitive social protection.

ENVIRONMENTAL AND HEALTHCARE-RELATED DRIVERS OF MALNUTRITION IN ZAMBIA

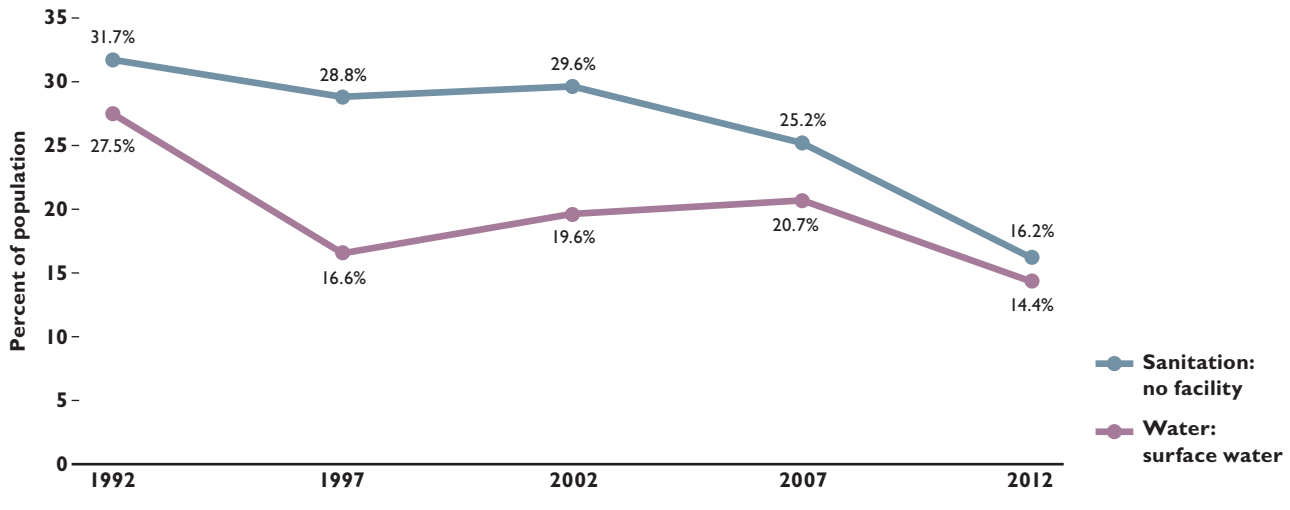
WATER AND SANITATION

Poor water and sanitation, particularly open defecation combined with drinking surface water, breeds conditions which impede the ability of children's bodies to absorb and retain nutrients. These conditions include diarrhoea, tropical enteropathy and parasitic infections (worms).[166]

Lack of access to safe water, despite significant progress since 1990, remains a serious problem in Zambia. In 2015, 35% of people do not have "improved" water and 12% drink surface water. On sanitation, 41% of people do not have an "improved" facility and 14% practise open defecation (see Figure 21).[167]

The share of the population relying on surface water as the main source of drinking water is much higher in rural areas, at 23.3 %, than urban areas, at 1.9%. Similarly, 26.8% of the rural population has no toilet facility, compared with 1.5% of the urban population. One fifth of the rural population is using the most unsafe type of water, or the most unsafe type of sanitation, or both.[168] Looking at correlations with poverty and nutrition, we see only 10% of extremely poor households had improved sanitation, and only 49% improved water. This means that 90% of the extremely poor households in Zambia have children who are not only suffering from lack of food, but also poor sanitation.[169] This overlap is unsurprising

FIGURE 21 **OPEN DEFECATION AND SURFACE WATER**



Source: DHS 1992, 1997, 2001–02, 2007, 2013–14

Note: Uses DHS measure of "surface water", which is slightly different to the Joint Monitoring Programme (JMP) measure. The following figures use the DHS measure of "surface water", and to proxy for the JMP measure "open defecation", the charts below use the DHS measure "no facility".

given 77.9% of the rural population is poor and sanitation is far worse in rural areas than urban areas.[170]

Zambia experienced significant improvements in the proportion of people using the worst type of water and the worst type of sanitation between 2007 and 2013–14. The provinces with the largest proportion of people relying on surface water and with poor sanitation facilities have seen the biggest percentage point reductions, as might be expected, but there has also been continuing improvement in the more urbanised provinces (Lusaka, Copperbelt).[171]

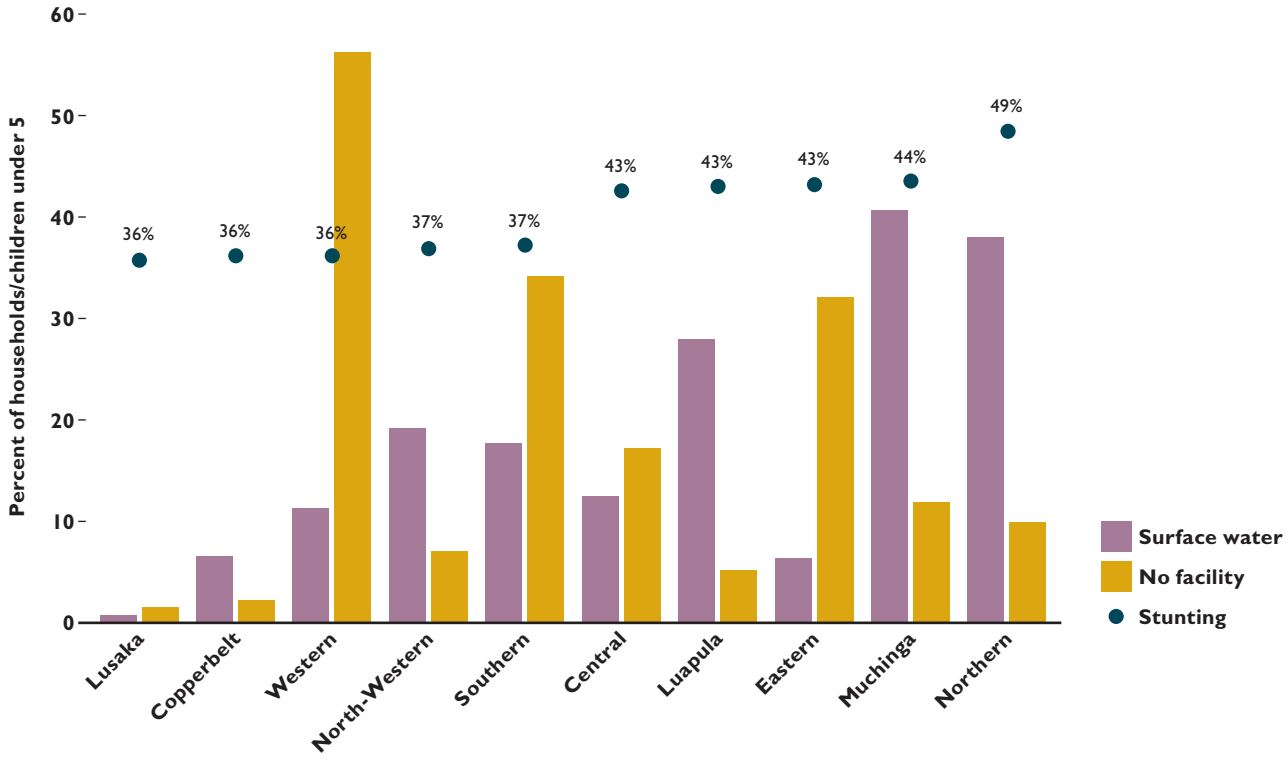
Across Zambia's provinces, those with a higher proportion of people relying on surface water or with no sanitation facility or both have higher stunting rates (see Figure 22 below). Lusaka and Copperbelt, the two most urbanised provinces, have the smallest proportions of people using unsafe water and unsafe sanitation. The worst provinces for open defecation are Western and Southern, while the worst for drinking of surface water are Muchinga and Luapula.[172]

CONTAMINATION AND DISEASE

Poor water and sanitation facilities are not the only environmental hazards in Zambia. Aflatoxin contamination in the local crop of staple foods (particularly maize and groundnuts) is highlighted as a concern.[173] Studies that have tested these commodities in Zambia, as well as recent studies from elsewhere in Africa and in the Middle East, have shown that consumption of aflatoxins impair growth in children.[174] Aflatoxin contamination arises largely as a result of extreme climatic conditions and poor storage practice of certain types of food; it can be passed to babies through maternal blood, cord blood and breast milk.

In 2007, 40.5% of children age 6–23 months had consumed groundnuts, which are vulnerable to aflatoxin contamination, on the day before the DHS survey. Groundnuts are an important source of protein, vitamins and minerals. Asking caregivers to withhold them from children's diets is not an acceptable solution. Instead, better cropping and harvesting practices, improved storage and sorting, switching to resistant varieties and detoxification of foods should be explored.[175]

FIGURE 22 **STUNTING vs. WATER AND SANITATION**



Source: DHS 2007, 2013–14

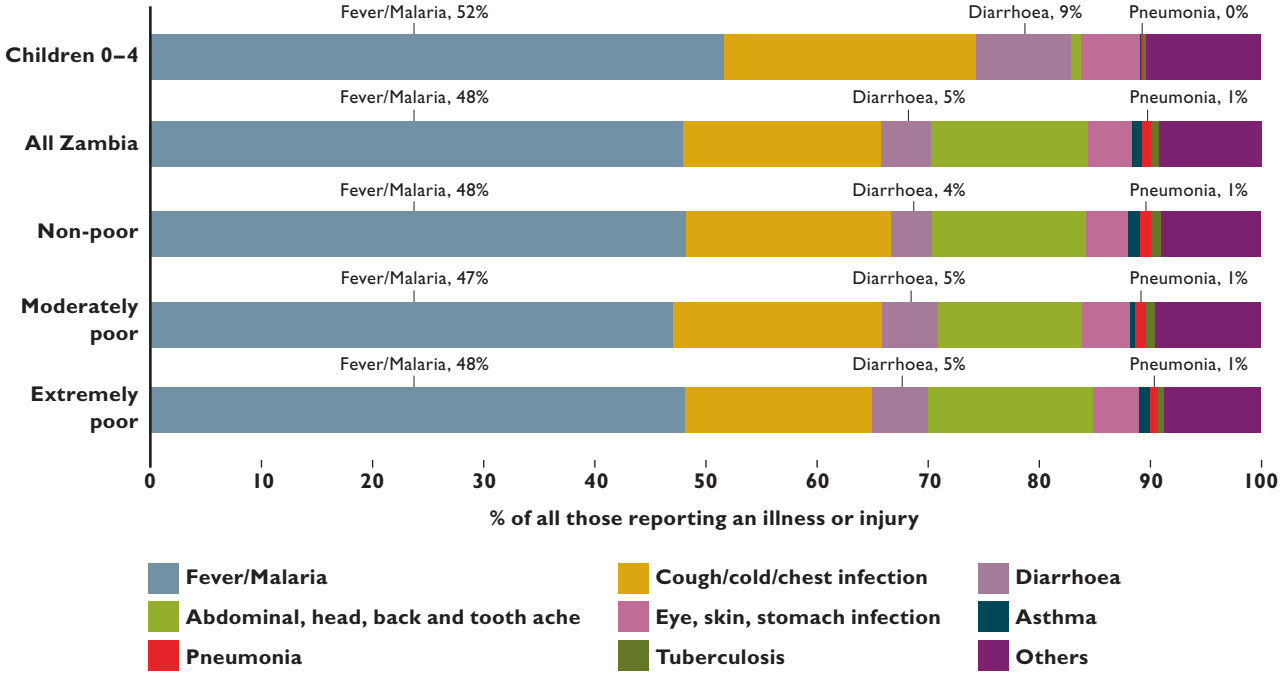
Notes: The figures for Eastern and Northern regions are not strictly comparable between the earlier years and 2013–14 because the districts which form the new province of Muchinga have been removed from these regions in the most recent data.

A child washes cooking pots in Kapilamikwa village, Lufwanyama district, Copperbelt province

Zambia also suffers from a high prevalence of diseases that people who are undernourished find harder to overcome. Overall, 15% of respondents to the 2010 LCMS reported suffering from an illness or injury in the past two weeks. The burden was higher in rural areas (16%) than in urban areas (12%) and the two most urbanised provinces (Lusaka and Copperbelt).[176]

Among those who reported an illness or injury, malaria or fever was by far the most often reported, at 47–48% across all poverty categories, and at 52% for children under age five (see Figure 23 below).

FIGURE 23 **TYPE OF ILLNESS/INJURY REPORTED**



Source: CSO 2012: 84, 85[180]

This is important because a person's nutritional status is thought to be one of the biggest factors explaining his or her resistance to, and ability to recover from, malaria. In a global study, which included 310 national surveys, mildly malnourished children were twice as likely to die from malaria as children who were not undernourished, while moderately malnourished children were four times more likely to die. Severely malnourished children were nine times more likely to die.[177]

Nutrition is also an important determinant of morbidity among sufferers of diarrhoea and pneumonia.[178] Among Zambian children under five reporting an illness or injury in the past two weeks, 9% had suffered from diarrhoea and 0.2% had suffered from pneumonia or chest pains. It is reported that in 2010, 3.9% of all deaths in Zambia were due to diarrhoea.[179]

Zambia has historically had a high prevalence of HIV and AIDS. This is extremely important for undernutrition as AIDS can cause severe weight loss/wasting. In children, HIV is frequently linked to growth failure.[181] HIV and AIDS have been shown to progress more quickly in malnourished people. People with HIV are also less likely to benefit from antiretroviral treatment if they are undernourished. Without food, taking antiretroviral drugs can be very painful. The result is that many hungry people with HIV simply do not take the drugs. A study looking at the impact of antiretroviral therapy (ART) on 30,000 patients showed that death rates in the first three months of ART were highest (95%) among the severely malnourished. It also found that failure to gain weight six months after the start of ART increases the chance of death ten-fold compared with those who gain over 10 kilograms.[182]

Over recent years, concerted efforts have reduced the prevalence of HIV in Zambia. In 2015, it is estimated that there is a prevalence rate of 12.4% with 1.2m people living with HIV.[183] 16% of women were estimated to be infected with HIV in 2014. ART coverage in adults is around 90%. Both mother-to-child transmission and overall HIV rates in children under 14 are declining, but only 28% of infected children are currently receiving treatment.[184]

Across provinces, the highest HIV prevalence is in Lusaka and Copperbelt provinces.

ACCESS TO HEALTHCARE

Coverage of healthcare and access to it when it is needed are crucial for well-being,[185] and particularly important in the context of the health issues that interact with nutrition, including those outlined above.

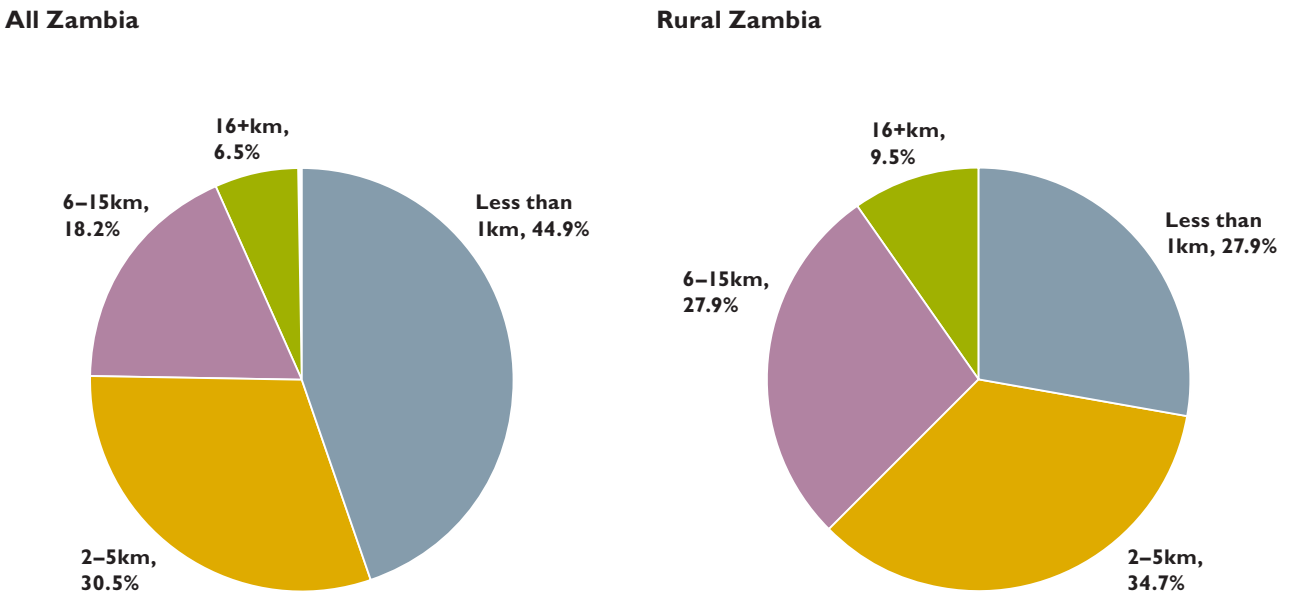
Zambia's network of healthcare facilities is considered to be sparse. In a 2010 survey, 94% of people knew where their nearest healthcare facility was. However, the majority of people did not have a health facility within 1km and almost a quarter had to travel more than 6km, which is above the Ministry of Health 5km standard radius. In rural areas, the situation was worse, with 37% of people more than 6km from a facility (see Figure 24 opposite).[186]

In relation to priority healthcare services, latest figures show 82.1% of live births in Zambia were attended by a doctor, traditional birth attendant, nurse, midwife or other health professional, dropping to 76.3% in rural areas (93.4% in urban areas). Access to these services varied dramatically by respondents' economic status, with 96% of women in the wealthiest quintile attended by one of these, but only 72% in the bottom quintile. The share of births that took place with no attendant (not even a relative or other person) also varied by a woman's wealth. 5% of women in the bottom two quintiles gave birth alone.[187]

The same pattern is visible in the data on whether or not a woman has had problems accessing healthcare (see Figure 25 on page 40), with less wealthy women much more likely to experience or perceive difficulties. 50% of respondents in Zambia had experienced at least one of the included problems, rising to 69% in rural areas (only 28% in urban areas). The less wealthy respondents experienced problems much more often than their wealthier neighbours; these problems were not limited to being able to pay for their treatment.

