



Republic of Zambia

NATIONAL FOOD AND NUTRITION STRATEGIC PLAN 2017-2021

*Toward eliminating all forms of malnutrition across
the Zambian population by 2030*

June 2019





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**NATIONAL FOOD AND NUTRITION
COMMISSION**

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FOREWORD

The Government of the Republic of Zambia recognizes malnutrition as a serious public health problem. Current statistics indicate that more than 25% of children under the age of five and 10% of women of reproductive age are undernourished in Zambia. Among the common nutrition problems in under five children are stunting at 40%, underweight at 15%, wasting at 6% and low birth weight at 9%. Micronutrient deficiencies are also common in Zambian children, and include vitamin A (54%) and iron deficiency anaemia (53%). In addition, overweight and obesity in non-pregnant women of the reproductive age group are on the increase, from 14% to 16%, and from 5% to 7% in 2007 and 2013/14, respectively.

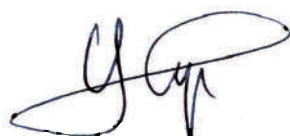
The seriousness of the negative impact of malnutrition on the social-economic development of our country is well recognized and ranges from poor health, poor growth and lost productivity for the individual, to substantial losses in productivity at national level and increasingly high costs of treatment and care. These problems also cut across the lifecycle – from acute and chronic malnutrition in children and women, to increasing rates of nutrition related non communicable diseases such as hypertension, cardiovascular disease and type II diabetes mellitus among adults.

Special recognition has been given to chronic malnutrition or stunting among children, particularly under the age of two years, due to the damage to children's cognitive, physical and mental development, and the irreversible long-term effects on adult health and productivity. It is estimated that if the status quo continues, malnutrition will hurt Zambia's economic progress to the tune of more than ZMW 180.77 billion (US\$ 18.32 billion) in economic productivity by 2026 related to stunting alone.

Zambia's vision as enshrined in the vision 2030 is for the country to become a “prosperous middle-income country” by the year 2030. A key prerequisite to attaining this is the need to transform into a nation health and productive people, as amplified in the Seventh National Development, 2017 – 2021, which has prioritised human capital development from the perspective that investment in this is necessary for sustainable development.

It is for this reason that the Government has developed the National Food and Nutrition Strategic Plan to guide the process of addressing all forms of malnutrition in the country. This multi-sectoral National Food and Nutrition Strategic Plan (NFNSP) 2017 – 2021 addresses both direct and indirect causes of malnutrition, and provides an implementation framework for all stakeholders. It should be implemented mutually by different sectors with technical assistance, coordination and monitoring and related research provided by the National Food and Nutrition Commission (NFNC) and various partners.

I am confident that if we all play our various roles as outlined in the plan, we shall significantly reduce malnutrition in Zambia.



Hon. Dr Chitalu Chilufya, M.P.

MINISTER OF HEALTH

ACKNOWLEDGEMENTS

The development of the National Food and Nutrition Strategic Plan (NFNSP) 2017 – 2021 is a result of broad consultations and participation of different individuals and stakeholders at various levels, to whom we are very grateful.

I also wish to that UNICEF and SUN Fund Management Team under CARE International Zambia who jointly provided funding support for the process of development the National Food and Nutrition Strategic Plan 2017-21.



Dr. Kennedy Malama

BOARD CHAIRPERSON

NATIONAL FOOD AND NUTRITION COMMISSION OF ZAMBIA

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ABBREVIATIONS AND ACRONYMS

1st 1000 MCDP	1st 1000 Most Critical Days Programme
7NDP	Seventh National Development Plan
AFS	Animal Food Source
AIDS	Acquired Immune Deficiency Syndrome
APPCON	All Party Parliamentary Caucus on Food and Nutrition
ART	Anti-Retroviral Therapy
ARU	Acute Respiratory Infection
AU	African Union
AZFNR	Annual Zambia Food and Nutrition Report
BABY-WASH	Water Sanitation and Hygiene related to children <2 years of age
BCC	Behaviour Change Communication
BFHI	Baby Friendly Hospital Initiative
BMI	Body Mass Index
C&A	Communications and Advocacy
CAADP	Comprehensive African Agricultural Development Program
CBGMP	Community-Based Growth Monitoring and Promotion
CBO	Community Based Organization
CD4	Cluster of Differentiation 4
CLTS	Community Led Total Sanitation
CRF	Common Results Framework
CRS	Catholic Relief Services
CSO	Central Statistics Office
CVDs	Cardiovascular diseases
DD	Diarrhoeal Disease
DFID	Department for International Development
DHIS	District Health Information System
DHMT	District Health Management Team
DHS	Demographic Health Survey
DMMU	Disaster Management and Mitigation Unit
DNCC	District Nutrition Coordinating Committee
DNSC	District Nutrition Support Coordinator
ECSA-HC	Eastern, Central, and Southern Africa Health Community
EE	Environmental Enteropathy
EFA	Education For All
EHTS	Community Pump Minders and WASH Committees
EPRP	Emergency Preparedness and Response Plan
FA	Folic Acid
FAFS	Framework for African Food Security
FAO	Food and Agriculture Organisation of the United Nations
Fe	Iron

FeSo4	Ferrous Sulfate
FFI	Flour Fortification Initiative
FFS	Farmers Field Schools
FNTWG	Food and Nutrition Technical Working Group
FSA	Foundational Strategic Areas
FSP	Food Security Pack
FISP	Farmer Input Support Programme
FWRG	Field Workers' Reference Guide for the 1st 1000 Most Critical Days
GAIN	Global Alliance for Improved Nutrition
GDP	Growth Domestic Product
GIZ	German Society for International Cooperation
GMP	Growth Monitoring and Promotion
GRZ	Government of the Republic of Zambia
HDDS	Household Dietary Diversity Score
HEPS	High Energy Protein Supplements
HGSMP	Home Grown School Meals Programme
HHs	Households
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPV	Human Papilloma Virus
ICN2	International Conference on Nutrition 2
ICT	Information, Communication, and Technology
IDA	Iron Deficiency Anaemia
IDD	Iodine Deficiency Disorders
IDP	Internally Displaced Persons
IEC	Information, Education, and Communication
IFPRI	International Food Policy Research Institute
IITA	International Institute of Tropical Agriculture
IMAM	Integrated Management of Acute Malnutrition
IUNS	International Union of Nutrition Scientists
IYCF	Infant and Young Child Feeding
IYCN	Infant and Young Child Nutrition
LBW	Low Birth Weight
M&E	Monitoring and Evaluation
M2W	CLTS Monitoring and Delivery System
MoA	Ministry of Agriculture
MFL	Ministry of Fisheries and Livestock
MAM	Moderate Acute Malnutrition
MCDP	Most Critical Days Programme
MCDSS	Ministry of Community Development and Social Services
MCTI	Ministry of Commerce, Trade and Industry

MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Surveys
MIYCN	Maternal, Infant and Young Child Nutrition (MIYCN)
MLG	Ministry of Local Government
MYSCD	Ministry of Youth Sport and Child Development
MNP	Micronutrient Powder (supplement)
MoGE	Ministry of General Education
MOH	Ministry of Health
MP	Member of Parliament
MSL	Medical Stores Limited
MSP	Multi Stakeholder Platform
MTEF	Medium Term Expenditure Framework
MU	Management Unit
MUAC	Mid-Upper Arm Circumference
MWDSEP	Ministry of Water Development Sanitation and Environmental Protection
N4G Summit	Nutrition for Growth
NAC	National HIV/AIDS/STI/TB Council
NACS	Nutrition Assessment, Counselling and Support
NAIS	National Agriculture Information -Services
NAPA	National Adaptation Programme of Action
NASFP	National HIV/AIDS Intervention Strategic Plan
NCD	Non-Communicable Disease
NCPG	Nutrition Cooperating Partners' Group
NDP	National Development Plan
NEPAD	New Partnership for African Development
NERT	Nutrition in Emergency Response Team
NFA	National Fortification Alliance
NFNC	National Food and Nutrition Commission
NFNP	National Food and Nutrition Policy
NFNSP	National Food and Nutrition Strategic Plan
NGO	Non-Governmental Organisation
NHSP	National Health Strategic Plan
NISIR	National Institute for Scientific Industrial Research
NMCC	National Malaria Control Centre
NNSS	National Nutrition Surveillance System
NRDC	Natural Resources Development College
ODF	Open Defecation Free
OPD	Out Patient Department
ORSZ	Oral Rehydration Salts and Zinc
OSD	Operational Strategic Direction (of the NFNSP 2017-21)
PANI	Pan-African Nutrition Initiative