Zambia's patchy and somewhat sparse healthcare coverage directly affects children's health. Full vaccination coverage is low at 68% of children aged 12–23 months, with 3.2% of children in this age group receiving no vaccinations at all. As with the other indicators of healthcare coverage, the share of children with all basic vaccinations increases in relation to wealth. In the bottom wealth quintile 63% of children were fully vaccinated, while in the top quintile the proportion increased to 80%.[188]

FIGURE 24 **HOUSEHOLDS' DISTANCE TO A HEALTHCARE FACILITY IN 2010**

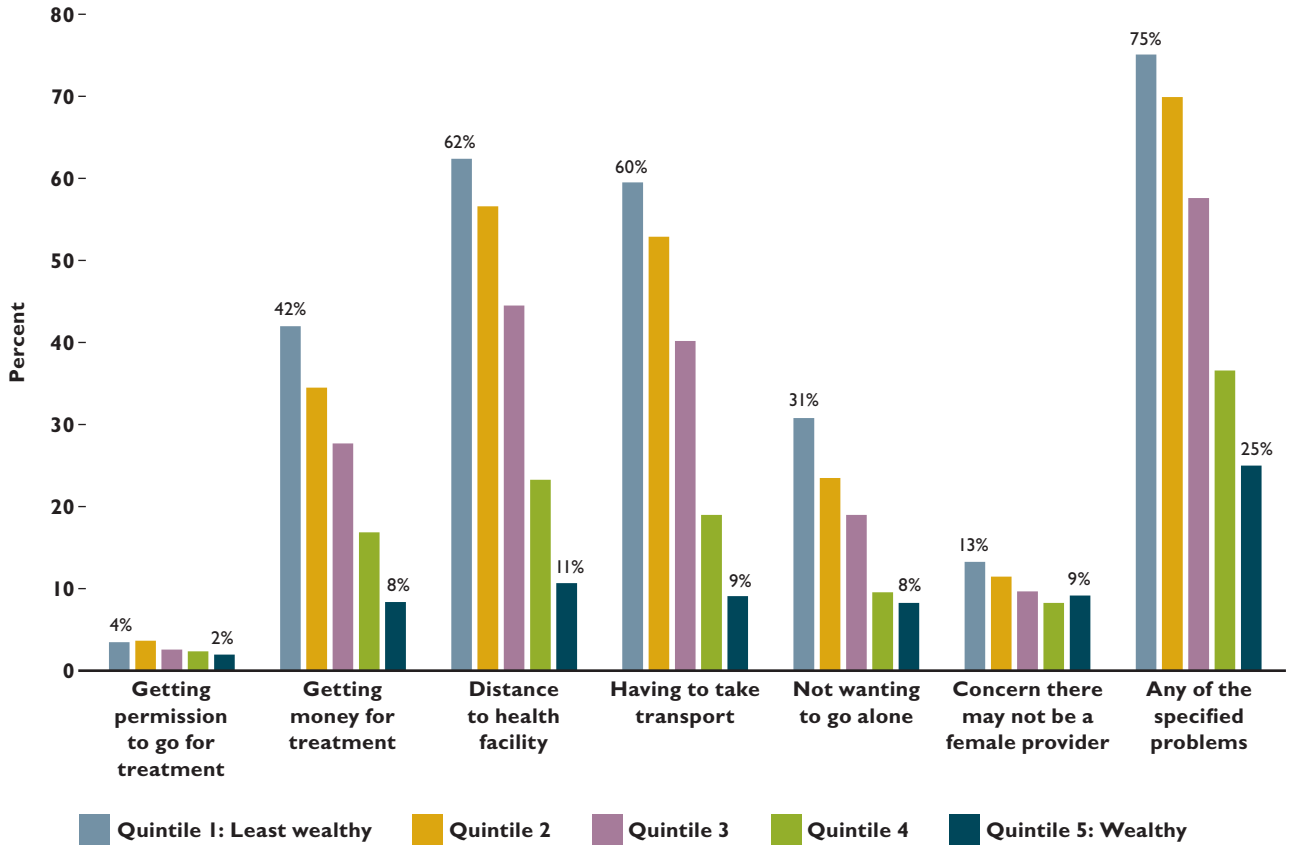


Source: CSO 2012: 246

PHOTO: CLEIS NORDFJELL/SAVE THE CHILDREN

A neighbourhood health committee at a health centre in Lufwanyama province, Copperbelt province

FIGURE 25 **PROBLEMS ACCESSING HEALTHCARE FOR WOMEN BY WEALTH GROUP**



Source: DHS 2013–14

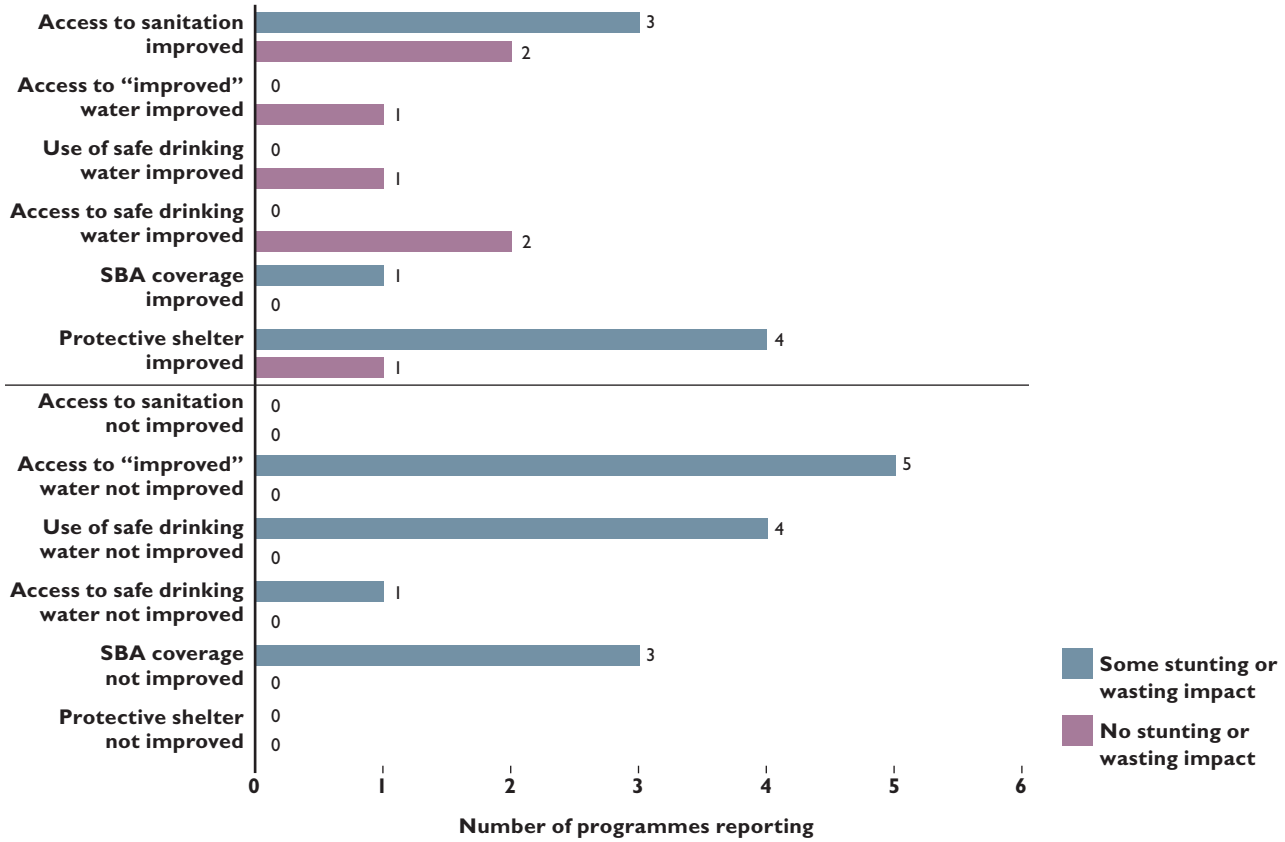
EVIDENCE OF THE IMPACT OF SOCIAL PROTECTION ON HEALTH SERVICES AND ENVIRONMENT

Unfortunately, when we look at the impact of social protection on the health services and environment linked to nutrition, the evidence is patchy. Water and sanitation and healthcare system coverage are very important for nutrition, but often these are not the main priority for social protection programmes with nutrition and food security objectives. In fact, our review found many cases where, in the same place, one programme was targeting one pathway, and another programme was targeting a different pathway. This means there is not a lot of clear evidence arising from social protection programme evaluations for us to assess how the inclusion of this pathway might impact on the nutrition effect of programmes. Figure 26 opposite suggests the importance of sanitation and shelter but is inconclusive on water and skilled birth attendant (SBA) coverage.

The top section of Figure 26 shows the programmes reporting an impact on each food security indicator and the impact the programme had on stunting or wasting. The lower section of this chart shows programmes reporting no impact on each food security indicator and the impact the programme had on stunting or wasting.

However, there is strong information from Zambia on the importance of clean water. The Zambia Child Grant cash transfer programme was found to reduce stunting rates by 9 percentage points in households that had access to clean water (see Figure 27 opposite). It did not reduce stunting at all in those households without access to clean water.[189] This is a powerful finding and shows that even in households that have relatively fewer food security issues (because they are receiving a grant), clean water is necessary, but not sufficient, to improve nutrition outcomes.

FIGURE 26 IMPACT ON HEALTH ENVIRONMENT vs. IMPACT ON STUNTING/WASTING



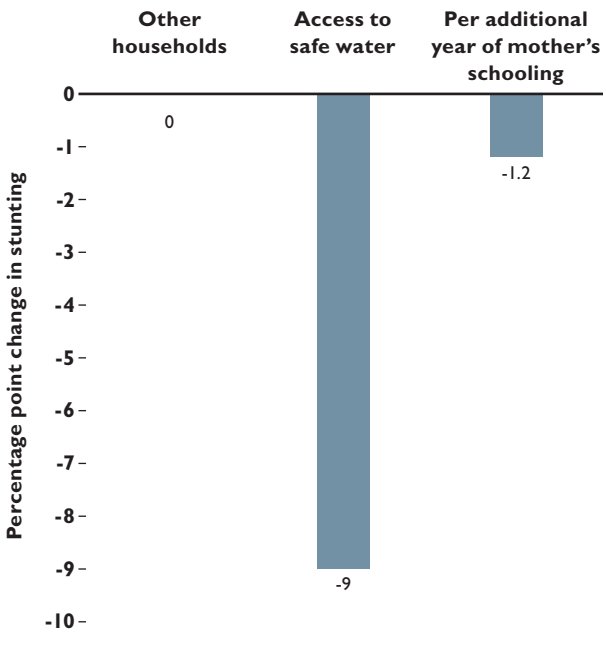
Sources: Save the Children's own calculations, based on literature review. See page 88 for literature review references.

Notes: 12 programmes included.

When we examined the impact of social protection on health-seeking behaviour related to nutrition we found a positive pattern. Improvements in health-seeking behaviours are associated with greater impact on nutrition across all stunting and wasting (including programmes that have an impact on both) and across all of the individual health-seeking behaviours included in the review and shown in Figure 28 overleaf. This strong result underlines the importance of health for nutrition. It is important to note, however, that utilisation of the traditional healthcare system was not evaluated among the programmes included in this review.

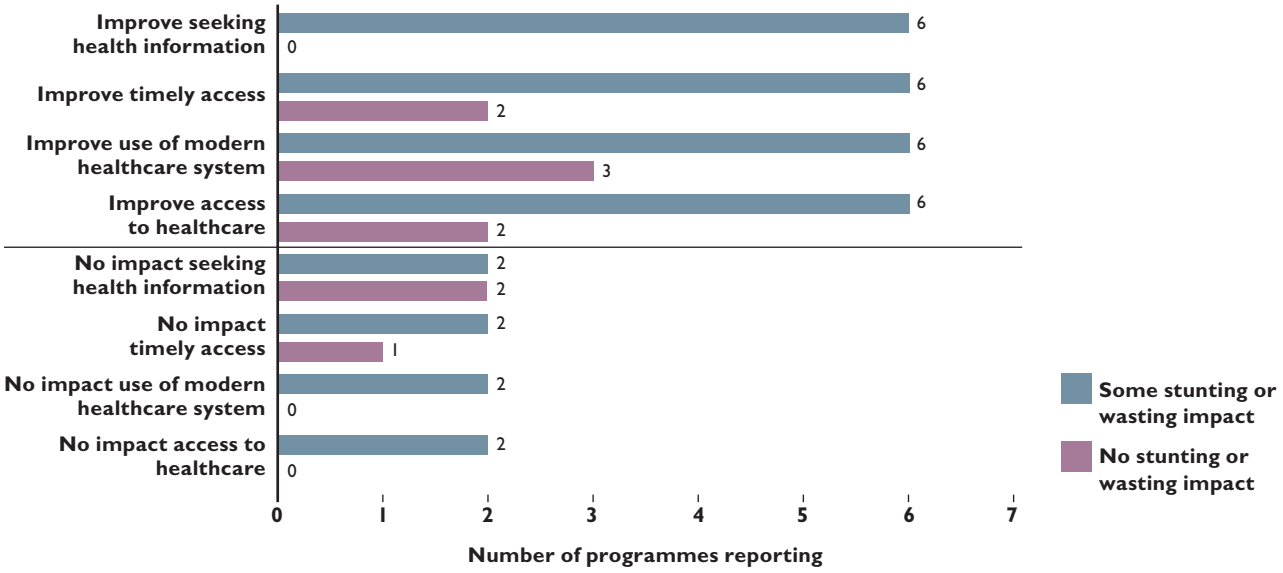
The top section of this chart shows the programmes reporting an impact on each food security indicator and the impact the programme had on stunting or wasting. The lower section of this chart shows programmes reporting no impact on each food security indicator and the impact the programme had on stunting or wasting.

FIGURE 27 ZAMBIA'S CHILD GRANT, ACCESS TO WATER AND EDUCATION



Source: Seidenfeld et al, 2014: 41

FIGURE 28 **IMPACT ON HEALTH-SEEKING BEHAVIOUR vs. IMPACT ON STUNTING/WASTING**



Sources: Save the Children's own calculations, based on literature review. See page 88 for literature review references.

Notes: 12 programmes included. Use of traditional healthcare was never assessed in the programmes under review.

IMPLICATIONS FOR NUTRITION-SENSITIVE SOCIAL PROTECTION IN ZAMBIA

- Include behaviour change communication (BCC) on safe water, hygiene and sanitation (WASH) practices, food storage and preparation, and timely health-seeking behaviour.
- Include monitoring of WASH and health-seeking behaviour indicators within SCT framework to show impact of BCC activity.
- Review the geographical overlap of SCT and Zambia's 1000 Days programming to promote linkages between the SCT and WASH programmes and health programmes that focus on malaria, diarrhoea and HIV and AIDS.

More broadly, we suggest access to health services at local levels should be reviewed at district level, with particular attention given to communities with the largest distance to basic health centres.

PART 3

HOW TO DO NUTRITION-SENSITIVE SOCIAL PROTECTION

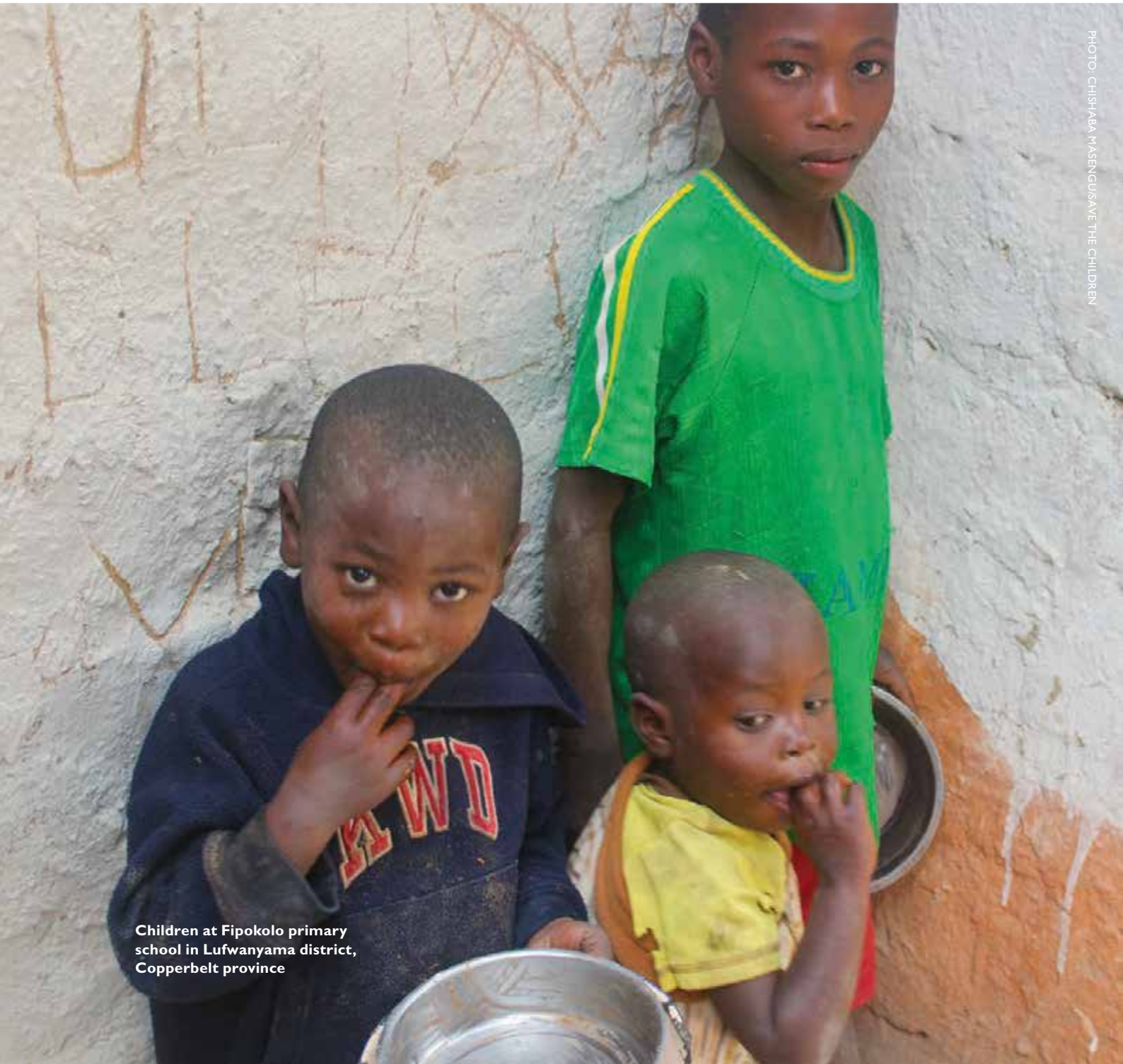


PHOTO: CHISHABA MASENGU/SAVE THE CHILDREN

Children at Fipokolo primary school in Lufwanyama district, Copperbelt province

We have learned a huge amount about the potential of social protection for nutrition in Zambia through our analysis so far. We have identified priority issues and groups. It is now time to think about how to put this learning into action. The remainder of this report will focus on ways to develop the key social protection programme in Zambia, the Social Cash Transfer (SCT), within the national protection system to effectively improve nutrition.

We start by looking closely at the development of social protection and nutrition policies and programming in Zambia to understand opportunities for harmonisation through nutrition-sensitive social protection (sections 8 and 9). We then look at issues related to programme design and present international design principles (10). We then look at the key aspects of governance for nutrition-sensitive social protection development, drawing on global learning, looking at Zambia's context and identifying areas for improvement (sections 11 and 12). Finally, we pause to reflect on everything we have learned before making specific design recommendations for the development of nutrition-sensitive social protection, through the SCT, in Zambia (section 13).

8 SOCIAL PROTECTION AND NUTRITION POLICY DEVELOPMENT

SOCIAL PROTECTION POLICY IN ZAMBIA

Zambia has a long-standing social welfare[190] structure beginning with the Public Welfare Assistance Scheme (PWAS) in the 1950s. Several approaches to social protection have been tried. Agricultural subsidies, as a form of social welfare, have always been prominent in Zambia though evaluations have shown limited impact. The Farmer Input Support Programme, which provides subsidised seeds and fertilisers to farmers, and the Food Reserve Agency, responsible for securing national food reserves and stabilising market prices,[191] account for nearly 50% of the total agricultural budget.[192] Both are categorised within that as poverty reduction programmes,[193] yet so far limited evidence has been found to suggest that there has been any impact of statistical significance on the effects of poverty incidence.[194]

Over the past 15 years, the introduction of a number of pilots and new targeting models, gradual scale-up, increased government financing, and the increased use of impact evaluations have resulted in the consolidation of cash transfers in Zambia's social protection portfolio. In 2008 the PWAS budget was dramatically reduced with greater emphasis being placed on the Social Cash Transfer (SCT).

Zambia's national social protection system is coordinated by the Sector Advisory Group on Social Protection (SP-SAG), set up in 2003 and comprising stakeholders from key ministries, civil society, NGOs and cooperating partners. The SP-SAG is chaired by the lead ministry for social protection, the Ministry of Community Development, Mother and Child Health,[195] and is responsible for working on policy and implementation issues, including mainstreaming social protection into the work of other actors, monitoring and evaluation of social protection initiatives, and the preparation of the sector budget.[196] The government of Zambia's articulated major priority for social protection interventions is to protect the poor, especially the vulnerable and the incapacitated.[197]

The Social Protection Strategy, drafted in 2005 under the leadership of SP-SAG, informs the Social Protection Chapter in the Revised Sixth National Development Plan for 2011–15. The strategy was an attempt to harmonise, prioritise and improve existing social protection approaches in Zambia as well as integrate new ones in response to specific crises, such as the HIV and AIDS pandemic.[198] The main vulnerable groups targeted by the strategy are characterised as: low-capacity households (eg, widows, disabled people, other marginalised, low-income households and informal sector operators); households with no one fit to work; child-headed households; and street children.

The 2014 National Social Protection Policy (NSSP) is the most significant recent policy development for social protection in Zambia since it featured in the Fifth National Development Plan in 2005. The policy is based on four pillars and contains important objectives related to nutrition-sensitive social protection, as set out in Table 5 on page 47.

The SCT is positioned as the primary intervention within the NSSP. The SCT, the largest social protection programme in the country, was originally fully financed by donors. In 2010 the government took full ownership and started financing part of its cost. This was the result of increased exposure of ministry officials to programme impact and lessons.

ZAMBIA'S SOCIAL CASH TRANSFER

The SCT is an unconditional cash transfer programme under the Ministry of Community Development, Mother and Child Health (MCDMCH). It aims to reduce extreme poverty and the inter-generational transfer of poverty through enabling beneficiaries to invest in better food, necessary healthcare and basic education for their children.

The programme is targeted at households that are incapacitated and below a certain welfare level. A household is classified as incapacitated if it does not have any fit-for-work members or has a dependency ratio equal to or greater than three (ie, three or more unfit-for-work members for one fit-for-work member). A person is considered as unfit-for work when s/he is younger than 19 years, older than 64 years or aged 19–64 years and chronically ill or disabled. Beneficiary households receive 70 Zambian kwacha per month, transferred to households bimonthly. Households can enter the scheme through the normal targeting process, which will be conducted every three years or through the periodic re-targeting in case the household meets eligibility criteria after the main targeting has been conducted. The welfare level has a certain national cut-off point based on the Household Living Conditions Index.

The MCDMCH has been administering four different schemes since 2007:

- 10% Inclusive Scheme (started 2007)
- Child Grant Programme (started 2010)
- Multiple Categorical Targeting Scheme (started 2011)
- Social Pension Scheme, which will be transferred to the Ministry of Labour.

Coinciding with the national scale-up, the MCDMCH reviewed the targeting mechanism and has developed a harmonised mechanism for beneficiary selection; thus the previous mechanisms will no longer be used. The new mechanism will be applied to all newly incorporated districts and during a re-targeting, planned in 2017. Beneficiaries under the other three schemes will exit over time.[199]

SOCIAL PROTECTION IN ZAMBIA

A perspective from the Government of the Republic of Zambia, Ministry of Community Development Mother and Child Health

The Acting Permanent Secretary, Ministry of Community Development Mother and Child Health, through a presentation on social protection in Zambia in 2014, explained why social protection is important for Zambia by arguing the following points:[200]

- Social protection is necessary for **economic growth** by preventing shocks and strengthening capacity of poor people to be more active due to improved livelihoods.
- Social protection contributes directly to **poverty reduction** (and subsequently economic growth) and relief of extreme poverty by supporting people with no immediate capacity to support themselves and enhancing the future prospects of some people, particularly children.
- Social protection promotes **equity** (which is good for economic growth) by promoting inclusion and facilitating participation in the economy, and by building human capital, particularly among women and children. Reference is also made to a link to a reduction of social costs generated by inequity and exclusion, which in contrast promote crime and anti-social behaviour.
- Social protection in Zambia assists the most vulnerable people to access their **human rights** (to food, shelter, and education, healthcare and legal protection on a secure and reliable basis) by targeting people who are most likely to be denied these rights, providing services that strengthen and secure access to basic rights and freedoms.

TABLE 4 ZAMBIA'S NATIONAL SOCIAL PROTECTION POLICY WITH NUTRITION-SENSITIVE ASPECTS[201]

Pillar	Characteristics	Nutrition-sensitive aspects
Social assistance	• intends to reduce poverty, vulnerability and risk for 'incapacitated' households • programme-based • can be public, private or combination • depends on publicly mobilised resources • non-contributory • cash or non-cash transfers (eg, PWAS, SCT, feeding interventions) • secure access to food and basic needs	• includes the objective: *enhance food and nutrition security for vulnerable populations* • strategy: *strengthen linkages and coherence among social assistance programmes with other basic social services* • measures include: – *provide regular and predictable transfers to poor and vulnerable households* – *strengthen linkages and coherence among social assistance programmes with other basic social services*[202] • implementation plan: *nutrition issues in key social assistance programmes mainstreamed* was scheduled for 2015 with a budget of ZMK 4,000,000, with responsible institutions noted as: the National Food and Nutrition Commission (NFNC) (lead), Disaster Management and Mitigation Unit, MCDMCH, MOH, line ministries, UN system/country programmes, civil society organisations (CSOs)
Social insurance/ social security	• intends to mitigate against future expenses for beneficiaries • contributory • tied to formal sector/regular income • public or privately run • benefits accessible either upon prescribed age or in event of a calamity such as injury	None noted
Livelihood and empowerment	• intends to improve livelihood capacities of disadvantaged populations • normally through access to credit, food supplies, training, etc (eg, Food Security Pack) • either free or contributory (eg, labour)	• contains the objective: *increase livelihood potential among vulnerable populations in order to meet their food and nutrition security requirements year round* • strategy: promote dietary diversification for improved nutrition • measures include: *promote dietary diversification for improved nutrition* • implementation plan: *undertake nationwide nutrition demonstration on nutrition diversification annually*, was scheduled annually from 2015 to 2018 with a budget of ZMK 2,000,000 with responsible institutions noted as: NFNC, MCDMCH, Ministry of Agriculture and Livestock, MOH, CSOs • This pillar also includes provision of agricultural inputs and extension services to households
Protection	• intends to protect intrinsically vulnerable populations from, for example, abuse, exploitation, gender-based violence, forced labour, human trafficking • includes legislation and policies (such as participative decision-making)	None noted

NUTRITION POLICY IN ZAMBIA

Zambia recognised the importance of nutrition more than 40 years ago. The National Food and Nutrition Commission (NFNC) was established in 1967 under the jurisdiction of the Ministry of Health. The NFNC was designated, as it still is today, as the convening body to coordinate action on nutrition, and to provide technical advice and food and nutrition training to various sectors.[203] The objectives of the commission, as articulated in the 1967 Act,[204] include:

- to reduce mortality due directly or indirectly to malnutrition in children and focus public attention on the nutritional needs of children and youth
- to improve the nutritional status of vulnerable groups (mothers, infants, school and pre-school children)
- to create community interest in better nutrition, to arouse public awareness of the serious impact of malnutrition and to instil public confidence in the solutions to the problems.

However, it was not until the Fifth (2005–10) and Sixth (2011–15) National Development Plans that the high levels of malnutrition in the country began to draw high-level attention and prompt concerted action.

Many acknowledge Zambia joining the Global Scaling Up Nutrition (SUN) movement in 2010 as a pivotal moment for nutrition in the country, establishing nutrition as a development priority and increasing high-level political commitment.[205] One of the most significant examples is the Zambian vice-president's commitment to reducing chronic undernutrition by 50% in the next ten years (from 2013), at the June 2013 Nutrition for Growth Summit in London.[206] Subsequently, 2014 saw a flurry of activity including the launch of the Zambia National 1000 Most Critical Days Programme, the development of the first Nutrition Workforce Plan and the establishment of a Cabinet Steering Committee on Nutrition and increased, though arguably still insufficient, nutrition budgets.[207]

Zambia joining SUN is also recognised as an important moment for multi-sector coordination for nutrition in Zambia. Previously there were no alliances, partnerships or unified efforts across sectors dealing with nutrition matters, leading to irregular consultation, poor coordination and "duplication and conflict of efforts".[208] In 2014 the NFNC voted to expand its mandate across sectors to improve coordination, confirming its current position as an independent multi-sector platform for nutrition.[209]

Other coordination structures include:[210]

- Nutrition Coordination Committees established in some districts and provinces by key ministries and civil society organisations with responsibility for nutrition are involved in multi-sector district planning, facilitated by NFNC through the District Commissioners' Offices.
- Nutrition Cooperating Partners' Group brings together donors engaged in scaling up nutrition in the country, including UN agencies. This group is represented in several multi-sectorial platforms.
- CSO-SUN Alliance facilitates diverse civil society actors to raise demand and understanding of nutrition interventions.

THE FIRST 1000 MOST CRITICAL DAYS PROGRAMME (2013–15)[211]

A three-year framework and implementation plan, The First 1000 Most Critical Days Programme, guides stakeholders to undertake related work, set out under the five strategic areas:

1. policy and coordination for robust stewardship, harmonisation and coordination of the programme
2. priority interventions across sectors to reduce stunting
3. institutional, organisational and human resource, capacity-building
4. communications and advocacy
5. monitoring, evaluation and research.

Social protection is recognised as a supporting strategy under strategic area 2, through the objective: 'Social protection initiatives for prevention of stunting and treatment of moderate acute malnutrition.' The following ambition is stated: *Social protection interventions such as cash and food voucher transfers, alternative livelihood support activities and income generating activities will aim at building resilience to food and nutrition insecurity, targeting women, children and adolescent girls from nutritionally vulnerable households.*

Children fetch water at the clinic in Kapilamikwa village, Lufwanyama district, Copperbelt province

- MPs on SUN, a network comprising Members of Parliament (MPs) acting as champions of nutrition, which contributes to improved accountability of national nutrition efforts.

Despite the attention nutrition has received in recent years, Zambia ranks 30th (out of 45 countries) on the Hunger and Nutrition Commitment Index (HANCI),[212] which compares developing countries' performance on 22 indicators of political commitment to reduce hunger and undernutrition. Strengths and areas for improvement identified by HANCI are integrated into the governance analysis in section 11, 'Key aspects of governance for nutrition-sensitive social protection', page 59.

IMPLICATIONS FOR NUTRITION-SENSITIVE SOCIAL PROTECTION IN ZAMBIA

Nutrition and social protection strategies are currently not closely aligned. Ensuring these strategies are linked and mutually supportive is a key area to be addressed to support higher development returns through nutrition-sensitive social protection in Zambia.[213] Please see section 11, page 59, 'Key aspects of governance for nutrition-sensitive social protection', for more details and recommendations on how this can be achieved.

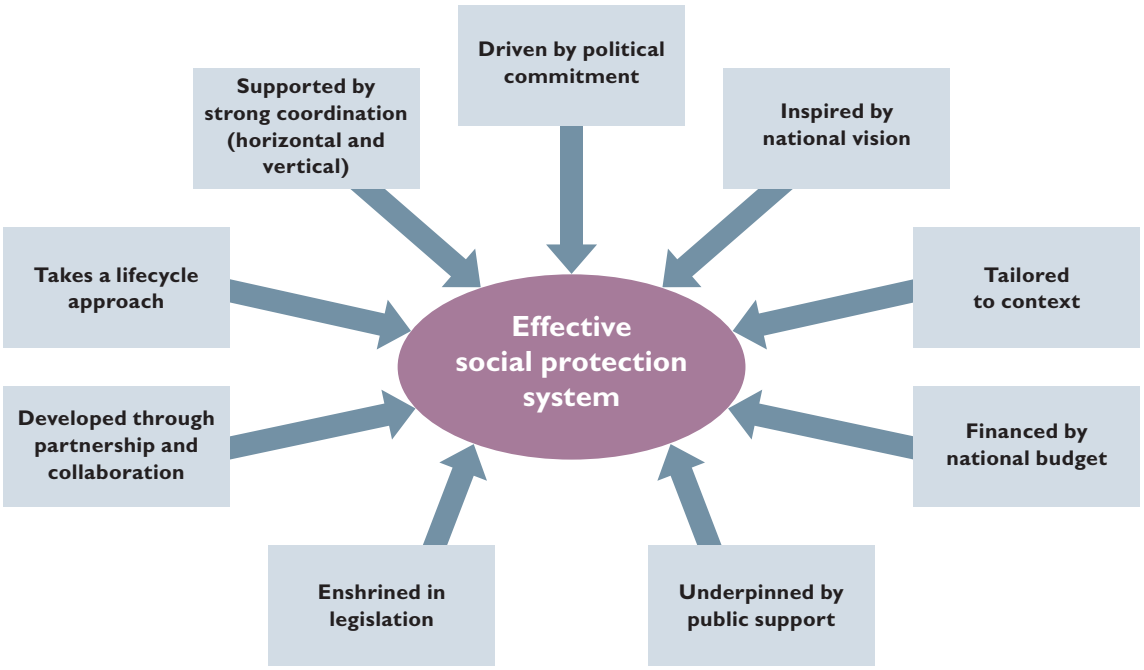
9 BUILDING A SOCIAL PROTECTION SYSTEM

WHAT DOES IT TAKE?

A social protection system is a country's set of social protection programmes. A social protection system provides a coordinated portfolio of interventions to address different dimensions of poverty and deprivation, aiming to reduce vulnerability across the lifecycle and ensure cumulative benefits across generations.[214] It is important we consider nutrition-sensitive social protection within the broader national social protection system.

Central to the systems approach is a focus on coordination and harmonisation in order to address the fragmentation that limits the effectiveness and impact of social protection policies and programmes. A national social protection system is largely based on the existing policy environment and the historical evolution of institutional arrangements developed within a country, as demonstrated in Zambia since the Public Welfare Assistance Scheme in the 1950s. To be successful and sustainable, social protection programmes should be institutionalised as part of a system, within national social protection strategy and domestic laws.[215] The transition towards more integrated systems is a gradual and contextual progress.

FIGURE 29 **AN EFFECTIVE SOCIAL PROTECTION SYSTEM**



10 DESIGN IMPLICATIONS OF NUTRITION-SENSITIVE SOCIAL PROTECTION

Social protection can have a tremendous effect on nutrition if certain principles are followed. Based on our findings of the previous chapters, including the literature review on international country examples and analysis of the specific Zambian context, we are now able to consider the design implications for harnessing social protection in Zambia for nutrition. In particular, we look at how to improve the design of Zambia's Social Cash Transfer (SCT) programme – making it nutrition-sensitive. We look at linkages, objectives, target group, transfer size and programme duration. We explore key debates around social protection programmes. Finally we conclude with specific recommendations across the pathways and present international design principles.

LINKAGES

Social protection should not be seen as a stand-alone pillar for improving the lives of the poorest and most vulnerable people. Rather, it should be complemented by investments in other sectors such as health, water, sanitation, education and shelter,[216] not only because it can increase effectiveness and positive outcomes within these sectors but also because of their importance for the nutrition pathways and to harness the greatest positive effects on nutrition. Social protection can be used as a platform for nutrition-sensitive and nutrition-specific interventions, with potential for increasing the scale, coverage and effectiveness of these interventions. A key requisite here is that basic social services are in place and functioning to provide the necessary framework.

PHOTO: CLEIS NORDFJELL/SAVE THE CHILDREN

Children at a community school in Kazungulu district, Southern province

International experience shows how a multi-sectoral response, linking initiatives from various sectors, can lead to lasting positive results. A prominent example is Brazil's Zero Hunger Strategy, which made nutrition a national priority.[217] The strategy was carried by various ministries including the Ministries of Social Development, Education, Health, and Agriculture and Livestock. Since its launch in 2003, nutrition outcomes have been progressively but significantly improving in Brazil;[218] between 1996 and 2006–10 the prevalence of stunting fell from 13.5% to 7.1%.[219]

In order for the SCT to impact nutrition outcomes it should be linked to complementary programmes in the following three sectors:

- **Health**: As shown in our pathways analysis, prevalence of HIV, diarrhoea and malaria in Zambia is high.[220] Evidence shows that nutritional status influences the ability of the body to successfully fight these diseases.[221] Therefore, for the SCT, the emphasis should be on linking to health initiatives addressing diarrhoea, malaria and HIV and AIDS.
- **Agriculture**: As dietary diversity is a major concern (see page 24), social protection initiatives should be linked with agricultural initiatives to help leverage production and consumption constraints. Beneficiaries of the SCT could receive complementary services through input subsidies specifically designed to reach vulnerable small-scale farmers,[222] access to loans directed to small-scale farmers[223] to allow for asset building, or crop insurance[224] to encourage production of higher-risk crops.
- **Water, sanitation and hygiene (WASH)**: As shown by the results of the Zambia Child Grant Programme, access to clean water is crucial for improved nutrition outcomes.[225] The SCT should be linked to initiatives of the relevant institutions (Ministry of Local Government and Housing, National Water Supply and Sanitation Council, local government, commercial utilities, private schemes), providing access to safe water to beneficiary households, as well as safe sanitation.