PEPFAR	Presidents' Emergency Plan for AIDS Relief (United States)
PHAST	Participatory Hygiene and Sanitation Transformation
PLHIV	People Living with HIV,
PMTCT	Prevention of Mother-To-Child Transmission
PNCC	Provincial Nutrition Coordinating Committee
PrEP	Pre-Exposure Prophylaxis
PSCCFN	Permanent Secretaries' Coordinating Committee on Food and Nutrition
RALS	Rural Agriculture Livelihoods Survey
RENEWAL	Regional Network on AIDS, Livelihoods and Food Security
REWS	Regional Early Warning System
RHD	Rheumatic Heart Disease
RLG	Rural Listening Groups
RMNCH&N	Reproductive, Maternal, Newborn, Child Health & Nutrition
RPU	Research Planning Unit
RUTF	Ready to Use Therapeutic Food
SADC	Southern African Development Community
SAG	Sector Advisory Group
SAM	Severe Acute Malnutrition
SBCC	Social and Behavior Change Communication
SC	Steering Committee
SDG	Sustainable Development Goals
SHN	School Health and Nutrition
SIDA	Swedish International Development Agency
SLTS	School-led Total Sanitation
SUN	Scaling Up Nutrition
SWA	Sanitation and Water for All
ToT	Training of Trainers
TWG	Technical Working Group
UN	United Nations
UNAIDS	Joint United Nations Programme on AIDS
UNDP	United Nations Development Programme
UNFCCC	United Nations Framework Convention on Climate Change
UNICEF	United Nations Children's Fund
UNZA	University of Zambia
USAID	United States Aid for International Development
USI	Universal Salt Iodisation
UTH	University Teaching Hospital
VAD	Vitamin A Deficiency
WASH	Water Sanitation and Hygiene
WFP	World Food Program
WHO	World Health Organisation

WNCC	Ward Nutrition Coordinating Committees
WRA	Women of Reproductive Age
ZAMCOM	Zambia Institute of Mass Communication
ZAMNIS	Zambia Nutrition Information System
ZDHS	Zambia Demographic Health Survey
ZHC	Zero Hunger Challenge
ZIPFN	Zambia Information Platform for Food and Nutrition
ZNSS	Zambia Nutrition Surveillance System
ZVAC	Zambia Vulnerability Assessment Committee

DEFINITIONS OF KEY PLANNING TERMS AS USED IN THIS DOCUMENT

Activity

An action or series of related actions undertaken or work performed by the responsible organisational units or persons as part of what is required to implement or produce specific results and achieve an objective.

Baseline

Refers to a clearly defined starting point (point of departure) from where implementation begins, improvement is judged, or comparison is made

Body Mass Index

Defined as weight (in kg) divided by height (in M) squared. This measures tissue mass (muscle, fat and bone) in adults.

Common Results Framework

Multi-sector nutrition plans, endorsed at the highest level, with national targets and costed actions that guide collective implementation and resource allocation. A collaborative and comprehensive analysis that reaches consensus and allows stakeholders to harness their collective ambition and capacities to achieve scaled up results.

Complementary food

Any food whether manufactured or locally prepared, suitable as a complement to breast milk or to infant formula from 6 months of age when either become insufficient to satisfy the nutritional requirements

Emergency

The situation of hardship and human suffering that overwhelm people's capacity to manage and cope alone for a period and which require intervention with support from outsiders.

Evaluation

The systematic and objective assessment of an ongoing or completed project/programme or policy, its design, implementation and results.

Food

Any solid or liquid that provides nourishment to the body.

Food Security

Access by all households to the food needed for a healthy life for all its members (adequate in terms

of quality, quantity, safety and culturally acceptability) and not at undue risk of losing such access.

Foundational Strategic Areas

Essential supportive areas of the strategic plan required for effective governance and coordination, management, capacity development, advocacy and communication and mobilization/generation of resources.

Goal Statement

A statement of intended long-term outcome.

Impacts

Positive and negative, primary and long-term effects produced by a development intervention, directly or indirectly, intended or unintended.

Input

The financial, human, material, technological, and information resources used for the development intervention.

Indicator

Quantitative or qualitative factor or variable that provides a simple and reliable means to measure achievement, to reflect the changes connected to an intervention, or to help assess the performance of a development actor

Lessons Learned

Experiences distilled from an intervention activity, project or programme that should be actively taken into account in future actions and projects. Frequently, lessons highlight strengths or weaknesses in preparation, design, and implementation that affect performance, outcome, and impact.

Mission Statement

The primary purpose of an organisation.

Monitoring

A continuous function that uses a systematic collection of qualitative and quantitative data on specified indicators to provide management and stakeholders of an ongoing view of progress and achievement of objectives and often on progress in the use of allocated resources and funds.

Nutrition

Nutrition encompasses the processes of accessing food, consumption and utilisation of nutrients by the body.

Objective

A more specific statement that supports a goal or strategic direction with a deadline, measurable

attributes (e.g., % reduction in low birth weight from baseline level).

Operational Strategic Directions

The overall nutrition specific and nutrition-sensitive intervention areas of the strategic plan during its operational period.

Output

Is a specific product or service which an activity is expected to produce from its input to achieve its objectives, i.e., the result of activities – e.g., workshop convened, a report published, revenue collected.

Plan

Written account of intended future course of action (scheme) aimed at achieving a specific goal(s) or objective(s) within a specific timeframe.

Qualitative data

Qualitative data refers to data that approximates or characterises but does not measure the attributes, characteristics, properties, etc., of a thing or phenomenon. Qualitative data describes whereas quantitative data defines,

Quantitative data

Quantitative data is any data that can be measured numerically. For example, quantitative data is used to measure things precisely, such as the temperature, a number of people in a crowd or the height of a structure

Results framework

It is a matrix stating a Development Objective to be achieved as a consequence of delivering Results measured with indicators.

Shared Values

Agreed upon operational behaviours that circumscribe day-to-day and longer term operations used in pursuing a shared vision and mission.

Strategic Planning

A structured process for determining intended future actions over a defined period by individuals and groups within an organisation or related set of organisations. A strategic planning process includes stages of assessment, preparation and implementation.

Strategy

A well-conceived, practical approach to achieving an objective – usually involving a group of interrelated activities, responsible implementation agent (person or group), overall resource requirements, timeframes and a means of monitoring and adjustment to stay track.

Stunting

Having low length/height for age.

Vision Statement

How the relevant entity will look in the future if stakeholder efforts are effective.

CHAPTER 1

INTRODUCTION

1.1. Background

The development of the National Food and Nutrition Strategic Plan (NFNSP 2017-21) was a highly consultative, collaborative, and participatory process that included Government Ministries, local and international Non-governmental organisations (NGOs), cooperating partners (CPs – bilateral and UN agencies, EU, World Bank), and other key partners working in nutrition and related areas. This process and the joint results frameworks that are included are expected to provide wide ownership and greater participation and commitment in addressing nutrition problems in Zambia.

The NFNSP 2017-21 is Zambia's second multisector five-year strategic response to combatting malnutrition. It outlines five foundational strategic areas (FSAs) and nine operational key strategic directions (OSDs). This interrelated collection is needed to effectively improve the full population's household food security and nutrition in line with the Zambia's Seventh National Development Plan (7NDP), its long-term Vision 2030, and the country's commitment to the global Sustainable Development Goals (SDGs). The NFNSP 2017-21 will build on the achievements and challenges of the previous strategic plan (2011-2015) to better operationalise the National Food and Nutrition Policy (NFNP) of 2006. It offers guidance and promotes synergy among a broad set of nutrition-specific interventions and the nutrition-sensitive plans and programmes of all national stakeholders. The NFNSP 2017-21 recognises the critical need for an equitable approach to food and nutrition problems that follows and supports national decentralisation through major participation of stakeholders at all levels.