These linkages could be made through a variety of steps. To start, the relevant complementary services, provided by the public and private sector, and NGOs, should be mapped. If possible, this mapping should be done at district level to allow local as well as national linkages. Larger programmes, which are administered nationwide and/or cover multiple districts where the SCT is operating, should be linked at national level to ensure all beneficiaries have access to the same complementary services and create a coherent base of evidence. In addition, at the policy level, there should be emphasis on coordination between the initiatives of different ministries, through the development of joint desired outcomes and action plans. A good example for this would be the 1000 Days programme. However, based on the initiatives found through the mapping exercise, beneficiaries can also be linked to programmes with smaller coverage. Sufficient administrative capacity at all levels would be required to manage these processes (see section 11, page 59 for information on linkages in relation to the policy framework and coordination).

Also, access to these complementary services should be tailored to the specific needs of the household and well-sequenced,[226] which would require data collection on household composition to assess the needs of the households. Within the linkages it is important that programmes and initiatives follow the same messaging and avoid giving contrary messages to the beneficiaries. Messaging can be delivered in a number of ways: for example, information on other programmes could be delivered at cash points to ensure that all beneficiaries are reached.

INTERNATIONAL DESIGN PRINCIPLES FOR NUTRITION-SENSITIVE SOCIAL PROTECTION

In the short term, food security and wasting can be addressed quite effectively through food transfers. However, to address chronic malnutrition and reduce stunting rates, long-term integrated programmes that consider a number of the nutrition pathways are required.

The development of nutrition-sensitive social protection internationally should include the following key steps and be informed by our international design principles (see Table 5 opposite):

- Assess the context and evidence across nutrition pathways to identify priorities and analyse policy options (as we have done through this report for Zambia).
- Identify key ministries and other bodies at national and local level for coordination and cooperation.
- Include and evaluate a range of pathway indicators to assess success against malnutrition and to inform multi-sector development plans.

TABLE 5 INTERNATIONAL DESIGN PRINCIPLES TO MAKE SOCIAL PROTECTION PROGRAMMES AND POLICIES NUTRITION-SENSITIVE

Cross-cutting aspects

- Understand the local causes of malnutrition (supply, access, care, environment).
- Clarify the pathways through which the programme is intended to have an impact on nutrition.
- Reach adolescent girls as a key vulnerable group.
- Prevent general negative side effects, particularly on the causes of both undernutrition and obesity.
- Be gender-sensitive.
- Integrate behaviour change communication (BCC) and nutrition education.
- Ensure programme lifespan is long enough for change to occur.
- Consider integration of soft conditionalities (which are not enforced) to generate demand for specific services such as health and nutrition.
- Have a functioning referral system, potentially based on a single household registry.

Household food security

- Include choice of impact indicators (as a minimum, dietary diversity for women).
- Provide transfers in an appropriate form (examples of consideration of nutrition in development of form) and frequency.
- Adjust cash/voucher benefit level to the cost of a nutritious diet.

Examples of social protection instruments

- food transfers
- cash transfers
- public works programmes
- input subsidies (reduced cost of food)
- social insurance

Caring practices for women and children

- Ensure women's economic empowerment and improved decision-making within households.
- Integrate nutrition-focused complementary action, eg, food supplements, nutritional BCC on infant and young child feeding.
- Minimise time spent (and cost) for beneficiaries to receive the transfer, eg, using mobile phones.
- Exempt pregnant women from work requirement or provide a work option that is oriented towards women.
- Reach the 1,000 days: pregnant/lactating women and children under two years old.

Examples of social protection instruments

- food transfers
- cash transfers
- nutrition education and behaviour change
- labour regulations

Health services and environment

- Integrate social protection programmes with health services by putting in place coordinating mechanisms and synergetic linkages and ensure the delivery of good-quality health services to increase the impact on nutritional outcomes.
- Extend access to health, clean drinking water and sanitary services to poor and vulnerable households.
- Integrate nutrition-focused complementary health actions, such as distribution of food supplements, growth monitoring, nutritional training and deworming.

Examples of social protection instruments

- food transfers
- cash transfers
- links to health and sanitation services
- water, sanitation and hygiene (WASH) education

- Ensure the type of programme fits the local context and take into consideration what types of complementary services are available, making linkages to existing services across the nutrition pathways.
- Consider the integration of empowerment, behaviour change communication and income-generating activities to encourage sustainable outcomes.
- Consider the integration of soft conditionalities (which are not enforced) to generate demand for complementary services with health, WASH, education, etc.

ZAMBIA'S SOCIAL CASH TRANSFER

WHY WORK WITH THE SOCIAL CASH TRANSFER?

In November 2015 the SCT was operating in 50 districts, covering 145,000 households[227] (see Figure 30 opposite). The government of Zambia plans to expand it to 27 additional districts in 2016 and to roll-out the programme nationwide in 2017/18. The SCT provides an opportunity to address nutrition for the poorest and most vulnerable populations nationwide.

HOW TO MAKE ZAMBIA'S SOCIAL CASH TRANSFER NUTRITION-SENSITIVE

In order for the SCT to be nutrition-sensitive and to have an impact on chronic malnutrition (stunting) in Zambia, the following design principles, which cover cross-cutting aspects and specific nutrition pathways, should be applied.

- MAKE NUTRITION A SPECIFIC OBJECTIVE, WITH SUPPORTING INDICATORS

Laying out a specific nutrition objective will influence the design of a programme, leading to the inclusion of nutrition-sensitive design parameters as well as clearly measuring nutrition outcomes. Most importantly, through a nutrition objective a clear pathway on how the programme is meant to address nutrition is included, giving the programme a clear target instead of just the possibility of improving nutrition as one of many unintended consequences of the programme. Also, potential negative impacts on nutrition might be avoided. Our review shows that including nutrition-sensitive design features is associated with better nutrition outcomes, see Figure 31 on page 56.

The objective of the SCT is to "Reduce extreme poverty and the inter-generational transfer of poverty by enabling poor families to invest in better food, necessary healthcare and basic education so that their children will be more likely to be non-poor in the future."[229]

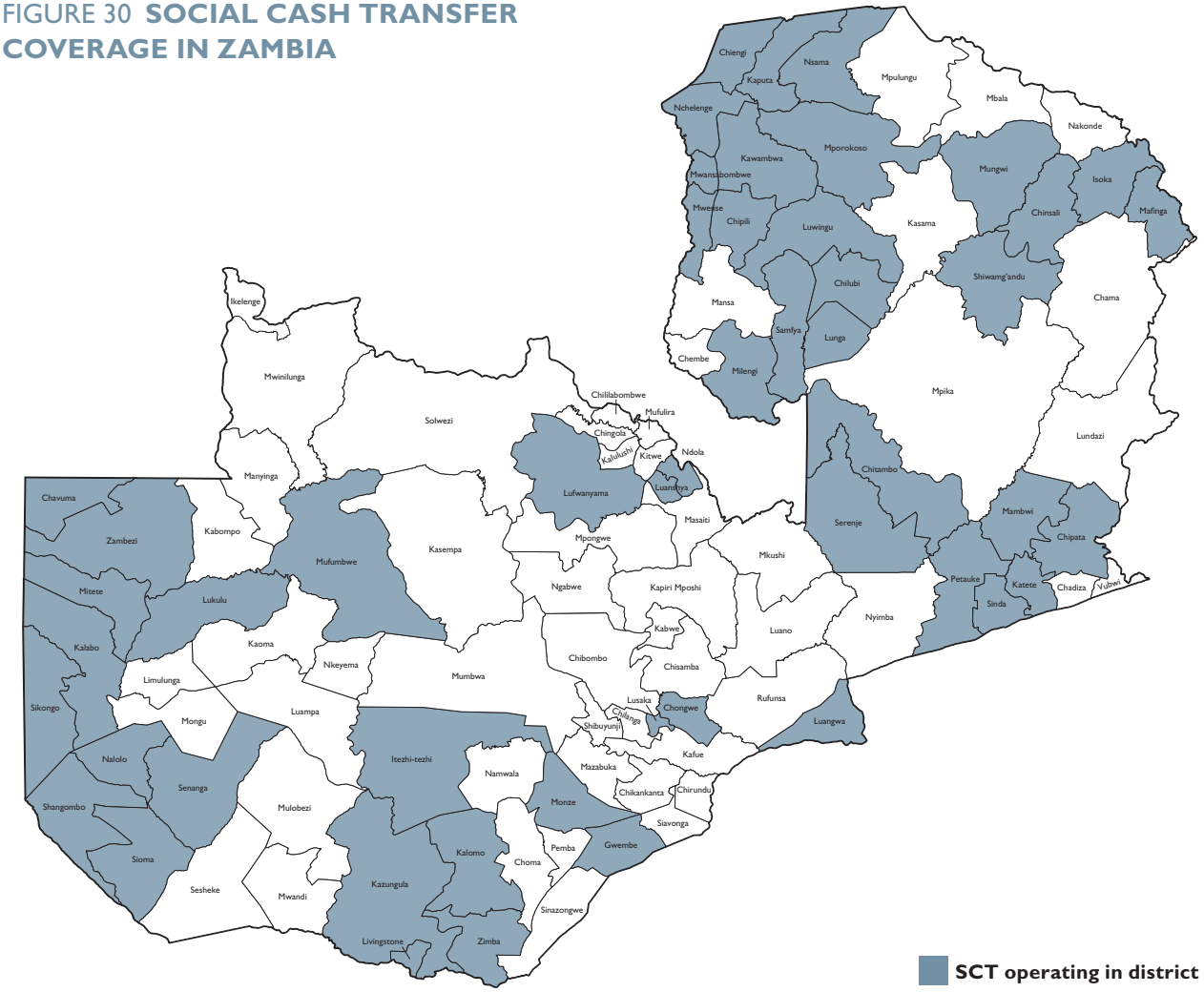
Although it is positive that the objective refers to "better food", which implies a focus on quality of food instead of quantity of food, this objective centres on food instead of nutrition. As demonstrated through this report, the focus of the SCT has to be extended from food security to include a focus on nutrition, for lasting positive impacts.

As well as the three pathways, supporting indicators should encompass cross-cutting issues, for example: nutrition outcomes for the target group, and children specifically; the quantity and quality of food available; women's education and empowerment; infant and young child feeding; health-seeking behaviour; access to shelter; health services; and water and sanitation.

- SPECIFICALLY TARGET CHILDREN AND PREGNANT WOMEN, AND ADDRESS THE FIRST 1,000 DAYS

With the Child Grants Programme (one of the SCT pilots), Zambia had a programme specifically targeted at children (ie, households with children under five years). However, with the development of the new targeting criteria the Child Grants Programme will gradually cease to exist. Under the new targeting criteria, households with young children will no longer be specifically targeted, but rather included indirectly through the incapacity criteria and through those falling under the welfare threshold (the poorest 10%). Given that the SCT specifically aims to reduce the inter-generational transmission of poverty, a focus on vulnerable children is imperative. Specifically, the Child Grants Programme under the previous scheme showed positive (albeit not significant) impact on stunting (reduction from 34.8% to 32.9%)[230] and improvements in households' food consumption, dietary diversity and food security. It remains to be seen how many children will be reached under the new targeting criteria. Also, as our research has shown, stunting levels do not differ a great deal between the poorest and second poorest quintile and in general are high among the poorest three quintiles. Therefore, the new targeting

FIGURE 30 **SOCIAL CASH TRANSFER COVERAGE IN ZAMBIA**



Source: MCDMCH Social Cash Transfer Programme Fact Sheet (2014)[228]

criteria may risk leaving behind children in poor but comparatively better-off households in the second poorest quintile. Analysis of coverage and outcomes, of the old targeting protocol versus the new protocol, should be completed.

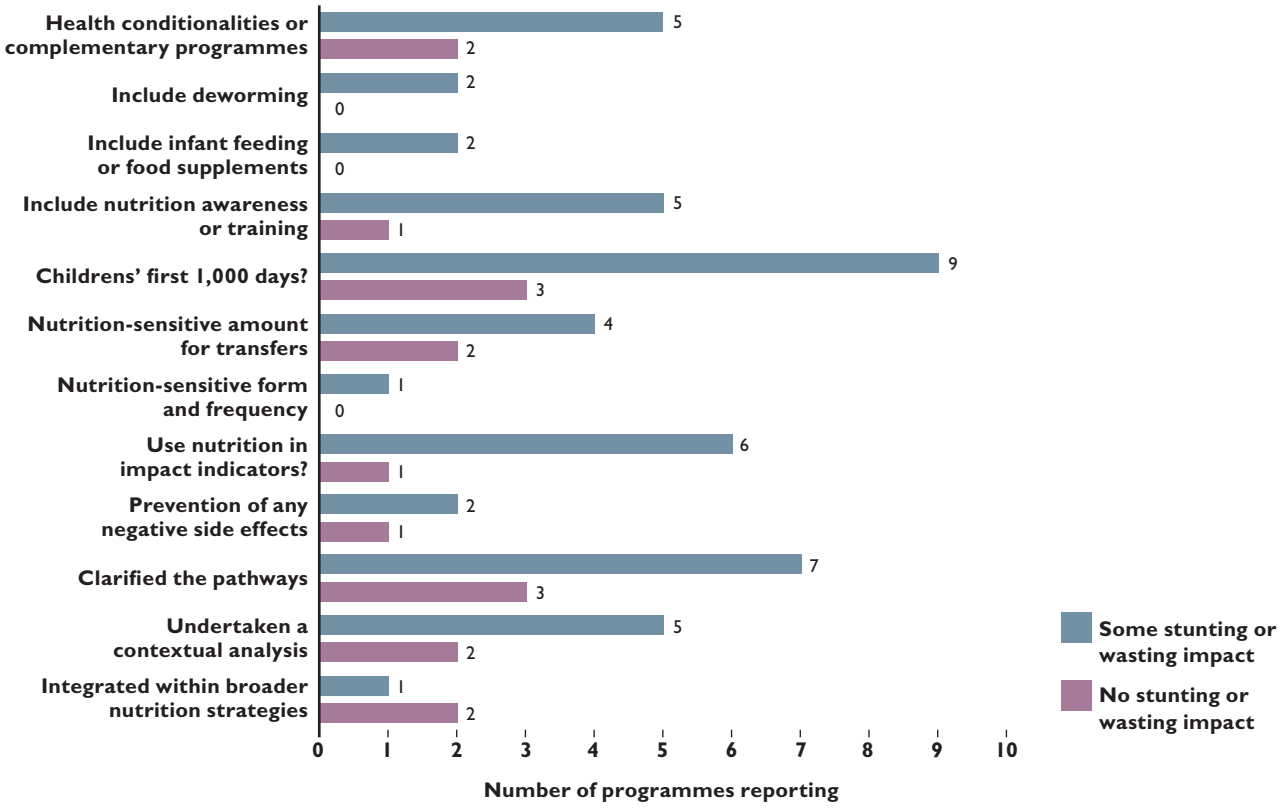
- BASE THE TRANSFER SIZE ON HOUSEHOLD SIZE AND COST OF A NUTRITIOUS DIET

International evidence shows that the size of the transfer has a major impact on nutrition outcomes. In general, it can be said that the higher the transfer level is, the better the outcomes for nutrition.[231] To have a positive impact on nutrition the transfer size should take into account the cost of a nutritious (not caloric) diet, while not being so high as to provide disincentives to work. Of equal importance, the transfer size should be adjusted to the household size, enabling households to cater for all their members. Programmes that have transfer sizes based on the number of household members fare better in terms of nutrition outcomes, as seen in Figure 32 overleaf.

The transfer size for the SCT is 70 kwacha per household per month and is not adjusted to the size of the household. Therefore, it is reasonable to assume the impact for bigger households might be lower.

In relation to nutrition it is important to consider how the transfer relates to the minimum food basket. In 2010 the food basket for Zambia cost 96,366 kwacha for a family of six to meet minimum nutritional requirements.[232] Applying the 2010 values, the current transfer covers 72% of the food basket. It can be estimated though that the cost of the minimum food basket has increased since then.[233] A separate assessment of the cost of the nutritious diet would be beneficial to provide more insight into the expenditure levels necessary for a nutritious diet.

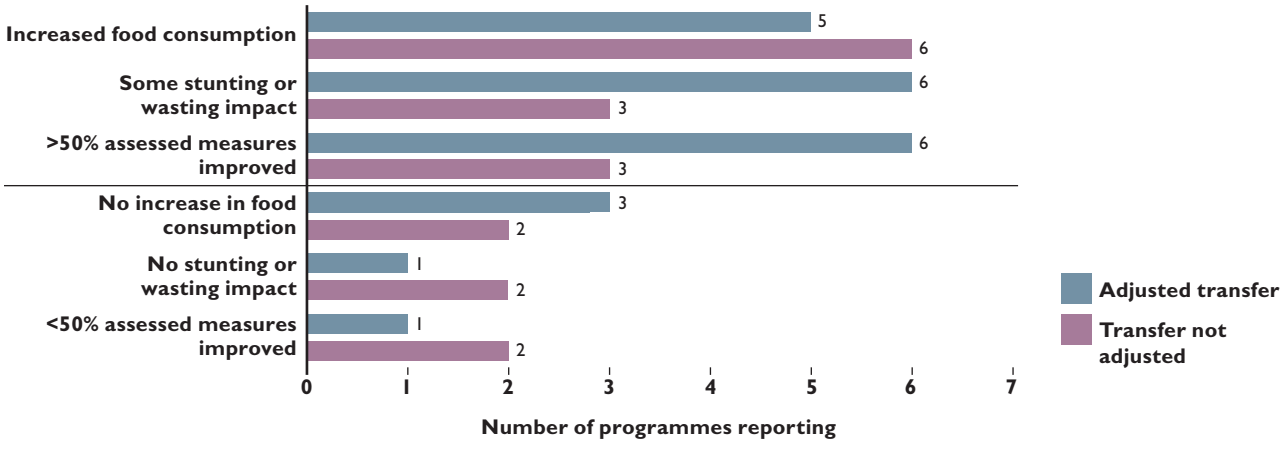
FIGURE 31 IMPACT OF NUTRITION-SENSITIVE DESIGN FEATURES ON STUNTING/WASTING



Source: Save the Children's own calculations, based on literature review. See page 88 for literature review references.

Notes: 12 programmes with anthropometric measurement are included. Each row only includes programmes that have this design feature. Some design features included in the review are not included in this chart. This is because they are either universally adopted or very rarely adopted so that the comparison on nutrition outcomes is not possible.

FIGURE 32 TRANSFER SIZE ADJUSTED TO HOUSEHOLD SIZE AND NUTRITION OUTCOMES



Sources: See references list for literature review on page 88.

Notes: 12 programmes included for stunting and wasting and anthropometric measures, 16 included for food consumption.

In addition, throughout programme implementation it is advisable to monitor fluctuations in food prices, which could trigger an increase of the transfer size, therefore requiring regular budget adjustments.

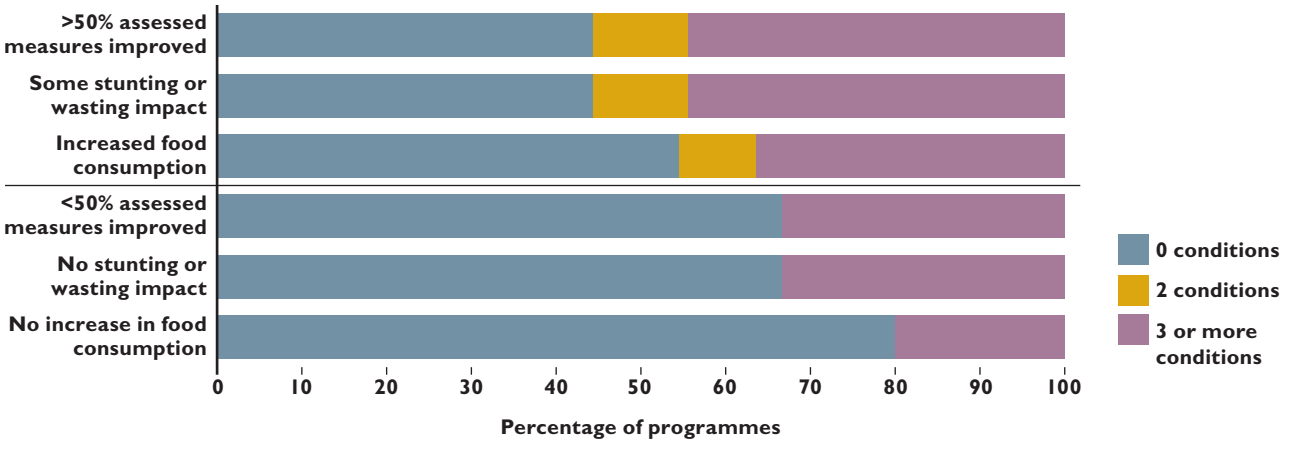
- INCLUDE BEHAVIOUR CHANGE COMMUNICATION

Discussions of cash transfer programmes are commonly accompanied by debates on whether the receipt of cash should be linked to any conditions on the part of the beneficiary, such as regular medical check-ups of children or school enrolment and attendance. This debate is often driven at a political level, particularly in relation to domestically financed programmes, with a presumption that linking cash to conditions instead of 'hand-outs' will promote buy-in from the middle class.[234] Empirical evidence in general shows that beneficiaries of cash transfers, with or without conditions, invest in health and education for their children.[235] The benefits of conditions, particularly when administration costs are considered, are therefore questionable. For nutrition specifically, international evidence suggests that conditional cash transfers might have a better impact on nutrition. However, the difference in numbers in any given nutrition outcome is small (see Figure 33). Evidence suggests that while conditions do sometimes help in terms of nutrition, in many cases unconditional cash transfers can provide equally good results, with the advantage of being easier and cheaper to implement and administer.

Behaviour change communication (BCC) can be included as a soft condition, ie, not enforced, and is a strong tool for improving outcomes on nutrition. Knowledge on what should or should not be done is often not enough to create a change in behaviour, therefore targeted BCCs are needed. The content of the BCCs should be informed by a knowledge, attitudes, practice and barriers analysis and be developed conjointly with the respective ministry leading in a sector. An analysis of the human resource capacity of the different sectors should be conducted to be clear about the roles and responsibilities that staff, for example health workers, can take in the process. BCCs should cover all the three pathways:

- **Household food security**: Evidence shows that including nutrition awareness sessions can have a positive impact on stunting or wasting (see Figure 33). BCC should focus on the importance of dietary diversity, addressing the lack of dietary diversity as shown in our pathway analysis.
- **Caring practices**: Given the importance of exclusive breastfeeding rates during the first six months and our findings that show many children are introduced too early to certain food categories, BCCs have to focus on infant and young child feeding practices, including exclusive breastfeeding for the first six months and dietary diversity for children aged six to 24 months.
- **Health services and environment**: Given the links between nutrition and diseases such as malaria and diarrhoea, BCC should focus on WASH and timely health-seeking behaviour so as to ensure appropriate care.

FIGURE 33 **CASH TRANSFERS, CONDITIONS AND NUTRITION IMPACT**



Sources: See references list for literature review on page 88.

Notes: 12 programmes included for stunting and wasting and anthropometric measures, 16 included for food consumption.

For the best results, BCCs should follow an approach of gender inclusivity by including men and boys alongside women and girls. This can lead to greater acceptance of the messages that are transmitted within households and families, and make it easier for all household and family members, especially women and girls, to adopt new behaviours.

BCC can be combined with the payment events, thus happening every other month. In addition, the use of technology, such as mobile phones, for BCC can be a very effective tool. This would be a feasible option, if the government of Zambia was to consider a move to electronic payments using mobile phones.

- ### MAINTAIN A PROGRAMME DURATION THAT ENSURES IMPACT

The longer a household is a beneficiary of a cash transfer programme, the better the nutrition results for a child.[236] The SCT aims to re-target households every three years so a household, if enrolled during the initial targeting, will benefit for three years from the programme. This minimum duration should be maintained.

DO CASH TRANSFERS CREATE DEPENDENCY?

Linked to the debate of conditional versus unconditional transfers is the debate on dependency. The argument often heard is that the programmes will make beneficiary households dependent on the cash and disincentivise them from attempting to improve their economic situation themselves. However, evidence does not largely show those effects. Design features that minimise risks that programmes will create dependency are, for example, rigorous targeting to the most vulnerable groups

It should also be noted that for certain programmes the aim is to support the most vulnerable and labour-constrained who need external assistance. The cash is actually meant to support the households in their current situation as they themselves do not have the capability.

As a general rule, programmes should generate evidence on wide-ranging impacts to provide further evidence on the dependency debate.

11 KEY ASPECTS OF GOVERNANCE FOR NUTRITION-SENSITIVE SOCIAL PROTECTION

A strong governance system lays the foundation for an enabling environment to maximise the impact of nutrition-specific and nutrition-sensitive policies and programmes,[237] through a social protection system. Furthermore, as is evident in many countries where undernutrition continues to pose a threat to the population, including Zambia, the influence of politics and governance is critical in the creation of a sustained political force to maintain productivity on the ground.[238]

UNDERSTANDING GOVERNANCE

Governance refers to the exercise of political and administrative authority at all levels to manage a country's affairs. Governance comprises the mechanisms, processes and institutions through which citizens and groups articulate their interests, exercise their legal rights, meet their obligations and mediate their differences.[239]

Good governance has eight major characteristics. It is:[240]

- **participatory**
- **consensus oriented**
- **accountable**
- **transparent**
- **responsive**
- **effective and efficient**
- **equitable and inclusive**
- **conducted following the rule of law.**

Good governance ensures that corruption is minimised, the views of communities are taken into account, and the voices of the most vulnerable people in society are heard in decision-making processes.

Brazil and Peru have made substantial progress in tackling nutrition through social protection systems.[241] Key to their success has been the acceleration of progress in nutrition and health outcomes over recent decades through strong political commitment, a supportive institutional framework and multi-sector engagement. Both countries have utilised governance as a mechanism to connect national, municipal and regional governments to the food-insecure population.

Learning from the experiences of these two countries, **the following three factors should be considered when developing governance structures to support nutrition-sensitive social protection systems**:

RESPONSIVENESS

- high level of government commitment
- sustainable funding and investment
- clearly defined, context- and target-specific national priorities.

MULTI-SECTOR ENGAGEMENT

- community and beneficiary engagement
- a vibrant civil society
- an active private sector.

INSTITUTIONAL FRAMEWORK

- effective monitoring and evaluation
- strong coordination and legislation
- international support.

The following tables contain detail on each of the three priority areas in developing a nutrition-sensitive social protection system. They present global learning, the situation in Zambia, and a summary of what it means for nutrition-sensitive social protection in Zambia, which informs this report's recommendations.

RESPONSIVENESS

A responsive governance system is required to adapt and meet the progressing needs and demands of a country.

High level of government commitment

Global learning

Strong executive leadership and agenda-setting in Brazil and Peru have been central to respective successes in reducing undernutrition. In Brazil, the presidential commitment to combat hunger and reduce poverty was put into action through the national Zero Hunger strategy, with social protection as a key pillar, with dedicated resources.[242, 243] Juntos, Peru's flagship social protection programme, was a 'depoliticised' programme. Peru's national nutrition strategy points to government successfully integrating diverse actors in the design, implementation and monitoring of nutrition-sensitive social protection programmes.[244] Attention, even from high-level politicians, is insufficient on its own to drive action; real political and system commitment is necessary to translate interest into impact.[245]

The situation in Zambia

Zambia has long recognised the challenges of nutrition and in 2011 was hailed an 'early riser' country within the global SUN (Scaling Up Nutrition) movement. Yet, before 2011 Zambia did not score well on indices that measure nutrition commitment and governance, ranking mid-to-bottom of various lists assessing national policy commitments, programming, governance, legal frameworks, inter-sectoral coordination or resourcing for nutrition.[246] The 2013 commitment to halve malnutrition by 2023, made by Zambia's vice-president at the global Nutrition for Growth event, is an example of a rise in ambition for and commitment to nutrition. A number of high-level plans followed in 2014. For Zambia, the attention nutrition has attracted internationally appears to have been translated into attention from the national government. However, as prevailing high levels of malnutrition in Zambia show, building and sustaining commitment is not a quick win. Improving and implementing policies and laws is an ongoing process.[247]

Social protection achieved high-level government commitment when what started as a donor-driven district pilot became a largely domestically financed national programme as part of a dramatic scale-up plan for the SCT. MCDMCH planned to reach full country coverage by 2016 in a phased manner by rolling out to those districts with high levels of poverty and inequality in 2015.[248] A sharp increase in government budget allocations in 2014 is the strongest sign of commitment to date, but increased financing to match the government's ambitions to scale up the SCT was not sustained in 2015. Social protection provision in Zambia appears to be a growing priority, particularly due to the emphasis placed on its role in supporting the attainment of the ambitions for the vision 2030 of transforming Zambia into a prosperous middle-income country.[249]

Despite both social protection and nutrition attracting 'priority' status, high-level commitment for nutrition-sensitive social protection has not yet been achieved. It features in the National Food and Nutrition Commission list of priority objectives as 'nutritional sensitive messages to be in cash transfers and other programmes', and in the 1000 Days strategy priority interventions as 'nutritional sensitive messages in GRZ programmes',[250] including the SCT. However, little progress has been made as yet. The draft 1000 Days Monitoring and Evaluation Plan does continue to put emphasis on the area, with the 'promotion of social protection initiatives for prevention of stunting, treatment of moderate acute malnutrition and alternative livelihoods interventions' noted under Intervention area 'Promotion of food based interventions'.[251] Encouragingly nutrition objectives are included in two of the four pillars of the 2014 National Social Protection Policy with a focus on linkages and messaging.

What does it mean for nutrition-sensitive social protection in Zambia?

- **The Government of the Republic of Zambia should make a specific policy commitment for nutrition-sensitive social protection, with the necessary human and financial resources to support it. The second Nutrition for Growth Summit at the Brazilian Olympics in 2016 will provide the ideal opportunity for such a commitment to be made.**
- **Nutrition-sensitive social protection, as a cross-cutting priority, should be clearly articulated in both nutrition and social protection national strategies. Action plans for the incorporation of nutrition-sensitive social protection should be developed and implemented.**

Sustainable funding

Global learning

Effective and sustainable funding mechanisms need to encourage policy coordination and implementation.[252] In the short term, external bodies such as international financial institutions can strengthen funding. However, to remain effective in the long term, sustained commitment must be managed internally by the national government. Finding domestic fiscal space for critical economic and social investments, such as social protection, is essential if sustained and equitable development is to be achieved.[253] Options for financing social protection include: reallocating public expenditures; increasing tax revenues; extending social security contributions; borrowing or restructuring existing debt; curtailing illicit financial flows; drawing on increased aid and transfers; tapping into fiscal and foreign exchange reserves; adopting a more accommodating macroeconomic framework.[254]

The situation in Zambia

Zambia is one of the few countries in sub-Saharan Africa that meets its promises made under the Maputo and Abuja Declarations to spend over 10% of public expenditures on agriculture (spending 10.2%).[255] Yet health is lagging behind, with 11.2% in 2013 and a projected 9.6% in 2015 against the commitment to spend over 15%.[256] As part of the Nutrition for Growth commitment, vice-president Guy Scott pledged to "increase government nutrition expenditure to US$30 per child under five per year, including a minimum 20% annual budget increase until 2023."[257] The World Bank estimates that Zambian tax revenues are 17% of GDP or US$3.5bn per year, yet only a few million dollars per year have actually been spent on nutrition-specific interventions.[258] Zambian CSO-SUN Alliance's analysis of the 2015 national budget found around 0.1% constitutes spending on nutrition. This does represent an increase from the 0.03% allocation for nutrition in 2014. However, even with this increase, the budget allocation is considered extremely low to make an impact on the nutrition crisis in Zambia.[259] Zambia's Nutrition for Growth commitment also included a pledge to resolve the human resource and financial gaps in the five key line ministries[260] responsible for nutrition actions, at provincial and district levels, including increasing direct support to communities.[261]

An overall financial system to reconcile estimates of costs with national investments, across sectors and external contributions, towards the implementation of the National Food and Nutrition strategic plan is not yet fully in place. Information on financial tracking is only available on domestic and external contributions for specific programmes. However, the government is currently working on the development of a mechanism to track nutrition funds either from pooled funds or direct support as well as government funding. The recently established SUN Fund, a pooled fund which supports innovative approaches to scaling up nutrition, will track allocations for nutrition-specific and nutrition-sensitive interventions from all pooling donors.[262]

Zambia's largest social protection programme, the Social Cash Transfer, was donor led and financed. GIZ (German overseas development agency) financed the first cash transfer pilot from 2003 up until 2010 when the government of Zambia took full ownership of the SCT and started financing part of its cost. At the end of 2013, the government decided to increase the funding to the programme by more than 700%, from K17.5 million to K150 million for 2014. With this increase in funding, the ministry and its cooperating partners embarked on a rapid scale-up. In 2014, 31 new districts were added, bringing the total number of districts implementing the SCT programme to 50 (nearly half of all districts). The programme is funded by both the government and its cooperating partners.[263] However, despite the activity in 2014, the budget allocation for SCT remained the same in 2015, throwing some doubt over the sustainability of the scale-up. The budget allocation to the Farmer Input Support Programme increased more than two-fold in 2015 despite evaluations showing limited impact, suggesting fiscal space for transfers. Therefore, greater understanding of the reasons behind the freeze in SCT budgeting is required.

What does it mean for nutrition-sensitive social protection in Zambia?

- **Zambia's Nutrition for Growth financial commitments need to be not only met, but exceeded to address the inadequacy of current levels of money spent on nutrition. A more ambitious financial commitment, which builds upon that made in 2013, with a specific emphasis on spending towards nutrition-sensitive social protection, could be made at the second Nutrition for Growth Summit in 2016.**
- **Funding committed to the SCT must be consistently delivered. Funding should support realistic plans for effective scale-up, development and maintenance. The emphasis should be on delivery of good-quality programming, without sacrifices for fast scale-up.**

continued overleaf

What does it mean for nutrition-sensitive social protection in Zambia? *continued*

- **Funding must be used to support regular and robust monitoring and evaluation of social protection programming, with emphasis on the impact on nutrition. The information generated should be articulated to decision-makers to inform their decision-making and prioritisation of funds, and to civil society for advocacy and accountability.**
- **Gains from tax revenues due to GDP growth could be efficiently invested in nutrition-sensitive social protection for improved nutrition, and to address high levels of inequality and encourage more inclusive growth.**

Clearly defined, context- and target-specific national priorities

Global learning

Government strategies should focus on the progressive nature of social protection initiatives, recognising how these programmes are situated within broader policy frameworks, and what that means for their country.[264] The uniqueness of each country requires that a range of options is carefully examined at national level and that selection is based on effective social dialogue and a sound approach to political economy.[265]

The situation in Zambia

The government of Zambia has established national strategies for both nutrition and social protection. Coordinating bodies exist for each area, bringing together stakeholders from across sectors.[266] Vision 2030 is Zambia's first-ever written, long-term plan and expresses the aspirations of the Zambian people to be a prosperous middle-income nation by the year 2030. It articulates national and sector goals. It also presents challenges and obstacles that must be overcome.

Vision 2030 contains clear sector visions for both nutrition and social protection, though none that relate to nutrition-sensitive social protection specifically.

For social protection, the 2030 sector vision is: *A nation that promotes and provides sustainable security against deprivation and extreme vulnerability by 2030*. This vision is supported by goals and targets including: livelihood security to meet basic needs and protection from the worst impacts of risks and shocks for all vulnerable Zambians; and attaining a labour market free of child labour by 2030. For food and nutrition, the 2030 sector vision is: *A well-nourished and healthy population by 2030*. This vision is supported by goals and targets, including: ensure food and nutrition security, and food quality and safety across all levels; prevent and control specific macro and micronutrient deficiencies, and promote appropriate diets and lifestyles; strengthen nutrition care practices for vulnerable groups; develop and sustain human resource capacity; and establish and maintain an efficient institutional arrangement and strong nutritional networks.[267]

What does it mean for nutrition-sensitive social protection in Zambia?