The NFNSP 2017-21 period corresponds to the timeframe of the 7NDP and emphasises its important link between household food security and nutrition and national development progress. The Plan recognises and addresses the problems and potentials outlined in Global Nutrition Report of 2016, which has objectives that reflect the types of national progress needed to achieve global SDG of eliminating all forms of malnutrition by 2030.

The Plan includes situation analysis, foundational strategic areas (FSA) for governance, programme planning, resource generation, capacity development, monitoring and intervention adjustment.

The FSA are developed to address the following:

1. Strengthen nutrition-related policy and programme governance;
2. Improve programme guidance, develop *Common Results Frameworks*, improve nutrition programme planning, monitoring and reporting and expand the generation and sharing of useful technical and programme support information across sectors and levels (knowledge management);
3. Develop nutrition related capacity for relevant stakeholders at multiple levels;

4. Improve and more systematically use strategic advocacy, and communication;
5. Systematically and strategically secure new resources and better use of nutrition resources in several ministries.

The FSAs nestle nine operational strategic directions (OSD) that address discrete and overlapping problems which often require multisector solutions and are implemented both at national and decentralised levels.

The NFNSP 2017-21 gives special priority to the first OSD – which includes multiple interventions packaged into an operational strategy that forms coordinated, multisector, synergistic programmes at provincial and principally district level. These programmes, organise, strengthen and expand a set of interventions needed to protect the nutrition and health of children during the *1st 1000 Most Critical Days (MCDs)* with the overall objective of *preventing stunting in children less than two years of age*. In addition to the decentralised programmes, other related advocacy and communication activities aim at building a universal national value from the level of the Presidency to rural families around the importance of the *1st 1000 MCDs* every Zambian child's life and the future of the nation.

The OSD 1 receives this emphasis because chronic malnutrition has persisted with only a slow improvement trend of about one per cent per year in the past ten years. Therefore, it builds on the existing objectives, partner commitment and lessons learnt from the NFNSP 2011-2015. It calls for operationalizing the already planned phase 2 of the *1st 1000 Most Critical Days Programme (MCDP 2)* that involves continuous revision, improving and scaling up efforts in newer districts using the most effective models. In addition, it calls for strategic advocacy and communication support for increased awareness and commitment to the *MCDP 2* in and among all government sectors, NGOs and the private sector and every family in Zambia.

The other nine OSDs in the Plan focus on well-defined and emerging problem areas. These OSDs are:

OSD 2: Increasing Availability, Accessibility and Use of Nutritious Foods

OSD 3: Addressing the Dangers of Micronutrient Deficiencies in the General Population and Particularly Vulnerable Groups:

OSD 4: Early Identification, Treatment, and Follow-up of Acute Malnutrition

OSD 5: School Health and Nutrition

OSD 6: Safe Water, Sanitation and Hygiene Promotion to Prevent Environmental Enteropathy

OSD 7: Nutrition and HIV/AIDS

OSD 8: Nutrition-related Non-Communicable Disease Prevention and Management

OSD 9: Food and Nutrition in Emergency Preparedness and Response

1.2. Structure of the National Food and Nutrition Strategic Plan 2017-21

The NFNSP 2017-2021 is structured as follows:

A front section with a Foreword, an Acknowledgement, Acronyms and planning-related Definitions and an Executive Summary of the overall strategic plan.

Chapter 1: is an Introduction chapter that provides context on the importance of the plan, its placement in the national development context and the main characteristics of its development. A note on funding and a brief outline of the plan's structure is also included.

Chapter 2: updates the nutrition situation in terms of data, trends and some key information gaps related to the major nutrition problems and supportive strategies covered by the previous plan as well as priorities identified for ongoing and future work on the most significant nutrition problems of food and nutrition in Zambia in 2017.

Chapter 3: provides an introduction and overview of the NFNSP 2017-21 including additional details on its development, alignment with other national and international plans, its vision, mission, and how the foundational strategic areas (FSAs) and operational strategic directions (OSDs) are structured in the NFNSP 2017-21 period.

Chapter 4: outlines the set of five FSAs needed to guide and support the OSDs during the 2017-21 period and build a strong and successful multisector base for the future. Among those outlined are improved governance, high-level strategic advocacy, problem-based research agenda, systematic collection, organisation and sharing of information, improved monitoring that is linked to effective programme adjustment and resource generation.

Chapter 5: outlines the nine OSDs and related objectives and strategies.

1.3. Guide on Annual Planning and Reporting Framework

While strategic areas and directions, strategic objectives and strategies are outlined, the NFNSP 2017-21 does not provide detail on activities, outputs and outcomes or specific indicators for measuring progress. These details are left for *annual* implementation and monitoring plans and yearly assessments of progress that will feed into the new re-designed *Annual Zambia Food and Nutrition Report* (AZFNR). This approach is designed to allow closer match up on the planning frames of all the organisations and institutions involved for greater accountability as well as create flexibility for adjustments on appropriate pre-determined periodic basis. An updated set of outputs, outcomes, and appropriate monitoring and evaluation frameworks will be needed planning cycle period. This approach is expected to assure better and more realistic levels of planning and achievement, based on the success of committed governance, development of consensus around common result frameworks, successful advocacy, strategic resource generation and effective intervention implementation.

1.4. Financing of the NFNSP 2017-21

The NFNSP 2017-21 is not initially costed. It calls for strategic advocacy to be developed in the context of FSA 5 in order to increase programme resources and actions across sectors needed to improve nutrition. This advocacy will be drawn from and complemented by national information and global evidence.

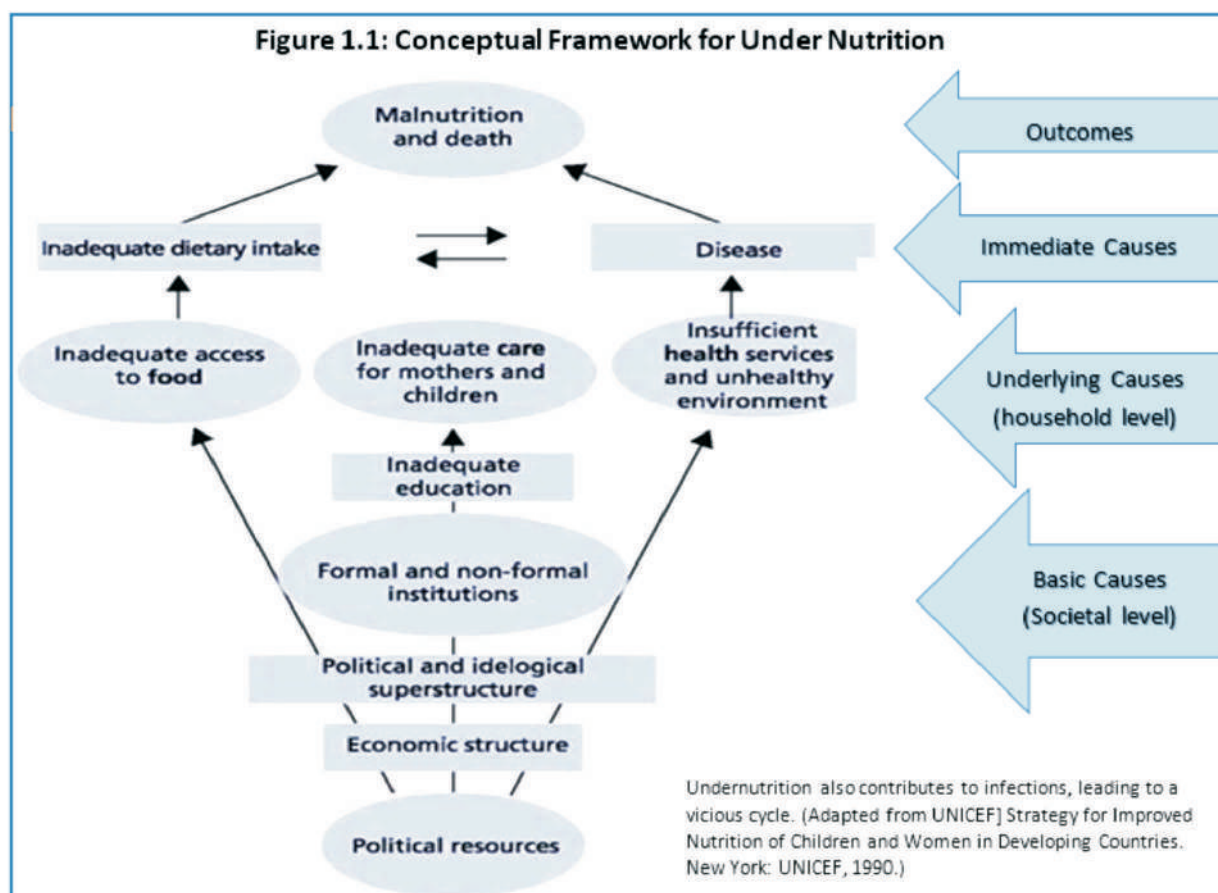
Budgetary allocations from government and donor resources will be required to be substantially increased (triple globally) for success towards:

- High-impact interventions that address stunting, wasting, anaemia, and exclusive breastfeeding.
- Obesity/overweight and nutrition-related non-communicable diseases.
- Policy development, strengthening and expanding services across the interventions.
- Mainstreaming nutrition specific and nutrition-sensitive interventions within each sector

Funding towards the outlined interventions currently represents only a small fraction of government budget spending and international aid. Without a change, massive increases will occur in the costs of care that current trends foretell. Increased collaboration with other government sectors, civil society and NGO partners, the private sector and communities will be extremely essential for the successful implementation of the relevant nutrition interventions..