- **A clear priority for nutrition-sensitive social protection, with recognition of the cross-cutting impacts/aspects (eg, social protection, nutrition and agriculture), should be recognised in Zambia's national plans (such as Vision 2030), and followed through in the relevant sector strategies. This priority should be SMART: specific, measurable, achievable, relevant and time-bound.**
- **Zambia's nutrition strategy and the social protection strategies need to align and to reflect the pathways approach[268] for nutrition-sensitive social protection.**

MULTI-SECTOR ENGAGEMENT

Given the multi-faceted and multi-dimensional causes of undernutrition, strong multi-sector coordination across a number of ministries and stakeholders is critical to ensuring effective nutrition governance.[269]

Community and beneficiary engagement

Global learning

Inclusive and effective nutrition-sensitive social protection programmes require meaningful participation of relevant stakeholders, including civil society organisations (CSOs), beneficiaries and children. CSOs and community groups are uniquely placed to present the voice of the people and to drive government to include appropriate nutrition goals into national plans. In Peru, the community initiative secured nutritional goals within the national poverty reduction strategy. In Brazil, communities engaged with numerous political parties, government ministers and local governments to transform nutrition campaigns into national government policies. The experiences of Brazil and Peru highlight the real impact individuals at community level can have on lobbying government to consider nutrition as a national priority.

The situation in Zambia

Observers recognise a lack of awareness and access to information on nutrition as a key contributing factor for the low profile of nutrition across all levels in Zambia. Particularly at the grassroots level, there is a need to create demand for information and services on nutrition. According to reports, citizens often appear unconcerned about nutritional issues and there is little demand for knowledge on the health-related aspects of food. Reports also suggest citizens are unable to access information on nutrition interventions and subsequently unable to hold decision-makers accountable for their decisions, contributing to a weak political will to tackle the adverse effects of inadequate nutrition.[270] Therefore, citizens do not appear to have an active role and opportunity to engage in accountability processes and to hold governments to account for progress on commitments, plans and targets.

Citizens and beneficiaries' ability to respond to information on nutrition is limited due to the poor variety of nutritious foods available to consumers across Zambia. As we saw in our contextual pathways analysis, this is particularly challenging for rural areas where farming is dominated by maize production (see 'The importance of agriculture' on page 23).

What does it mean for nutrition-sensitive social protection in Zambia?

- **Mechanisms to ensure initiatives against malnutrition in all its forms are locally owned must be developed and sustained, particularly at subnational levels, with a focus on community and beneficiary engagement. Such mechanisms should improve the flow of information between policy-makers and beneficiaries/communities. Information on beneficiaries' experiences and needs must be integrated into monitoring and evaluation mechanisms to enable responsive policy and programme development. This aspect of monitoring and evaluation could be well delivered by civil society.**
- **Access to clear information on nutrition-sensitive programming, including social protection, with details on access, entitlements, etc, should be regularly disseminated to communities through civil society/NGO and community structures.**
- **Many civil society groups champion the role of agriculture for nutrition and food security, but specific accountability activity should take place to ensure articulated plans for dietary diversity in agricultural are followed through.**

continued overleaf

A vibrant civil society

Global learning

It is widely recognised that the active involvement of civil society organisations in the formulation, implementation and monitoring of public programmes results in more sustainable and effective programmes, responsive to local contexts and needs. International and national civil society organisations also have experience to share in the development, delivery and evaluation of social protection systems. International civil society should work alongside national civil society organisations to build capacity in both civil society and government. Similarly, opportunities to connect civil society-led social protection and nutrition initiatives with national nutrition-sensitive social protection systems should be encouraged.

The situation in Zambia

A catalyst and/or champion is often needed to spark action, garner political or financial support, and transform a situation.[271] The Zambia CSO-SUN Alliance has been widely recognised as key force in securing nutrition's current profile in Zambia's national development agenda. The alliance mobilises, coordinates and builds the capacity of civil society actors to influence national efforts through constructive dialogue and advocacy with stakeholders, including the government, donors and private sector, thereby contributing to improved leadership and accountability towards the national SUN/1000 days movement.[272]

The Platform for Social Protection (PSP) was established as an NGO umbrella organisation to coordinate civil society on social protection. It was originally set up to address challenges around a fragmented civil society with significant capacity limitations, a dominance of international NGOs and a lack of information being shared with civil society. The overall aim of PSP is to build well-coordinated platforms for CSOs to engage in, promote and support social protection discourses and programmes in Zambia,[273] with core activities on capacity building, information building, networking and advocacy. PSP also supports the delivery of a village savings and loans scheme, targeting the social cash transfer beneficiaries, with Care International.

Both CSO-SUN Alliance and PSP contributed to the drafting of the 2014 National Social Protection Policy (NSSP). Operationalisation of the NSSP further recognises their role by calling for a multi-sectoral approach to address challenges within Zambian social protection provision such as inadequate financing, poor coordination, weak institutional capacity, and the lack of an integrated targeting mechanism and single registry to record beneficiaries and evaluate programme performance.[274]

What does it mean for nutrition-sensitive social protection in Zambia?

- **Civil society in Zambia needs to mobilise behind calls to maximise social protection for nutrition by, for example, advocating to government, contributing to programme design and delivery, drawing upon international networks for support, engaging communities and beneficiaries, and contributing to evidence generation and dissemination.**
- **Civil society should develop accountability mechanisms, with community participation, to hold government to account for the development and delivery of nutrition-sensitive protection within the SCT.**
- **Capacity strengthening in nutrition-sensitive social protection should be sought for civil society, alongside other partners, to enable all to play an active role in developing this agenda for Zambia.**

An active private sector

Global learning

Engaging the private sector is necessary to develop new patterns of sustainable and inclusive production. The private sector has a powerful role in the production, distribution and marketing of food, as well as a strong influence on the production costs and price of food products. Coupled with its influence over workforces, the private sector carries strong potential to accelerate the progress of nutrition-sensitive social protection and shape nutrition outcomes. Private sector organisations contribute to the value chain and have a great impact on commodity markets and pricing.

continued opposite

Global learning *continued*

The private sector contribution to social protection exists in many contexts, albeit mainly logistical. This is most prominent through the development of technology to facilitate transfers at community level, for example, through mobile technology and other innovative banking methods. It is also important to consider how the private sector can contribute through promoting inclusivity, eg, paying a living wage or supporting poorer communities to qualify to be part of their value chains.

The role of the private sector in nutrition is developing, with initiatives such as the Scaling Up Nutrition (SUN) Business Network working globally to harness expertise and apply its strengths and comparative advantages to improve nutrition. The network advances opportunities for the business community to support efforts around agriculture, product development, infrastructure systems, distribution channels, or research and innovation.[275]

The situation in Zambia

The private sector is not coordinated in relation to social protection in Zambia. However, the MCDMCH is said to be in the process of procuring a payment service-provider in order to reduce fiduciary risk associated with bulk low-value cash payments for the SCT. The ministry is holding meetings with the banking and financial sector on how they can provide this service to beneficiaries.[276]

A Business Network for SUN was launched in Zambia in November 2014; 30 companies registered their interest in developing commitments to scaling-up nutrition in Zambia. Areas explored include: expanding the nutrition market (food producers and processors); improving nutrition in the agricultural value chain; business in the community (What more can business do to improve nutrition?); partnerships in nutrition; and policies, regulations and standards to support nutrition. WFP (World Food Programme) Zambia has led a strategy to further business engagement in Zambia's national nutrition priorities, which was planned to be available in 2015.[277] Despite this activity, civil society observers note a low profile for business in nutrition so far. Contributions businesses could make for nutrition in Zambia include: improve the nutritional quality of food by creating food products high in nutrients and decreasing the production of foods that lead to obesity; companies in the business of production should ensure the food is safe and fresh.[278]

What does it mean for nutrition-sensitive social protection in Zambia?

- **Information should be shared across sectors on the potential role of the private sector, particularly in relation to dietary diversity. The benefits of a private sector markets/growth strategy, to complement poverty reduction and social protection strategies, should be considered.**
- **For Zambia's nutrition strategies, the private sector contribution to encouraging dietary diversity through crop production/horticultural markets, with emphasis on the rural areas with particularly weak infrastructure, should be developed.**
- **More research is required to outline the impact different forms of public policy, regulation and financial incentives can have on raising awareness among the private sector and to spur engagement to create change in the levels of undernutrition.**[279]

SOCIAL ACCOUNTABILITY MECHANISMS

Social accountability mechanisms are an important part of the governance process. Child-focused social accountability is a set of participatory activities designed and implemented by children and other citizens to hold public officials and service providers accountable, through dialogue, for their commitments to children.

Accountability is a two-way process:

Downwards: requiring state bodies and individual representatives of the state to act in a manner appropriate to their function

Upwards: requiring citizens to act in a responsible manner, and to demand that the state fulfils its duties properly.[280]

ROBUST INSTITUTIONAL FRAMEWORK

The institutional layout that makes countries achieve more through collaboration is vital for the development of effective nutrition-sensitive social protection programmes.

Effective monitoring and evaluation

Global learning

Effective monitoring and data collection is important to understand what works and what does not work in social protection programming and to improve understanding of impact on nutrition outcomes. It is important to integrate nutrition indicators and monitor nutritional outcomes, including the nutrition pathways of household food security, caring practices for women and children, and health services and environment.

Up-to-date data should be reviewed regularly to enable identification of coverage gaps and help prevent and respond to environmental shocks and stresses. This is particularly important in areas prone to flooding, which increases the vulnerability of undernourished sectors of the population. Evidence of programme impact also plays an important role in reinforcing the political commitment needed for nutrition initiatives[281] and increases accountability.

The situation in Zambia

The importance of monitoring and evaluation information for nutrition-sensitive social protection is clear. For the SCT, impact evaluations of the pilots were key to achieving government support. In the discussions during the period leading up to the 2010 launch of the SCT programme, findings from evaluations had not played a significant role and the programme has remained donor-led. The recent impact evaluations are considered to be government-commissioned evaluations. Nutrition outcomes are included in the monitoring of the Child Grant Programme model of the SCT, but are not included in other programmes (Multiple Category Targeting Grant or Monze Social Cash Transfer). The nutrition outcomes that the Child Grant Programme monitors include: stunting, wasting, meals per day, household diet diversity, and food energy and food expenditures.[282]

A number of data, monitoring and evaluation initiatives exist for nutrition in Zambia. Efforts are underway, such as through the draft 1000 Days Monitoring and Evaluation Plan, to improve quality, consistency, coordination and timeliness. Regular (once every three years) nutrition surveys have not been done and as a result the policy-makers do not have access to up-to-date information. [283]

A number of vital data gaps also exist:

- In the development of this report we were unable to find data on nutritional status of pregnant women, or on their share of food within the household.
- It is currently not possible to see nutrition prevalence by district (DHS will only disaggregate by province).
- It is currently not possible to explore the implications of child/teenage pregnancy. DHS only presents data on size of babies with mother's age categorised as <20. We should extend this to be able to see <16.
- We currently also do not know enough about the extent of disabilities and where they are located, particularly those that work as pathways to poor nutrition.

It is unclear if nutrition data is systematically shared across relevant ministries for social protection, such as MCDMCH, or vice versa.

What does it mean for nutrition-sensitive social protection in Zambia?

- **The National Social Protection Policy, and within it the SCT, must have a detailed and regular monitoring and evaluation system, across the nutrition pathways, to show the impact on nutrition and provide evidence for national decision-making.**
- **The quality and coverage of Zambia's nutrition and poverty data should be improved, disaggregated by group where possible (age, wealth, gender, ethnicity, rural/urban, regions) to help accelerate progress towards reducing malnutrition and to reach the most vulnerable through the SCT. Analysis of data at district level would be particularly beneficial for comparison with impact of the SCT.**

continued opposite

What does it mean for nutrition-sensitive social protection in Zambia? *continued*

- **All data should be collected at regular intervals and made accessible so that it can be useful for both policy-makers and citizens.**
- **The Zambian 1000 days monitoring and evaluation plan (which was scheduled to be drafted in 2015) should set out how key data gaps for nutrition will be addressed. Please see Appendix 4 for specific recommendations in relation to these gaps.**

Strong coordination and legislation

Global learning

Sustainable change requires coordinated action and effort on the part of different line ministries and agencies at national and regional levels. Vertical coordination across different levels of decision-making and service delivery is important. Cross-sector coordination is also required, particularly across areas of education, health, agriculture and nutrition. It is important to ensure that there are proper structures in place, and national and regional governments generate the proper technical capacities and incentives to transfer resources and remain accountable to each other.[284, 285]

There are many pathways to improved nutrition. Having policies and laws on the books does not mean they will be implemented. It does, however, indicate a government's public commitment and hence offers an entry point for civil society engagement in issues surrounding nutrition.[286] Provisions enshrined in law also ensure long-term action across political terms/changes in government.

The situation in Zambia

The National Social Protection Policy (NSPP) intends to deliver a more comprehensive and integrated approach to social protection overall as a tool for sustainable poverty reduction, based on the clustering initiatives under protection, prevention, promotion and transformation.[287] Coordination in relation to the field of nutrition and food security is noted as a challenge to be addressed within the NSSP. The policy recognises that it is critical to link social cash transfers with the promotion of appropriate feeding and care practices, provision of micronutrients, water and sanitation, and the diagnosis and management of diseases. This requires establishing coordinated multi-sectoral responses towards social protection programming. The recent realignment of the primary healthcare services with social protection presents an important opportunity for enhanced coordination, in particular at district level and below.[288]

The Social Protection Sector Advisory Group, informed by technical working groups, advises the development of ongoing social protection policy in the country.[289] The NSSP proposed a high-level coordinating unit at Cabinet Office to oversee the development, implementation and integration of social protection strategies, programmes and financing. Reports indicate the Ministry (MCDMCH) is awaiting guidance on how the structure will be operationalised and how it will interface with implementing institutions.[290]

The National Food and Nutrition Commission, as the convening body to coordinate action on nutrition, developed the National Food and Nutrition Strategic Plan (2011–15), launched alongside the 1000 Most Critical Days Programme, to inform the work of all the relevant sectors.[291] It was developed with participation from multiple sectors and with support from development partners through the Nutrition Cooperating Partners' Group. The plan combines action across five key line ministries: Ministry of Health, Ministry of Agriculture and Livestock, Ministry of Community Development, Mother and Child Health, Ministry of Education and Ministry of Local Government.[292] The plan serves as the common results framework for nutrition. Within the plan it is articulated that success depends on the joint functioning of healthcare, agriculture and social protection services at the community level. The plan also promotes linkages between nutrition and social protection for vulnerable HIV-affected households.[293]

Cross-sector coordination is attempted for both nutrition and social protection: the NFNC through the multi-sector platform and other arms of the SUN movement provides coordination for nutrition; the Social Protection Sector Advisory Group, informed by technical working groups, advises the development of ongoing social protection policy in the country.[294] Despite existing plans, it is likely that sub-regional coordination will continue to present a particular challenge, given that the lead ministry for both social protection and nutrition, MCDMCH, is represented at national and provincial levels, but not at district level.

A thorough assessment of Zambia's legal framework/legal provisions regarding social protection is beyond the scope of this research but is needed in order to inform future decisions.

What does it mean for nutrition-sensitive social protection in Zambia?

- **Attention must be given to address the institutional challenges, including coordination across shared goals, that negatively affect the implementation of national policies, including those related to nutrition and social protection. Priorities and ambitions for cross-cutting areas should be consistent across all documents.**
- **Sector-specific plans need to be allocated sufficient time and investment for them to develop and deliver through coordinated structures.**
- **The National Food and Nutrition Strategic Plan (NFNSP) 2011–15 process should be reviewed to obtain learning on coordination across the five key ministries, as per its ambition. Implementation of the new NFNSP should proactively improve coordination across relevant ministries, such as MCDMCH, Health, and Agriculture.**
- **A thorough assessment of Zambia's legislative framework/legal provisions regarding social protection and nutrition, with the identification of key areas to improve, should be undertaken. This review should include consideration of the adoption of a 'rights-based' approach to food security and nutrition.**

International support

Global learning

International commitments and initiatives provide powerful support for the development of national nutrition-sensitive social protection systems.

The ILO- and World Bank-led Social Protection Floor initiative encourages national governments to develop support systems to provide protection to all citizens.

The SUN movement, which aims to eliminate all forms of malnutrition, is representative of a global push for action to improve conditions related to maternal and child nutrition. Utilising support from movements such as these can increase 'buy-in' and accelerate progress nationally.

Nutrition-sensitive social protection is attracting increased international recognition for its potential to address malnutrition globally.

The Millennium Development Goals (MDGs) and the recently endorsed Sustainable Development Goals (SDGs), also known as the Global Goals, have a huge influence on international development policy. The SDGs include a target to "implement nationally appropriate social protection systems and measures" by 2030, and a target to "end all forms of malnutrition" by 2030.[295] Many nutrition experts have linked the two targets as supportive of nutrition outcomes.

The World Bank's Secure Nutrition Forum recently held a Global Forum, hosted by the Russian Federation, to facilitate evidence generation, learning and sharing of best practice on nutrition-sensitive social protection. High-level delegations from more than 20 countries attended. Influential international agencies, including the Food and Agriculture Organization (FAO) and WFP, recently released guidance on the development of nutrition-sensitive social protection.

The situation in Zambia

International agencies such as GIZ (the German government's aid department), UNICEF and the UK Department for International Development have supported the Zambian government's social policy development for many years, with a lot of emphasis placed on the SCT. The Global SUN movement has effectively encouraged Zambia to become a rising star for nutrition. However, plans that are seen to be relatively good on paper now need to be put into action if improved outcomes are to be achieved.

Increased emphasis from international agencies, such as WFP and FAO, on the potential of social protection for rural communities is likely to gain some headway in Zambia, particularly given the prominence of agricultural systems and importance of food security in the country.[296] Observers note the MDG process revealed that Zambia continues to face bottlenecks that preclude major policy and institutional reforms, and as a result affect the overall degree of implementation of the MDGs.[297] Similar observations can be made for social protection and nutrition policies.

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What does it mean for nutrition-sensitive social protection in Zambia?

- **The international momentum behind nutrition-sensitive social protection should be used by all parties to galvanise support for the agenda within Zambia. An increasing volume of resources are being made available demonstrating the impact and the 'how to'.**
- **Nutrition-sensitive social protection cuts across a number of the SDG targets under the poverty (Goal 1) and health and nutrition (Goal 2) goals. These gains should be clearly communicated to, and then monitored by, all those responsible for the implementation and accountability of the goals in Zambia.**

ZAMBIA'S NUTRITION FOR GROWTH COMMITMENTS[298]

In June 2013 the Zambian government pledged to cut high levels of chronic malnutrition in the country by 50% over a period of ten years to 2023. The statement was made by Vice-President Guy Scott in front of a global audience at the Nutrition for Growth conference in the UK.

Specifically, the government pledged to:

- fill human resource and financial gaps for nutrition in key line ministries
- increase government nutrition expenditure to US$30 per child under five, including a minimum 20% annual budget increase
- encourage private sector involvement in production of nutritious foods
- strengthen government governance and coordination mechanisms, including direct oversight by the Vice-President and strengthening of the National Food and Nutrition Commission.

This is an ambitious agenda, but one that addresses many key challenges identified in and by the country.[299]

RECOMMENDATIONS FOR NUTRITION DATA

District-level data. It is currently not possible to explore the prevalence of malnutrition at district level in Zambia. DHS only allows disaggregation by province. This is extremely important for service planning, delivery, monitoring and evaluation. **We strongly suggest this is addressed as a priority.**

Teenage pregnancy. It is currently not possible to explore the implications of child/teenage pregnancy for nutrition in Zambia. DHS only presents data on size of babies with mother's age categorised as <20. This should be extended to be able to see <16.

Disabilities. We currently don't know enough about the extent of disabilities and where they are located, especially the extent of disabilities that work as pathways to poor nutrition. The only information we could find is in the 2000 census that 2.7% of people were disabled, and in the 2010 census that 3% were disabled. DHS should cover disabilities.

Pregnant and lactating women. We were unable to find data on nutritional status of pregnant women, or on their share of food within the household. This is extremely important for nutrition and should be addressed.

12 GLOBAL PRIORITIES RELATED TO NUTRITION-SENSITIVE SOCIAL PROTECTION

Social protection and nutrition currently sit high on the international development agenda, supported by a series of high-level recommendations and commitments. These have created a strong momentum for the development of nutrition-sensitive social protection programmes within national systems. In this section we provide an overview of the current global priorities within this sector before moving on to our recommendations.

NUTRITION

NUTRITION FOR GROWTH SUMMIT

The first Nutrition for Growth Summit was held in June 2013 in London, UK, with a focus on the importance of business and science for combatting malnutrition. The meeting brought together civil society organisations, governments, business leaders and scientists and resulted in a Global Nutrition for Growth Compact, which included stakeholders from all these groups. Several governments committed increased resources for nutrition work and/or announced targets for the reduction of stunting, including Zambia, which committed to halve child malnutrition by 2023. Since then, annual global nutrition meetings and an annual global report on nutrition have been published with the aim of holding parties accountable for their commitments, by monitoring progress and demonstrating results of their actions.[300]

The next summit will be held in 2016 in Rio de Janeiro, Brazil. It will provide an opportunity to review progress over the last years, remind parties of their commitment, and agree on next steps for nutrition.

WORLD HEALTH ASSEMBLY GLOBAL TARGETS ON NUTRITION

In 2012, the World Health Assembly set six global targets designed to reduce the unacceptably high burdens of disease and death caused by poor nutrition by 2025.

The World Health Assembly Global Targets[301] to improve maternal, infant and young child nutrition by 2025 include:

- a 40% reduction in the number of children under five who are stunted
- a 30% reduction in low birthweight
- a reduction and maintenance of childhood wasting to less than 5%.

SOCIAL PROTECTION

INTERNATIONAL LABOUR ORGANIZATION AND WORLD BANK GLOBAL INITIATIVE ON UNIVERSAL SOCIAL PROTECTION

For both the International Labour Organization (ILO) and the World Bank, social protection is central to their agenda. Social protection can help end poverty and increase shared property, which are the twin goals of the World Bank Group to reach by 2030. For the ILO, social protection is at the core of its mandate, as also expressed in the Social Protection Floors Recommendation, No. 202.

In June 2016 the World Bank and the ILO launched the Global Initiative on Universal Social Protection to call on world leaders to focus on universal social protection policies and financing. The Global Initiative aims to increase the number of countries adopting universal social protection. For this, in the next 15 years the two organisations will use their resources to support countries to adopt universal social protection through joint support. Particular

attention will be given to the harmonisation of social protection policies, programmes and administration systems; the integration of universal social protection into national development strategies; and the expansion of fiscal space.[302]

ILO RECOMMENDATION 202: NATIONAL SOCIAL PROTECTION FLOORS

Recommendation 202, an international legal instrument, was adopted in 2012 by the governments of all 185 member countries of the ILO, and by workers' and employers' organisations. It is a reflection of the joint commitment of these organisations and governments to build tax-financed national social protection floors. These are a set of nationally defined basic social security guarantees that have the objective of alleviating or preventing poverty, vulnerability and social exclusion. Social security is seen as a human right and an economic and social necessity, and a key element to promote human development, political stability and inclusive growth.

The basic level of security that is to be provided should encompass access to healthcare and income security throughout the lifecycle while ensuring people's dignity and rights and should thus at least include basic income security for children, people of working age who are unable to earn a sufficient income and older people and should also include basic maternity care. The recommendation complemented already existing conventions and recommendations of the ILO on the topic of social security. It sets out details on how to establish national social protection floors and comprehensive social protection systems. The social protection floor only provides a minimum security; countries are encouraged to provide a much higher level of support to their citizens.[303]

PHOTO: CLEIS NORDFJELL/SAVE THE CHILDREN

Dorothy, a pupil at Riverside school, Kazungula district, Southern province

ACROSS NUTRITION AND SOCIAL PROTECTION

SUSTAINABLE DEVELOPMENT GOALS

Three years in the making, the 16 Sustainable Development Goals (SDGs) were agreed by 193 UN member states in August 2015. The SDGs include both nutrition and social protection in their targets. Social protection is included under Goal 1 "to end poverty in all its forms everywhere", in target 1.3: "Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable." It is also mentioned under Goal 5 on gender equality in the context of recognising unpaid care and domestic work through providing social protection among other measures, and under Goal 10 on inequality to contribute to achieving equality through the adoption of social protection.

Nutrition is included under Goal 2 "End hunger, achieve food security and improved nutrition and promote sustainable agriculture." Malnutrition is separately addressed under target 2.2: "by 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons".[304]

UNSCN SOCIAL PROTECTION AND FOOD SECURITY RECOMMENDATIONS

The United Nations Standing Committee on Nutrition (UNSCN) developed recommendations concerning the use of social protection for food security and nutrition in 2012. The recommendation calls on member states to design and build or strengthen comprehensive, nationally owned and contextually appropriate social protection systems for food security and nutrition. Member states as well as international organisations and other stakeholders are encouraged to improve the design and use of social protection systems, therefore enabling them to address vulnerability to chronic and acute food insecurity by embracing a twin-track strategy to have maximum impact on resilience, food security and nutrition.[305]

13 CONCLUSIONS AND RECOMMENDATIONS FOR THE DEVELOPMENT OF NUTRITION-SENSITIVE SOCIAL PROTECTION IN ZAMBIA

In this final section we present recommendations for nutrition-sensitive social protection in Zambia. We make specific design recommendations to harness the Social Cash Transfer to address chronic malnutrition (stunting). We then make recommendations for the broader development of nutrition-sensitive social protection in Zambia.

RECOMMENDATIONS FOR THE SOCIAL CASH TRANSFER

In order to harness the full potential of Zambia's Social Cash Transfer (SCT) to address chronic malnutrition, it must:

- address the drivers of malnutrition across all the nutrition pathways: household food security, caring practices for women and children, health services and environment (as presented in the table below)
- be targeted towards the first 1,000 days
- include behaviour change communication on dietary diversity; infant and young child feeding; safe water, sanitation and hygiene (WASH) practices; and timely health-seeking behaviour
- have an integrated and robust monitoring and evaluation system, including child-centred and nutrition indicators across all pathways
- act as a platform for linkages to other services, including health for HIV, malaria and diarrhoea services; WASH; and agriculture.

Policy- and decision-makers in Zambia should recognise the value of integrating nutrition into the SCT through policy and design structures, as demonstrated in the following pathways recommendations table.

TABLE 6 RECOMMENDATIONS FOR NUTRITION-SENSITIVE SOCIAL PROTECTION IN ZAMBIA

Evidence from social protection	Policy and design recommendations
Cross-cutting	
When nutrition-sensitive design principles are included, social protection programmes can have a significant impact on malnutrition.[306] Various types of programmes can work for nutrition, including cash transfers, conditional cash transfers and cash for work.[307]	**Social Cash Transfer design:** The SCT must have a detailed and regular monitoring and evaluation system, across the nutrition pathways, to show impacts on nutrition and provide evidence for national decision-making. **Governance and linkages:** National nutrition and social protection strategies must be linked and mutually supportive to support higher development returns. All nutrition-sensitive interventions, including social protection, should be based on a contextual analysis of malnutrition, and detail the pathways through which the intervention will address malnutrition. Zambia should aim to decrease stunting levels overall, but direct specific attention to improving outcomes for the poorest quintiles to reduce inequalities between the wealth quintiles. Other arms of Zambia's social welfare system should be strengthened, following investments for children under five years old with a focus on health, employment, literacy and nutrition.
Pathway 1: Household food security – assured access to enough food of adequate quality for living an active healthy life	
Cash transfers are widely used for food consumption, often allowing households to invest in and consume better-quality and more nutritious food.[308] Being a beneficiary of a social protection programme can increase a household's resilience and ability to absorb shocks.[309] Social protection can improve a household's assets base and improve its livelihood.[310] Nutrition interventions for children have better effects if sustained over long periods of time, extending beyond the first 1,000 days.[311]	**Social Cash Transfer design:** Improve targeting towards those groups which cannot access two meals a day. Cash transfers should run for a sufficiently long time per beneficiary to allow for longer-term impacts arising from livelihoods improvement. Transfer size should be adjusted according to household size and the cost of a nutritious diet. Behaviour change communication (BCC) should be introduced, in coordination with respective line ministries, to inform households on components of a nutritious diet to impact on consumption behaviour, particularly for young children. BCC can happen during payment events or using SMS in local languages (if beneficiaries hold mobile phones). The geographical overlap of SCT and Zambia's 1000 Days programming should be reviewed to ensure agricultural interventions for improved dietary diversity are accessible to SCT recipients. This could be achieved, for example, through access to loans for input purchase, crop insurance to encourage production of high-risk crops, farming training and home gardens. **Governance and linkages:** Social protection should be designed to be flexible enough to be able to respond to covariate natural and economic shocks, in order potentially to reduce household negative coping strategies, such as decreasing the number of meals per day. The private sector should be engaged on the provision of diverse foods. Agricultural schemes should explore options to support the production of alternative, more nutrient-dense crops. The bias towards maize production should be readdressed.

Evidence from social protection	Policy and design recommendations
Pathway 2: Caring practices for women and children – pregnancy and lactation are critical junctures for good-quality care and support	
The 1,000 days between a woman conceiving and her child's second birthday is a critical period for nutrition interventions to target.[312] The education level and age of the mother influences the nutrition status of the child: the better educated and older the mother, the better the nutrition status of the child.[313]	**Social Cash Transfer design:** Target the critical window of the first 1,000 days: pregnant/lactating women and children under two years old. Include BCC as a soft condition of the SCT, with a focus on infant and young child feeding (IYCF) practices – in particular, on exclusive breastfeeding for the first six months and on dietary diversity for children aged 6–24 months. Include monitoring of IYCF practices within the SCT framework to show impact of BCC activity. Promote gender inclusivity across all BCC activities by including men and boys alongside women and girls. Encourage completion of secondary education – as a minimum – for adolescents, particularly girls.
Pathway 3: Health services and environment – conditions children's exposure to pathogens and the use of preventive and curative healthcare	
If combined with access to safe water, social protection programmes can have a huge impact on nutrition.[314] Social protection programmes can encourage timely health-seeking behaviour.[315]	**Social Cash Transfer design:** Include BCC on safe water, sanitation and hygiene (WASH) practices, and timely health-seeking behaviour. Include monitoring of WASH and health-seeking behaviour indicators within SCT framework to show impact of BCC activity. **Governance and linkages:** The geographical overlap of SCT and Zambia's 1,000 Days programming should be reviewed to promote linkages between the SCT and WASH programmes that provide access to safe drinking water specifically in rural areas, and between the SCT and health programmes focusing on malaria, diarrhoea and HIV and AIDS. Access to health services at local levels should be reviewed at district level, with particular attention given to communities with the largest distance to basic health centres.

RECOMMENDATIONS FOR THE WIDER DEVELOPMENT OF NUTRITION-SENSITIVE SOCIAL PROTECTION IN ZAMBIA

RECOMMENDATIONS TO GOVERNMENT OF THE REPUBLIC OF ZAMBIA

Commitment to nutrition-sensitive social protection:

- The Government of the Republic of Zambia should make a specific and realistic policy commitment to nutrition-sensitive social protection, with the necessary human and financial resources to support it. The second Nutrition for Growth Summit at the Brazilian Olympics in 2016 provides the ideal opportunity for such a commitment to be made, with implementation followed through in the 2017 re-targeting exercise for the SCT.
- Nutrition-sensitive social protection, as a cross-cutting priority, should be clearly articulated in both nutrition and social protection national strategies.

Community and beneficiary engagement:

- Mechanisms to ensure initiatives against malnutrition in all its forms are locally owned must be developed and sustained, particularly at subnational levels, with a focus on community and beneficiary engagement. Such mechanisms should improve the flow of information between policy-makers and beneficiaries/communities. Information on beneficiaries' experiences and needs must be integrated into monitoring and evaluation mechanisms to enable responsive policy and programme development. This aspect of monitoring and evaluation could be well delivered by civil society.

Monitoring and evaluation:

- The National Social Protection Policy, and within it the SCT, must have a detailed and regular monitoring and evaluation system, across the nutrition pathways, to show their impact on nutrition and to provide evidence for national decision-making.
- The Zambian 1000 Days monitoring and evaluation plan (scheduled to be drafted in 2015) should set out how key data gaps for nutrition will be addressed. (See Appendix 4 for specific recommendations in relation to these gaps.)

Coordination:

- Attention must be given to addressing the institutional challenges, including coordination across shared goals, that negatively affect the implementation of important national policies, including those related to nutrition and social protection.
- Implementation of the new National Food and Nutrition Strategic Plan should proactively improve coordination across relevant ministries, such as MCDMCH, Health, and Agriculture, to facilitate linkages for dietary diversity, IYCF and WASH programmes that provide access to safe drinking water, and health programmes focusing on malaria, diarrhoea and HIV and AIDS.

Legislation:

- A thorough assessment of Zambia's legislative framework/legal provisions regarding social protection and nutrition, with identification of key areas to improve, should be undertaken. This review should include consideration of the adoption of a 'rights-based' approach to food security and nutrition.

RECOMMENDATIONS TO ZAMBIAN CIVIL SOCIETY

- Civil society in Zambia needs to mobilise behind calls to maximise social protection for nutrition by, for example, advocating to government; contributing to programme design and delivery; engaging communities and beneficiaries; and holding the government to account.
- Access to clear information on nutrition-sensitive programming including social protection – with details on access, entitlements, etc – should be regularly disseminated to communities through civil society/NGO and community structures.

RECOMMENDATION TO THE ZAMBIAN PRIVATE SECTOR

- The private sector should consider its contribution to the availability of a diverse and nutritious diet to households through crop production/horticultural markets, with emphasis on the rural areas with particularly weak infrastructure.

PHOTO: CLEIS NORDFJELL/SAVE THE CHILDREN

Children at Riverside school, Kazungula district, Southern province

APPENDICES

APPENDIX 1: METHODOLOGY

LITERATURE REVIEW

We undertook a literature review looking for the impact of social protection on direct nutrition outcomes and the three nutrition pathways – household food security, care for women and children, and health services and environment. Programme evaluations were reviewed against a checklist, with both design and outcome indicators (see Appendix 2) related to UNICEF's conceptual framework on the causes of malnutrition (see page 19).

All types of social protection programmes were considered for inclusion in the review. See Appendix 3 for details of programmes included and instruments covered.

The following criteria were applied to select programmes for the review:

- The programme has been active for at least one year and has evaluation information available,

and

- has been implemented within the last ten years

and

- has been designed to have an impact on nutrition and/or food security

and/or

- the evaluation of the programme documents a nutrition and/or food security outcome.

The final two criteria are important to note as they show the programmes included set out to improve nutrition or food security (an underlying determinant of nutrition).

Twenty major social protection programme evaluations (see Appendix 3) were included: four from Zambia, a further eight from sub-Saharan Africa and eight from the rest of the world.[316]

CONTEXTUAL ANALYSIS

We undertook a contextual analysis drawing upon on existing data (various sources) to ascertain the issues driving malnutrition across the nutrition pathways (see checklist in Appendix 2).

POLICY ANALYSIS

We reviewed the policy and governance landscape to ascertain the opportunities, gaps and entry points at national level for the scale-up of successful nutrition-sensitive social protection policies and programmes.

APPENDIX 2: NUTRITION-SENSITIVE SOCIAL PROTECTION CHECKLIST[317]

This checklist informs the literature review and contextual pathways analysis within this report.