1.5. Structure and Implementation Strategy

1.NFNSP Structural Improvements



This NFNSP 2017-21 aligns well with the previous NFNSP 2011-15 but includes organisational and implementation changes based on the status of food and nutrition problem areas, lessons learned and a view of expected resources.

As noted in section 1.2, the new plan recognises that the areas similar to those referred to as “Supportive Strategic Directions” in NFNSP 2011-15 such as “governance,” “resource generation,” “capacity building,” “monitoring and evaluation and “communication support” are more accurately re-named as “Foundational Strategic Areas” (FSA). These are placed at the front of the NFNSP 2017-21 strategies outline and given major attention as they are each critical to the effective implementation of the nine Operational Strategic Directions while consolidating the NFNSP 2011-15 gains.

In NFNSP 2017-21 the parallel operational strategic direction (OSD2) focuses more on the potential positive impact on nutrition through effective promotion and support of factors that result in both the production and home use of a more diverse range of agriculture, fisheries, livestock and forest-derived products to contribute to preventing acute and chronic malnutrition including some micronutrient deficiencies. The strategies of OSD 2 aim toward sector-specific actions related not

only to production but to elements related to effective nutrition. They also focus on multisector collaboration particularly with participation related to the 1st 1000 Most Critical Days (OSD 1), management of children who suffer or have suffered from acute malnutrition (OSD 3) and education sector-led strategies (OSD 5). OSD 2 also calls for ongoing and expanded promotion and use of bio-fortified crops and other nutrient-rich foods.

However, because of the negative impact of micronutrient deficiencies, the problems of making substantial progress toward their effective prevention in Zambia and in particular high threat posed to pregnant women and young children, several related strategies have been moved to a dedicated strategy area in the NFNSP 2017-21 (OSD 4).

Shift to an Annual Planning Framework

NFNSP 2017-21 also considers a more dynamic approach to planning that is closely tied to resources. For example, large 1st 1000 Most Critical Days programmes developed in the context of OSD 1 found a need to develop full advocacy and communication plans that went well beyond the detailed implementation matrix as designed in the NFNSP 2011-15. Similarly, the detailed planning matrixes implementation that was intended to guide monitoring and evaluation for each strategic direction were used minimally. The reasons were in part related to a lack of available funding and a fully supported monitoring and evaluation system with the required resources during the five-year planning framework. There were also difficulties in building flexibility into many of the OSDs. Work to develop the information and monitoring systems needed to guide a multisector strategic plan like that for improving food and nutrition is complex and although progress was made the work continues and is not anticipated to be ready to guide such a plan for at least another three years.

Common Results Framework as a priority for the NFNSP 2017-21

The NFNSP 2017-21 places major emphasis on generating shared commitment among stakeholders around a Common Results Framework. Annual Plans will initially emphasise the development of a CRF around the OSDs. This together with OSD strategies will allow for realistic and effective annual planning of activities that have broad support and acquire the potential for desired resources. For those OSDs that do not have a clearly defined platform, a CRF among key stakeholders and decision makers' plans are more likely to focus on problem-based research, strategic advocacy, and informed negotiations to generate a CRF that allows related strategies to be implemented and progress monitored, and, when necessary, be revised.

This will be supported by an increasingly robust set of information based programme planning and adjustment tools and procedures – and a shifting to a requirement for the annual reporting based on an annual plan for each strategic direction. The reports will progressively 'measure' progress,

constraints, opportunities and lessons learned along the way annually. This approach is expected to lead to steady, sustainable progress toward achievement of the targets for the OSDs in the NFNSP 2017-21. Annual planning and reporting will also provide key information that will feed into the Annual Zambia Food and Nutrition Report (AZFNR) to be coordinated by the NFNC and supported by all the relevant nutrition stakeholders. Complementing and supporting programme monitoring, guidance and documentation will be capacity development around new Zambia Information Platform on Food and Nutrition (ZIPFN). This platform will bring and incorporate information sources being developed through the Zambia Nutrition Information System (ZamNIS) as well as targeted data on nutritional status of vulnerable groups generated through further development of the Zambia Nutrition Surveillance System (ZNSS). The ZIPFN will include powerful monitoring and plan information systems that will be used as they come in process and online.

1.6 NFNSP Development Process

Development of this NFNSP 2017-21 was a multisector, highly participative effort conducted over a six-month period in 2017 and was led by the National Food and Nutrition Commission. The process included an initial design and planning phase (January – March) wherein funding support was secured for activities and needed personnel, a two person consultants' team was recruited, and a Core Team was set to guide the process.

The overlapping inception phase (March - May) included collecting and reviewing relevant international and national documentation including recent research and national reports focused on the NFNSP 2011-15. These sets of information were relevant and aligned to the strategy to international and regional nutrition objectives, new and improved protocols and strategies. Other aspects also included strengthening improved organisational and coordination structures, more strategic advocacy and communication and on monitoring various programme areas. This information fed into an inception report along with a roadmap and timeline for developing the new five-year strategic plan.

Questions regarding the progress and challenges on the goals and output objectives of the 2011-2015 NFNSP were the focus of additional information-gathering and analysis that would eventually feed into the updated situation analysis in Chapter 3. The NFNSP 2011-2015, 2013-2014 Zambian Demographic and Health Survey (2013-14 ZDHS) and the Three Year 1st 1000 Most Critical Days Programme were particularly helpful in developing an evidence-based context for an updated situation analysis for the new strategic plan.

A breakfast stakeholders' consultative meeting convened by the NFNC in April 2017 in Lusaka was further used to communicate and raise awareness and interests amongst the key stakeholders in the development process of the new strategy. This was preceded with a multisector workshop that

brought together line ministry nutrition focal points, NFNC nutrition specialists who serve as “Desk Officers” for each of the previous plan's 11 Strategic Directions, and nutrition specialists from ministries at national level, NGOs, the UN, bi-lateral and multi-lateral stakeholders. Facilitated by a consultant, the team participating in the four-day workshop (April 2017) reviewed the previous strategic plan (NFNSP 2011-2015) in terms of the current relevance of its situation analysis, current information sources and gaps. They also reviewed the objectives, achievements and challenges associated with each of the eight operational and three supportive strategic directions in the previous five-year plan. More specifically planned vs. carried out activities, outcomes, and challenges. Emphasis in the workshop was given to the 1st 1000 Most Critical Days Programme that aims to prevent child stunting that was being implemented in more than 14 Districts.

Further clarifications were made through face-to-face interviews by the consultant team with NFNC Desk Officers and management. These interviews were then complemented with visits to two districts (Kaoma and Mumbwa) that included group discussions with district leaders, line ministry leaders and nutrition focal points at that level, NGOs staff working on nutrition and groups involved with nutrition-related activities at a rural school, district hospital and in one community (May 2017).

Based on the information collected, ongoing discussions and guidance from the Core Team an initial updated situation analysis draft was developed along with an initial draft NFNSP 2017-21 (May 2017). These drafts were widely reviewed and commented on by a range of stakeholders that led to refinement into a new second draft of the NFNSP 2017-21 (June 2017). This draft NFNSP 2017-21 reflected a strong stakeholder consensus and a balance between priority strategic directions and practical considerations ranging from anticipated resource availability, capacities for implementation support and governance issues.

1.7. NFNSP 2017- 2021 Linkage with Decentralisation

Zambia is committed to the devolution of Government functions as one of the key elements of its decentralisation policy. While line ministries continue to approve major programmes to be carried out at provincial and districts level, these programmes are managed by district level officers, and there is a growing emphasis on community participation.

The new National Food and Nutrition Strategic Plan is fully aligned to the government policy on decentralised program development and management. Given this viewpoint, the strategy will build on the existing structures as required by the National Decentralisation Policy of 2014, which provides for the strengthening of local government to facilitate more effective citizen participation in governance and accountability as well as delivery of public services. The previous strategy has already taken into account the undertakings of the National Decentralisation Policy of 2013, and these structures will be strengthened further by multi-sector efforts to implement the strategy with

concerted efforts of all sectors, NGOs, and communities. Similarly, beyond protocols, guidelines and some supplies and resources provided by central level, many of the OSDs in the strategy require active commitment, adaptation and innovation from the district and lower level authorities including commitment and initiative from community level workers as well as community participation. Substantial efforts toward significantly reducing malnutrition will be dependent upon the extent to which both nutrition specific and sensitive interventions achieve convergence and synergy necessary to address *immediate* and underlying causes of malnutrition community levels.

Major elements of each OSD take advantage of decentralisation, particularly at district and lower levels that allow an effective level of coordination and collaboration across sectors and have the potential to bring together technical expertise and monitoring for the benefit of improving food and nutrition programmes and activities at each level.

As the programmes and interventions that move the NFNSP forward are initiated, strengthened or expanded, a substantial level of the effort and success will come from innovative activities and designs. These will result from working close to the community implementation levels, knowing the program recipients and having them take active roles in modifying activities to become more appropriate, effective and sustainable within their context.

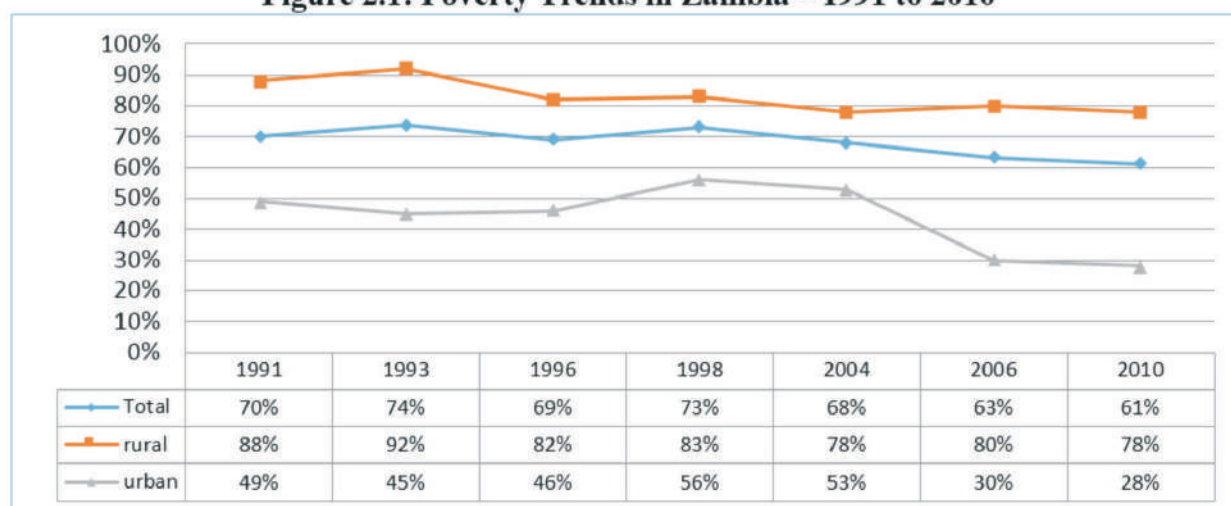
CHAPTER 2

SITUATION ANALYSIS OF FOOD AND NUTRITION IN ZAMBIA

2.1 Poverty and Nutrition

In the last decade, Zambia had expanded economic growth and graduated from a *low-income to a lower-middle-income country*. A mix of prudent macroeconomic management, market liberalisation and privatisation efforts, investments in the copper industry and manufacturing sectors and related infrastructure have helped the country attain an average annual GDP growth of about 5.7%. Although the overall poverty rate has declined over time, the rates among the rural population have continued to be a major challenge with 78% of the population living in poverty (Figure 2.1).

Figure 2.1: Poverty Trends in Zambia – 1991 to 2010



Source- PSI Surveys 1991, 1993: LCMS Surveys 1996, 1998, 2004, 2006, 2010, Central Statistical Office

Finding a sustainable solution to reduce poverty disparities between urban and rural areas in Zambia has been the main overall priority of the country as outlined in all National Development Plans. It is therefore important that with a predominantly young and rural population, and 67% of the labour force engaged in agriculture, the country will need to focus on its largely untapped agriculture potential and improve the rural economy to accelerate economic growth, reduce poverty, and improve the nutritional status of the rural population. Agriculture in Zambia supports the livelihoods of over 66% of the population, making it by far the most important source of livelihood and employment in the country.

Poverty has a major influence on the nutrition status of the population as its elements sit at the heart of hunger. The poor often cannot afford to grow or buy food especially as the resources needed to get access to food are inequitably distributed. The poor also suffer greater than other groups from low literacy, gender inequality, and poor health. These contribute to situations where, even with sufficient access to food, the nutritional needs, particularly of young children and women remain mainly unmet.

As a result, as suggested in all ZDHS reports, the incidences of stunting, underweight, and wasted children are disproportionately more in rural than in urban areas. For instance, 36.3 % of children under the age of five in urban areas are stunted compared to 42.0% in the rural areas and, similarly, 13% of children in urban areas are underweight compared to 16% in rural areas.

2.2. Major Nutrition Problems in Zambia

Malnutrition has been a major public health challenge in Zambia affecting children below the age of 5 years and adults especially women of child bearing age. Childhood malnutrition is mainly manifested as stunting, underweight, wasting and micro-nutrient deficiencies. Poor nutrition status among women is mainly observed in the form of obesity/overweight and anemia.

Addressing all forms of malnutrition will be the priority for Zambia to unlock the potential that is holding back the country's socio-economic development and its potential to reduce poverty. Concerted efforts are required to address emerging nutrition issues such as the rise in overweight along with the increased number of people who are experiencing “hidden hunger” on a daily basis. Closely linked with over-nutrition is the slowly rising prevalence of raised blood glucose a precursor to adult diabetes along with a steady increase of nutrition-related non-communicable diseases (NCDs). New evidence points to the erosion of the substantial progress made in the last 25 years in reducing hunger and undernutrition. A silent but growing nutritional crisis is emerging. This crisis, if not urgently and seriously addressed, will affect individuals, households, communities and families. The subsections below describe the key challenges of nutrition in Zambia, which require concerted efforts of all different actors interested in nutrition to be proactive and seriously work towards producing sustainable results for better tomorrow.

2.2.1 Childhood malnutrition

According to the ZDHS reports of the past 20 years, the nutritional situation of children has not improved in tandem to national economic development. For example, the proportion of children who are stunted increased from 49% in 1996 to a high of 53% in 2001-02 before decreasing to 40% in 2013-14 (Table 2.1 above). These national averages, however, mask many disparities in addition to the rural versus urban already mentioned. Marked age differences are alarming, Data from the 2013-14 ZDHS, for example, shows that stunting rates for children from 6-23 months of age increases dramatically from 25% and then reaches a peak at 54% between 18–23 months before declining (Figure 2.2). Whilst this shows the much more needs to be done in promoting and adopting of optimal Infant and Young Child Feeding practices, it is the negative impact on cognitive growth development of the child and resulting lowered potential for learning and in productivity at adulthood that is much concern.