Pathway	**Impact of programme** (any change)	**Design principle incorporated** (incorporated, partially incorporated, not incorporated)
Cross-cutting	*What is the programme impact on...?* World Health Assembly 2025 global nutrition targets:[318] • the number of children under five who are stunted • childhood wasting • childhood overweight • low birthweight • anaemia in women of reproductive age • the rate of exclusive breastfeeding in the first six months. Intrauterine growth retardation (poor growth of a baby while in the mother's womb during pregnancy) The amount of food available at the national level • measured using countries' daily per-capita dietary energy supplies, an indicator of the average amount of food available per person in a country.	*Are these aspects incorporated into programme design?* Integrated within broader food and nutrition security strategies Undertook a contextual analysis to understand the local causes of malnutrition (supply, access, care, environment) Clarified the pathways through which the programme is intended to impact nutrition Prevention of any negative side effects on the causes of both undernutrition and overweight Measures the impact of nutrition outcomes (various)
Poverty and inequality	*What is the programme impact on?* Household expenditure Use of cash Changes for different groups: • male/female • urban/rural • subnational regions • wealth groups • age groups • ethno-linguistic groups.	*Are these aspects incorporated into programme design?* Consideration of impact on different groups (eg, through contextual analysis, targeting or evaluation): • male/female • urban/rural • subnational regions • wealth groups • age groups • ethno-linguistic groups.

continued overleaf

Pathway	**Impact of programme** (any change)	**Design principle incorporated** (incorporated, partially incorporated, not incorporated)
Household food security Assured access to enough food of adequate quality for living an active healthy life	*What is the programme impact on...?* Diet quality[319] • household dietary diversity: the number of foods or nutritionally significant food groups acquired by a household over the reference period • percentage of food energy available from staple foods: the percentage of the energy acquired by a household over the reference period that is derived from staple foods (cereals, roots and tubers) • quantities of foods acquired daily per capita: the quantity of specific foods acquired over the reference period divided by the number of household members and the number of days in the period. Quantity of food available • household daily food energy availability per capita • the energy in the food acquired by a household over the survey reference period divided by the number of household members and the number of days in the period. • whether a household is food energy-deficient: whether a household acquires insufficient food over the reference period to meet the energy requirements of all of its members for basal metabolic function and light activity (an individual's energy-deficiency situation is defined as that of her or his household). Economic vulnerability • percentage of expenditures on food: the percentage of total household expenditures devoted to food over the reference period • coping mechanisms.	*Are these aspects incorporated into programme design?* Choice of nutrition impact indicators (as a minimum, dietary diversity) integrated Reaches the 1,000 days: pregnant/ lactating women and children under two years of age Provides transfers in an appropriate form and frequency (examples of consideration of nutrition in development of form) Adjusts cash/voucher benefit level to the cost of a healthy diet

Pathway	Impact of programme (any change)	Design principle incorporated (incorporated, partially incorporated, not incorporated)
Caring practices for women and children Pregnancy and lactation are critical junctures for good-quality care and support	*What is the programme impact on...?* Women's education • female school achievement • female gross secondary school enrolment ratio.[320] Empowerment (marker of women's power relative to men) • age of marriage (female) • teenage pregnancy • women's participation in household decision-making (eg, making household purchases, determining own healthcare). Infant and young child feeding[321] • early initiation of breastfeeding • exclusive breastfeeding up to six months • continued breastfeeding at one year • introduction of solid, semi-solid or soft food • minimum dietary diversity/ minimum acceptable diet. Health-seeking behaviour • utilisation of the modern healthcare system • utilisation of traditional healthcare • timely access to healthcare • seeking health information.	*Are these aspects incorporated into programme design?* Reaches the 1,000 days: adolescent girls, pregnant/lactating women, and children under two years of age Has nutrition-focused complementary actions • nutrition behaviour change, education, awareness-raising or training • infant feeding or food supplements • women's decision-making considered • deworming Adapts design and implementation arrangements • minimising time spent (and cost) for beneficiaries to receive the transfer, eg, using mobile phones • exempting pregnant women from work requirement
Health services and environment Conditions children's exposure to pathogens and the use of preventive and curative healthcare	*What is the programme impact on...?* Access to shelter • a place giving protection from bad weather or danger. Access to and use of good-quality health services • skilled birth attendant coverage. Access to and use of safe water • access to safe drinking water • use of safe drinking water • improved drinking water. Access to and use of sanitation facilities for disposing of human waste • provision of facilities and services for the safe disposal of human urine and faeces.	*Are these aspects incorporated into programme design?* Nutrition-focused complementary actions are included • food supplements, nutritional training, deworming

SUPPORTING DEFINITIONS

Access to drinking water	Water used for domestic purposes, drinking, cooking and personal hygiene. Access to drinking water means that the source is less than 1km away from its place of use and that it is possible to reliably obtain at least 20 litres per household member per day.*
Safe water	Water with microbial, chemical and physical characteristics that meet WHO guidelines or national standards on drinking water quality.*
Use of safe drinking water	The proportion of people using improved drinking water sources, eg, household connection, public standpipe, borehole, protected dug well, protected spring, rainwater.*
Improved drinking water	Defined as one that, by nature of its construction or through active intervention, is protected from outside contamination, in particular from contamination with faecal matter. It comprises piped water on premises such as a piped household water connection located inside the user's dwelling, plot or yard. Other improved drinking water sources include public taps or standpipes, tubewells or boreholes, protected dug wells, protected springs, and rainwater.*
Open defecation	Defecation in fields, forests, bushes, bodies of water or other open spaces, or disposal of human faeces with solid waste.**
Basic sanitation	The lowest-cost technology ensuring hygienic excreta and sullage disposal, and a clean and healthy living environment, both at home and in the neighbourhood of users. Access to basic sanitation includes safety and privacy in the use of these services. Coverage is the proportion of people using improved sanitation facilities, eg, public sewer connection, septic system connection, pour-flush latrine, simple pit latrine, ventilated improved pit latrine.*
Improved sanitation	Defined as one that hygienically separates human excreta from human contact.***
Unimproved sanitation	Facilities that do not ensure hygienic separation of human excreta from human contact. Unimproved facilities include pit latrines without a slab or platform, hanging latrines and bucket latrines.**
Shared sanitation	Sanitation facilities of an otherwise acceptable type shared between two or more households. Shared facilities include public toilets.**

* WHO & UNICEF provide the UN system's joint monitoring programme definition: http://www.who.int/water_sanitation_health/mdg1/en/ [Accessed online 4 December 2014]

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APPENDIX 3: PROGRAMMES INCLUDED IN LITERATURE REVIEW

Programme	Country	Detail	Brief overview of findings[322]
Bolsa Familia	Brazil	• conditional cash transfer • started 2003.	• positive impact on household food security: 9% increase of dietary diversity, increase of food expenditure by 9% • caring practices: 8% increase of exclusive breastfeeding during first six months (compared with non-beneficiaries) • no impact on wasting or stunting.
Familias en Acción/CCT	Colombia	• conditional cash transfer • started 2000.	• 10% drop in stunting in rural areas • positive impact on household food security: protein consumption increased and all children ate more of each food group.
Child Support Grant	South Africa	• unconditional cash transfer • started in 1998 • reaches 8 million children.	Impact on caring practices: • ¼ grade increase in attainment for girls and earlier enrolment • reduction of number of sexual partners and pregnancy rate.
Social Cash Transfer	Malawi	• unconditional cash transfer • started in 2006 • reaching almost 300,000 households.	• 4% drop in stunting and 2% drop in wasting • significant increase of household expenditure on food and of food consumption • positive impact on health services and environment: more likely to access health services when sick • positive impact on caring practices: higher enrolment for girls and boys • positive impact on health services and environment: increased housing quality.
Hunger Safety Net Programme	Kenya	• unconditional cash transfer • started in 2006.	• no impact on stunting and wasting • positive impact on household food security: food consumption increased • positive impact on health services and environment: improved access to safe water in some areas.
Progressa / Oportunidades	Mexico	• conditional cash transfer • started in 1997 • reaches 5 million+ families.	• results on impact of stunting mixed • positive impact on household food security: improved dietary quality • impact on caring practices: infant mortality declines.

continued overleaf

Programme	Country	Detail	Brief overview of findings[322]
Juntos	Peru	• conditional cash transfer • started in 2006 • reaches 650,000+ families.	• decrease of stunting by 8% • positive impact on household food security: beneficiaries consume more foods of all food groups; 15% increase in expenditure on food • positive impact on caring practices: higher enrolment rates in primary and secondary school, particularly for girls. • positive impact on health services and environment: healthcare access for children under five doubled; increase in skilled birth attendance coverage.
Pantawid Pamilyang Pilipino Program	Philippines	• conditional cash transfer • started in 2008 • reaches 3 million households.	• 10% decrease in severe stunting • impact on household food security: no impact on food expenditure or consumption • positive impact on caring practices: 9% increase of primary school enrolment • positive impact on health services and environment: increase in use of prenatal care.
Child Grant	Nepal	• unconditional cash transfer • started in 2009 • reaches 500,000+ children.	• impact on household food security: enabled beneficiaries to buy more food but did not change overall levels of food security; also no effect on household food consumption • impact on caring practices: no impact on primary and secondary school enrolment • impact on health services and environment: no significant impact on access to healthcare and utilisation of modern healthcare
Bono de Desarrollo Humano	Ecuador	• unconditional cash transfer, then became conditional • started in 1998 • reaches 1.3 million households.	• no effect on stunting or wasting • impact on household food security: half of households report spending 10–12% more on food but no changes in dietary diversity were found • positive impact on caring practices: 10% increase in primary school enrolment • impact on health services and environment: 12% increase in take-up of parasite treatment; no effect on seeking health information or timely access to healthcare.
Red de Protección Social and Atencion a Crisis	Nicaragua	• conditional cash transfer • started 2000	• reduction of stunting by 5%; no effect on wasting • positive impact on household food security: both programmes increased household food expenditure and improved dietary diversity • positive impact on caring practices: Red de Protección saw a 20% improvement in primary school enrolment • positive impact on health services and environment: preventive healthcare improved; increase in take-up of deworming drugs.

Programme	Country	Detail	Brief overview of findings[322]
Child Grant Programme	Zambia	• unconditional cash transfer • started 2010.	• no impact on stunting if not combined with access to safe water; slight positive effect on wasting • positive impact on household food security: increased dietary diversity as households eat from more food groups, and shift to more protein-rich food • impact on caring practices: no overall effect on primary or secondary enrolment • impact on health services and environment: 5% decreased incidence of diarrhoea; no impact on seeking health information and timely access to healthcare.
Social Cash Transfer – Multiple Category Targeting Grant	Zambia	• unconditional cash transfer • started in 2011.	• positive impact on household food security: % of households eating more than two meals per day increased by 11%; increased household food expenditure • positive impact on caring practices: improved female decision-making in many domains, including own income and large purchases, increased primary school enrolment for boys, increased secondary enrolment for girls • impact on health services and environment: no impact on seeking health information or access to healthcare.
Home Grown Feeding Programme / School Feeding	Zambia	• an in-kind school feeding programme • started in 2011 • reaches 850,000 schoolchildren.	• no studies were conducted on the indicators that were examined for this report.
Monze Social Cash Transfer	Zambia	• unconditional cash transfer • started in 2007.	• impact on household food security: no impact on dietary diversity or food expenditure • positive impact on caring practices: school enrolment and on-time school enrolment increased significantly • impact on health services and environment: no impact on access to healthcare.
Productive Safety Net Programme	Ethiopia	• cash for work and unconditional cash transfer • started in 2005 • reaches 6 to 8 million food insecure households.	• impact on household food security: no impact on dietary diversity or food expenditure.

continued overleaf

Programme	Country	Detail	Brief overview of findings[322]
Lesotho Child Grants Programme	Lesotho	• unconditional cash transfer • started in 2011 • reaches 50,000 children	• impact on household food security: no impact on dietary diversity but improved food security, especially among children • positive impact on caring practices: increased primary school enrolment, though higher for boys than for girls • impact on health services and environment: no impact on access to healthcare or seeking health information.
National Harmonized Social Cash Transfer program	Zimbabwe	• unconditional cash transfer • started in 2011 • reaches 33,000 households.	• positive impact on household food security: beneficiaries were better able to meet their food requirements; less use of adverse coping strategies • impact on caring practices: enabled households to meet education needs
Programa Subsídio de Alimentos Program	Mozambique	• unconditional cash transfer • reaches 144,000 households.	• no impact on stunting; 30% reduction of wasting • positive impact on household food security: increased household food expenditure; increased probability that women and boys eat more meals a day than previously.
Livelihood Empowerment against Poverty	Ghana	• unconditional cash transfer • started in 2008 • reaches 70,000+ households.	• impact on household food security: improved food security; weak and inconclusive evidence on dietary diversity. • impact on caring practices: no impact on primary enrolment; increased secondary school enrolment for boys and increased secondary school attendance for girls • impact on health services and environment: improved access to healthcare; increased morbidity for children aged 0–5; decreased morbidity for children aged 6–17.

APPENDIX 4: DATA GAPS

A number of vital data gaps exist for nutrition in Zambia. The 1000 Days Monitoring and Evaluation plan should set out how these will be addressed. Save the Children, as part of a recent review, has identified gaps to be addressed, as follows:

- **District-level data.** It is currently not possible to explore the prevalence of malnutrition at district level in Zambia. The current presentation of DHS only allows disaggregation by province. This is extremely important for service planning, delivery, monitoring and evaluation. **We strongly suggest this is addressed as a priority.**
- **Teenage pregnancy.** It is currently not possible to explore the implications of child/teenage pregnancy for nutrition in Zambia. DHS only presents data on size of babies with mother's age categorised as <20. We should extend to be able to see <16.
- **Disabilities.** We currently do not know enough about the extent of disabilities and where they are located, especially the extent of disabilities that work as pathways to poor nutrition. The only information we could find is in the 2000 census that 2.7% of people were disabled, and in the 2010 census that 3% were disabled. DHS should cover disabilities.
- **Pregnant and lactating women.** We were unable to find data on nutritional status of pregnant women, or on their share of food within the household. This is extremely important for nutrition and should be addressed.
- **Need for consistency across surveys on definitions of water and sanitation.** Water and sanitation are key drivers of malnutrition. DHS currently doesn't allow data on improved water and sanitation cut by different subsets of the sample to be downloaded. There are also different definitions for surface water in the Joint Monitoring Programme (JMP) and DHS statcompiler. The categories for water and sanitation sources are different again in the Zambia LCMS. This is not just a problem for Zambia, but it is important here because water and sanitation are clearly an issue for nutrition in the country. There is a need for harmonisation of measures in this area, so that we can look at the JMP measure at a disaggregated level and see where to target interventions to improve it and so hit MDGs and SDGs.
- **No food insecurity index.** We have been unable to find a good insecurity index. We have used the share of people who cannot afford a minimum basket, or three meals a day, as a substitute. We suggest this information could be improved. We also could not find information on the intra-household impact of food insecurity (eg, who goes without). Bangladesh, for example, has a system, Household Food Insecurity Access Sale (HFIAS), which measures food insecurity more directly by asking about whether people are going without and what coping strategies they are having to resort to.
- **Lack of strategic, forward-looking analysis on where crises likely to happen.** WFP for example relies heavily on in-depth vulnerability assessment surveys, which are reactive and only take place after a drought or flood has caused large-scale problems.[323]
- **Need for cost-benefit analysis.** As cited by Drimie et al 2014,[324] there is a need for Zambia-specific estimates of the economic benefit of investing in nutrition. This is important because growth is the central metric for government attention. Hoddinott et al (2013) estimate the return on investment into nutrition via its impact on economic growth for eight sub-Saharan African countries and conclude the benefit–cost ratios of such investments are approximately 1:15. But this study doesn't include Zambia, and Drimie et al found no studies that do.
- **Information on nutrition capacity gaps.** As cited by Drimie et al 2014[325] Where are the nutrition capacity gaps most constraining? Is it the lack of frontline workers, or that they are not trained and equipped to do the right thing? Or is it that different sectors and ministries do not work well together? Or is it all of the above?
- **Acute malnourishment in children.** How to expand the management of acute malnourishment in children?[326] This category was not in any of the publications reviewed.
- **Measuring the impact of nutrition-sensitive interventions.** How to make nutrition-sensitive interventions have a bigger impact? For example, through managing aflatoxin in the production of food; school-based nutrition education; integrating nutrition into agricultural interventions; and strengthening the power of women to make relevant decisions.[327]

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[33] Save the Children own analysis based on results of the literature review. For full literature review references see page 88.

[34] As our analysis showed, for example, the Ethiopia Productive Safety Net Programme (public works), Malawi Mchinji Social Cash Transfer Scheme (UCT), Mexico's Progreas/Oportunidades (CCT). Save the Children own analysis based on results of the literature review. For full literature review references see page 88.

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[99] Further notes: For a country in the bottom right, the ideal is to proceed leftward, along the arrow labelled 1 in the chart below. These countries already have low inequality (because things are bad for everyone). While we would always prefer the fastest progress to take place in groups that need it most, what these countries need most of all is fast progress on stunting in *every* group, so that the overall mortality rate comes down without introducing significant inequality.

The most desirable direction for a country in the top left though, which already has low overall stunting, is to proceed downwards and rectify the inequality (along the arrow labelled 2).

The arrow labelled 3 shows the direction of progress we do not want for less developed countries, but which we suspect might occur quite often; that is, stunting only improving for advantaged groups, and inequality increasing as the national stunting rate comes down.

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13 CONCLUSIONS AND RECOMMENDATIONS FOR THE DEVELOPMENT OF NUTRITION-SENSITIVE SOCIAL PROTECTION IN ZAMBIA

[306] Save the Children's own analysis based on results of the literature review. For full literature review references see page 88.

[307] As our analysis showed, for example, the Ethiopia Productive Safety Net Programme (public works), Malawi Mchinji Social cash Transfer Scheme (unconditional cash transfer), Mexico's Progreas/Oportunidades (conditional cash transfer). Save the Children own analysis based on results of the literature review. For full literature review references see page 88.

[308] See, for example, Ethiopia's Productive Safety Net Programme: Devereux, S. and S. Coll-Black, 2007 Review of evidence and evidence gaps on the effectiveness and impacts of DFID-supported pilot social transfer schemes. DFID Evaluation Working Paper; Malawi's Social Cash Transfer Programme: Vincent, K. and Cull, T., 2009. Impacts of social cash transfers: case study evidence from across Southern Africa. Instituto de Estudos Sociais e Económicos.

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APPENDICES

[316] Note: Programmes were selected following consultation with technical advisers, including social protection advisers across the Save the Children movement, especially Zambia. All programmes included in the review have either a nutrition or food security objective.

[317] Design principles developed by Save the Children. Indicators for 'impact of programme' developed from Smith, L. and Haddad (2014), *Reducing Child Undernutrition: Past drivers and priorities for the post-MDG era*, IDS Working Paper Volume 2014 No 44, Transform Nutrition, Institute of Development Studies: 9

[318] WHA Global Targets 2025 to improve maternal, infant and young child nutrition. http://www.who.int/nutrition/topics/nutrition_globaltargets2025/en/ [Accessed online 4.122014]

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[322] See page 88 for literature review references

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MALNUTRITION IN ZAMBIA

Harnessing social protection for the most vulnerable

Tremendous progress has been made in the fight against poverty worldwide. The number of chronically malnourished – stunted – children has fallen by more than a third since 1990. The recently agreed Sustainable Development Goals (SDGs) present a unique opportunity to end hunger, achieve food security and improved nutrition, and promote sustainable agriculture. Progress towards the Millennium Development Goals revealed that too many children have been left behind, with children in the poorest 20% of households twice as likely to be stunted as those in the richest 20%.

One thing is clear – the SDGs must reach every child, including the poorest and most vulnerable. They must promote household spending to improve children's nutrition and make links across sectors. And they must be a tool for distributing income to promote inclusive growth. In this respect, social protection systems represent a key policy solution that has great potential, but which is currently underutilised.

Zambia's high malnutrition rates – among the highest in the world – are preventing millions of children reaching their potential and reducing the country's chances of becoming a prosperous upper-middle-income country by 2030. The scale-up of Zambia's Social Cash Transfer system presents a unique opportunity to use social protection as a platform to improve chronic malnutrition in the country.

Malnutrition in Zambia: Harnessing social protection for the most vulnerable explores the impact of social protection on nutrition. It makes recommendations for policy and programme development and implementation in Zambia and for global learning. The report guides the reader through a pathways approach to understand how developing social protection to address the underlying causes of malnutrition – with a greater focus on nutrition behaviour change; dietary diversity; infant and young child feeding; water, sanitation and hygiene; and the 1,000-day window of opportunity between a woman's pregnancy and her child's second birthday – will help shape healthier and more prosperous futures for all. In doing so, essential lessons are shared on the importance of an integrated approach to tackling malnutrition through social protection internationally, and on the importance of national systems and context-specific programmes.

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