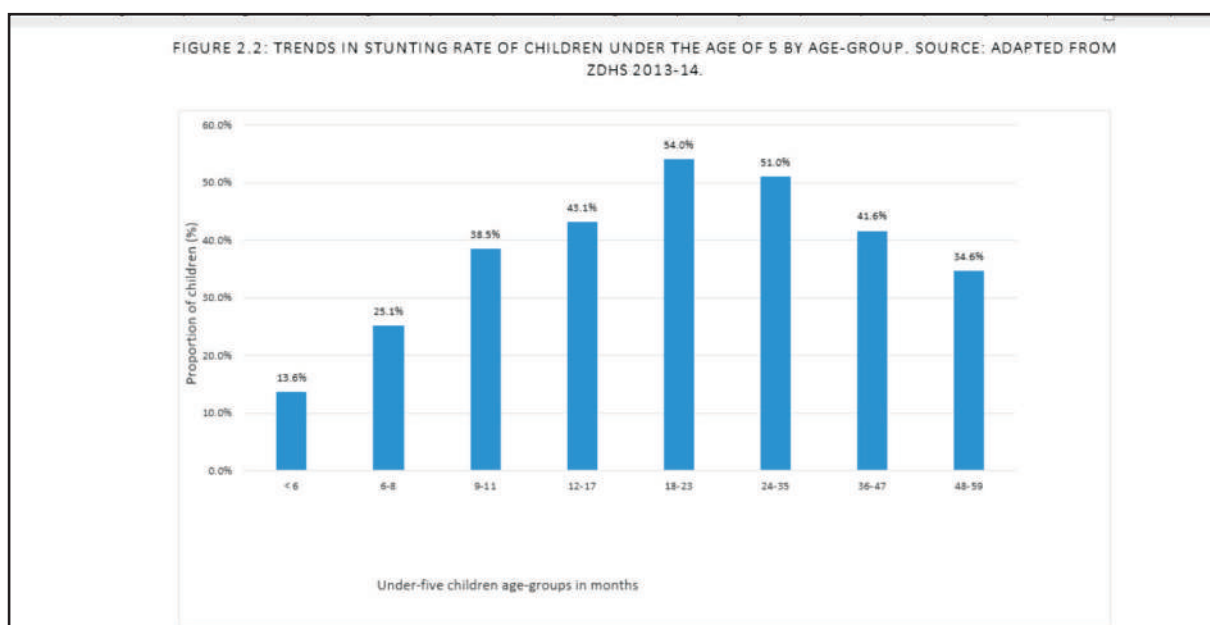


Table 2.1: Prevalence Trends in Child Malnutrition and Associated MGD Target 2015 (percentage)					
Children 6-59 months	1996	2001/02	2007	2013/14	2015 MDG Target
Stunted	49	53	45	40	20
Underweight	19	23	15	15	12.5
Wasted	5	6	5	6	2.5

The reports further indicates that the prevalence of underweight among children under the age of 5 years in Zambia has decreased from 21% (1992) to 15% in 2007, which has been maintained in the 2013- 14 report. (see Table 2.1). Further, the proportion of underweight children is highest among those age 18-23 months (18%).

There has been a slight rise in the proportion of children who are wasted over the past six years, from 5% in 2007 to 6% in 2013-14. The recent ZDHS (2014) has shown that 9% of children are born with low birth-weight – a key indicator of preterm birth and poor maternal nutrition

Although being overweight is a problem most often associated with many industrialised countries, some developing countries and countries in transition have a high prevalence of overweight children and high stunting prevalence creating multiple burdens of malnutrition. In Zambia, the proportion of children under the age of five who are overweight has remained reasonably constant over the last two decades at 1 %.

The problem of stunting among Zambian children after six months of age rapidly increases in the absence of good quality nutritious food. Other factors like mother's education and household wealth are inversely associated with underweight. The proportion of children who are underweight ranges from a low of 5% among those whose mothers have more than a secondary education to a

high of 20% among those whose mothers have no education. Also, children in the poorest households are more than twice as likely to be underweight as children in the wealthiest households (20% versus 9%).

The case may true for a large proportion of babies born to very young mothers – to those aged 16 or younger – are small. However, there is a dearth of information on mothers below the age of 20 in Zambia as this piece of information is hardly presented in the ZDHS. Also, low birth weight is more likely to be common among children of birth order one than among children of higher birth orders. One in ten children in Copperbelt, Lusaka, and Southern had low birth weights.

It affects the health and cognitive development of children with implications across the full lifecycle and as a result negatively affecting national economic development. Low birth weight (LBW) babies are more likely to have poor health and become stunted during their first two years of life. Under-five severe acute malnutrition is consequently associated with factors such as inadequate dietary intake and repeated episodes of severe infections. In Zambia, Under-five severe acute malnutrition remains of public health significance among children which it has heavily associated with a 40% mortality rate

These trends underscore the importance of continuing sustained nutrition interventions throughout the full period of the most critical days – the first 1,000 days. Very often poor nutrition in newborn babies is often linked to undernutrition among pregnant women and undernutrition in women of child-bearing age. Furthermore, babies born from youngest mothers (less than age 20) are more likely to be of low birth weight (13%) than babies of mothers age 20-49 (8-9%).

2.2.2 *Maternal nutrition*

Maternal nutrition is a key in ensuring that the women has the ability to provide nutrients and oxygen for their baby's growth and development as well as maintain her own nutritional status. Poor nutrition status has been identified as one of the critical challenges affecting women of child bearing age with the most nutritionally vulnerable women being those with the additional nutritional stresses related to pregnancy and lactation. It is widely acknowledged that poor nutritional status in women often threatens the health and a safe birth not only for the woman but also for the baby.

Poor maternal nutrition results in failure in supplying the adequate amount of nutrients to meet foetal demand which can lead to foetal malnutrition. The foetus responds and adapts to undernutrition but by doing so it permanently alters the structure and function of the body.

The ZDHS (2014) shows that 10% of women in reproductive age (WRA) are thin or undernourished – meaning that they are underweight and fall below the BMI cut-off of 18.5 kg/m². Younger women in the age-group 15-19 are most likely to be underweight at 16%. There are differences in BMI between women in rural areas compared to those in urban. The women in rural areas are more likely to be underweight (12%) than urban women (8%). Low BMI in women is related to LBW babies which is a significant factor correlated with stunting (ref).

From the same ZDHS of 2013-14, 16% women are overweight with a BMI of between 25-29 kg/m², and 7% are obese with BMI of 30 kg/m² or above. Further, the proportion of women who are overweight or obese increases with age. Currently, 9% of women in the age group 15-19 are overweight or obese, as compared with 36% in the 40-49 age group. Urban women are more than twice as likely to be overweight or obese (32%) as rural women (15%). Maternal over nutrition has long-lasting and detrimental effects on the health of the offspring as well as the women themselves. There is growing evidence that maternal nutrition can induce epigenetic modifications of the foetal genome (ref).

2.2.3 Micronutrient deficiencies

Micronutrient deficiencies is a public health challenge globally and among the Zambian population. The United Nation's General Assembly at the Special Session on Children in 2001 recommended that the prevalence of iron deficiency and anaemia be reduced by one-third between 2000 and 2010 (ref). After several decades, numerous national surveys have shown that this global goal for the reduction of iron deficiency and anaemia has not been met. In Zambia, anaemia, vitamin A and zinc are of public health significance among children, pregnant and lactating women including adolescent girls (ref).

According to World Health Organisation (WHO) classification, a prevalence of anaemia above 40% is characterised as a severe public health problem. There has been no significant reduction in anaemia among children 6-59 months for the past 17 years with an estimated prevalence of 60% in 1998, 53% in 2003, 49% in 2009, 55% in 2012, and 60% in 2015. Further, younger infants were found to be more affected than older children with an estimated prevalence of 81% in children 6-18 months in 1992, 61% of children 6-23 months in 2009, 67% of children 6-23 months in 2012 and 83% in children 6-11 months and 71% in children 12-23 months in 2015. Also, 30% of women of reproductive age are anaemic.

In developing countries, Zambia inclusive, approximately 50% of all anaemia is attributed to iron deficiency. It is further estimated that the frequency of iron deficiency is about 2.5 times that of anaemia, and when anaemia prevalence exceeds 40%, it is assumed that the entire population is suffering from some degree of iron deficiency. Given this scenario, it is postulated that this is the case with young children in Zambia.

It is acknowledged that iron deficiency has adverse health consequences even before anaemia develops. These include cognitive impairment, decreased physical capacity and reduced immunity. Remedial measures against the negative effects of iron deficiency on health, physical capacity, cognitive performance and behaviour can be effectively compensated by providing adequate iron, except in young children, as a severe iron deficiency at a young age can lead to irreversible brain damage and impaired cognitive development.

Similarly, there has been no new information on the scale of the reduction in vitamin A deficiency among children 6-59 months for the past two decades. An estimated prevalence of 65.7% in 1997,

and 53.3% in 2003; as for women of child-bearing age, vitamin A deficiencies (VAD) was 21.5% in 1997 and 13.4 % in 2003 (refs). No national survey was conducted after 2003 to provide updated latest results on the prevalence of VAD among the children and mothers. However, significant progress has been reported in addressing the prevalence of iodine deficiency (through salt iodisation programmes) and vitamin A deficiency (through fortification of sugar and bi-annual mass supplementation of vitamin A for children 6 to 59 months old). That said, there is some evidence suggesting that iodine deficiency is no longer a public health problem but rather that there is high levels of iodine consumption as measured by urinary iodine excretion (ref of the 2013 study). However, there is need to generate more evidence to inform policy on the micronutrient status of the at risk population.

2.2.4 HIV and nutrition

Zambia has one of the highest human immunodeficiency virus (HIV) infection prevalence in the world. The epidemic has affected all aspects of social and economic life. However, concerted interventions have resulted in steady reduction in adult HIV prevalence of 14.3% in 2007 to 11.4% in 2016 among persons aged 15-49 years. Despite this progress, the country is still ranked top of the list in Africa and the world. Estimates indicate that about one million Zambians were affected by HIV and AIDS in 2011. The number of people accessing ART has quadrupled to approximately 900,000 in 2017 from 200,000 people in 2011.

Infection rates are highest in cities, border towns and those along major transportation routes and lower in rural areas with low population density. Zambia has put in various interventions to reduce HIV infection rates. Despite new developments and innovative strategies in medical treatment, nutrition which is an essential key component in managing conditions associated with HIV/AIDS is highly marginalised with insignificant resources. Even in the National Health Strategic Plan 2017-21, nutrition is hardly considered as an important component to the successful reduction of the epidemic through motivation in enhanced uptake of HIV counselling and testing, routine viral load testing, HIV treatment and adherence to HIV prevention and treatment services. As a result people living with HIV and or those showing clinical symptoms of the disease face increased challenges to maintain proper nutrition.

2.2.5 Non-communicable diseases (NCDs)

The burden of non-communicable diseases in Zambia is increasing, with significant consequences on morbidity and mortality levels. The most common NCDs in the country include chronic respiratory diseases, cardiovascular diseases (CVDs), diabetes mellitus (Type II), and cancers. Current estimates indicate that Zambia may be one of the countries with a high prevalence of NCDs. The results from the 2008 study conducted by the Ministry of Health (MoH) and WHO shows that 70,000 people had suffered from diabetes mellitus (Type II) in Zambia in 2000 (ref). This number is expected to increase to 186,000 by 2030. Hypertension was estimated around 608,034 from the same population.

In 2001, NCDs accounted for 60% of the estimated 56 million deaths globally, and 47% of the global burden of disease. By 2016, it was estimated that NCDs caused 23% of all deaths in Zambia with nearly 1 in 5 people dying prematurely from these conditions (ref).

Despite the actual trends not being known and the fact that NCDs are the second leading cause of death and disabilities in the African region, these diseases are surprisingly neglected receiving little attention on the nutrition and health agenda.

NCDs were initially mainly limited to higher socioeconomic groups in low and middle-income countries; recent evidence shows that the unhealthy behaviours associated with these diseases are becoming increasingly prevalent even in poor communities in developing countries with reported increases in the prevalence of NCDs. NCDs are associated with lifestyles, such as unhealthy diets, physical inactivity, alcohol and substance abuse as well as tobacco use.

The Second International Conference on Nutrition (ICN2) Rome Declaration on Nutrition, endorsed by 162 Member States reaffirmed their commitment to eradicate hunger and prevent all forms of malnutrition (chronic and acute undernutrition; overweight; nutrition-related non-communicable diseases and micronutrient deficiencies) worldwide in November 2014. Further The Global Action Plan for the Prevention and Control of Non-communicable Diseases (NCDs) 2013-2020 calls for a 25% reduction in risk of premature mortality from cardiovascular diseases (CVDs), cancer, diabetes, or chronic respiratory diseases and a further 25% relative reduction in prevalence of high blood pressure or contain the prevalence of raised blood pressure, according to national circumstances.

However, the preoccupation in Zambia has hitherto been directed at prevention and control of the major communicable diseases with little attention given to non-communicable diseases (NCDs). Further, much effort and resources have been directed into treatment and care of non-communicable diseases with little attention to community sensitisation and health promotion to reduce risk factors. In the light of the increasing NCDs, the health sector has planned measures to address this problem across all levels of the health delivery system with special focus on prevention rather than treatment.

The Ministry of Health has made tremendous progress in ensuring the availability of medicines and medical supplies for the management and control of NCDs. This progress has been achieved by including some medicines and supplies for the treatment of NCDs on the essential medicine list. Furthermore, to guide the fight against NCDs, a number of national guidelines that include nutrition, have been developed which include the National Cancer Control Strategic Plans 2016 - 2021, oral health standards of practice and NCDs standard treatment guidelines.
the establishment and expansion of Cancer Diseases Hospital;

establishment of a national cervical cancer screening programme and finalisation of the mental health and tobacco products control bill. ;

2.2.6 Emergencies and food and nutrition security

Over the last three decades, floods and droughts cost Zambia more than US\$13.8 billion in disaster losses, which is equivalent to a 0.4% loss in annual economic growth. According to Parry et al (2004) between 75 and 250 million of people in Africa are projected to be exposed to increased water stress due to climate change by 2020. In some countries on the continent, yields from rain-fed agriculture may be reduced by up to 50%. The impact on food security is obvious and ominous.

Although Zambia has a vast agriculture potential, it has been afflicted by persistent food insecurity, poverty recurrent shocks of droughts.

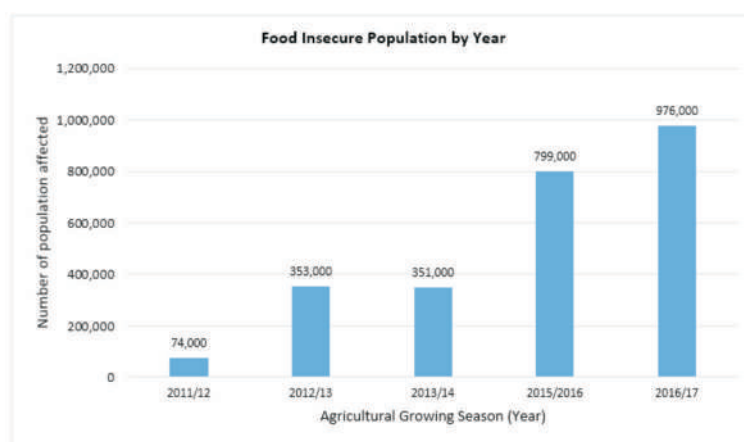


Figure 2.3: Number of insecure population requiring assistance by year (ZVAC 2016)

Zambia's food security challenges are exacerbated by dependence on rain-fed agriculture and the lack of market incentives that would encourage a shift from subsistence farming. In 2008/2009 rainfall season, the post floods survey conducted in twenty (20) districts revealed that 499,359 people representing 83,227 households were negatively impacted by floods (ZVAC, 2009).

Further, the number of people at risk of insecurity rose exponentially from 74,000 in 2012 to about 976,000 in 2017. This trend has been increasing each cropping cycle as a result of poor crop production caused by unfavorable weather conditions as well as insurgencies of crop pests and disease that cause significant economic losses to the agriculture sector (See Figure 2.3).

2.3. Climate Change and Nutrition

Warming temperatures and altered precipitation patterns are expected to affect the productivity of maize, beans and other crops, particularly in Africa including Zambia where water and nutrient deficits already severely restrict harvests. Future scenarios project that crop yield benefits from supplemental water, will shrink because of the impact of warmer temperatures suppressing yields. The significance of food diversification at the household level cannot be overemphasised. Dependence on rain-fed agriculture is the main cause of the variation in food production, which seriously affects food security in the face of erratic and unfavourable weather conditions. Over-reliance on maize as the main staple food in drought-prone southern part of the country reduces the potential for crop diversification for diversified income, nutritional sources, as well as reduced risk in the case of crop failure and poor market conditions.

2.4. Agriculture and Food Security

Literature on agriculture and food security has shown that reliable access to adequate food is a fundamental requirement for human well-being. Zambia's food security issues have had a significant influence on malnutrition in the country often exacerbated by dependence on rain-fed

agriculture. Zambia, like most other countries in SADC grouping, faces challenges ranging from scarcity to unpredictable changes in food availability. These challenges may result from unfavourable weather and climate, labour-intensive or outdated agricultural methods and practices such as the extensive cultivation of a few agricultural products with inadequate irrigation, fertilisation and limited access to agricultural extension services. Additionally, the conservation of agricultural products is hardly practised, limited access to markets and electricity for the development of food conservation and processing. These challenges contribute to insufficient adoption of new technologies and new farming practices.

Further uptake of interventions associated with improved livestock, fisheries, legumes and horticultural food systems including issues related to for example lack of food safety and related standards - have been unsatisfactory despite the huge potential for Zambia to be self-sufficient in these commodities. These types of foods can provide inexpensive protein and micronutrients and are essential for minimising the nutritional imbalances often faced by Zambian children, pregnant women, and other vulnerable groups who may also be at risk due to a variety of socio-economic factors. The agriculture sector, recognised as the country's important engine of economic growth, has not been adequately capitalised to aggressively promote sustainable food systems for healthy, safe and nutritious diets (dairy, eggs, fish, meat and other animal source foods (ASF), fruits and vegetables) and away from diets mainly composed of cereals (maize, starchy roots, and small amounts of micronutrient-dense foods). The role of agriculture and food systems in preventing malnutrition (undernutrition and the rising burden of obesity) needs to be championed at all levels. This points to the need for promoting effective nutrition-sensitive agriculture.

2.4.1 Household dietary diversity

Household food access is defined as the ability to acquire a sufficient quality and quantity of food to meet all household members' nutritional requirements for productive lives. This can be assessed using household dietary diversity score (HDDS) which relates to nutrient adequacy (coverage of basic needs regarding macro and micronutrients) and diet variety/balance. These two are main composite components of diet quality. In essence, HDDS reflects a bird's eye view of the economic ability of a household to access a variety of foods. The score is calculated by summing the number of food groups consumed in the household or by the individual respondent over the 24-hour recall period. The household level data can tell us about which foods/food groups are more accessible – economically and geographically.

On average, 32.5% of the households are in the low dietary diversity group. These households consumed food from 4 or fewer food groups. Most of the households fall under the medium dietary diversity group (58.1%). These households consumed food from 5-8 food groups, showing a wider range of food diversity. Only 9.4% of the households are classified as having high household dietary food diversity. These RALS results suggest that most households are not consuming a well-diversified diet (ref).

2.4.2 Months of adequate household food provisions

A recent study by the Indaba Agricultural Policy Research Institute (IAPRI) found that, on average, 54% of households reported having had adequate food provisions between May 2014 and April 2015 (all year) to meet its family's needs. The North-western province had the highest per cent of

households reporting to have had adequate food provisions (71.1%) followed by Lusaka with 70.6% and then Central with 67.2%. Western and Muchinga provinces had the highest number of households with no adequate food provisions to meet its family's needs all year round, with 41.7% and 43.6% respectively reporting that they had adequate food provision throughout the year. Regarding months of adequate household food provisions by season and gender, the RALS (2015), found that on average, there were significant seasonal variations to food availability both in quantity and quality but the gender of household head had no effect.

¹ Global Food Report, 2016 p. 115.

² Ibid

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¹¹ ZDHS, 2013-14, p.161

¹² NFNC. 1998. National Survey on Anaemia in Zambia, NFNC, Lusaka, Zambia.

¹³ NFNC. 2003. Report of the National Survey to Evaluate Impact of Vitamin A Interventions in Zambia. Lusaka, Zambia.

¹⁴ Zambia National Malaria National Survey, 2009.

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¹⁹ Lozoff, B., Jimenez, E. & Wolf, A. 1991. Long-term developmental outcome of infants with iron deficiency. *N. Engl. J. Med.*, 325: 687-694.

²⁰ Zambia PEPFAR Impact Results, 2016.

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²² MoH Minister's Speech, 2017

²³ Ministry of National Development Planning, 2017. Seventh National Development Plan 2017-2021: Accelerating Development Efforts towards the Vision 2030 without Leaving Anyone Behind"- Volume 1. p. 47

²⁴ M. L. Parry et al. 2004. Global Environmental Change 14 (2004) 53-67

²⁵ Crawford E., J. Olson, and A. Wineman. 2015. Improved Modelling of Household Food Security Decision Making and Investments Given Climate Change Uncertainty. Michigan State University. USA.

²⁶ World Food Summit, 1999. Rome

²⁷ SADC 2011, Regional agricultural policy, policy review reports;

http://www.sadc.int/files/7113/5293/3509/Regional_Agricultural_Policy_Review_Reports_2011.pdf

²⁸ GRZ.2013. CAADP Technical Review –Key Findings for Zambia, Lusaka, April, 2013. Lusaka, Zambia

²⁹ Global Panel on Agriculture and Food Systems for Nutrition. 2016. Food systems and diets: Facing the challenges of the 21st century. London, UK.

³⁰ THE INDABA AGRICULTURAL POLICY RESEARCH INSTITUTE (IAPRI). 2016. RURAL AGRICULTURAL LIVELIHOOD SURVEY 2015.

CHAPTER 3

INTRODUCTION TO THE NFNSP 2017-21

3.1 Alignment of the NFNSP 2017-21 with Global, Regional and National Commitments to Improve Food and Nutrition

3.1.1. Global Momentum to Scale Up Nutrition

Nutrition has received greater attention today than ever before from the international community, including the United Nations (UN) and its Member States. Strategic alliances, movements, initiatives and special calls to action are bolstering efforts and support towards achieving global nutrition targets.

In September 2010, the launch of the SUN Movement during the United Nations General Assembly (UNGA) intensified support for multi-sector action to achieve global nutrition goals. This catalytic movement has helped bring and keep nutrition higher on the international platform and galvanised stronger country-level efforts in advocacy and social mobilisation to address undernutrition. By targeting investments, tailoring interventions, tracking progress, promoting financial commitments for nutrition, and facilitating programme accountability and transparency, the SUN Movement has succeeded in making the prevention of undernutrition a growing global priority. Several other catalytic initiatives have been established since 2010:

- First 1000 Days Initiative by the UN Secretary General, the Irish Minister of Foreign Affairs and the US Secretary of State in 2010;
- The 2012 Zero Hunger Challenge (ZHC), launched by the UN Secretary-General's calling for all Member States to work towards a unified goal to end hunger and malnutrition within a generation;
- Nutrition for Growth (N4G) Summit of June 2013 that brought together an impeccable wide array of stakeholders - governments, international organisations, businesses and civil society organisations who committed their political will and financial resources to work in partnership to accelerate progress towards ending undernutrition;
- Formal establishment of the UN Network for SUN and other SUN Networks that bring together entities at the country, regional, and global levels in pursuit of the SDGs and global nutrition targets within the context of the SUN Movement in 2013;
- Second International Conference on Nutrition (ICN2) Rome Declaration on Nutrition, endorsed by 162 Member States who reaffirmed their commitment to eradicate hunger and prevent all forms of malnutrition (chronic and acute undernutrition; overweight as well as nutrition-related noncommunicable diseases and micronutrient deficiencies) worldwide in November 2014;
- UN resolution proclaiming 2016-2025 as the UN Decade of Action on Nutrition – as well as the 2030 Agenda's invitation to governments to set national nutrition targets and milestones based on internationally agreed upon indicators, and ensuring coordination and

strengthened multi-sector collaboration to combat all forms of malnutrition including obesity in 2016.

Furthermore, the 2030 Agenda for Sustainable Development, puts major effort on addressing the determinants of malnutrition through enhancing integrated approaches. Nutrition is prominent among the 17 SDGs of the Agenda 2030. Malnutrition is highlighted in SDG2 which calls for an end to hunger, achievement of food security and improved nutrition and promotion of sustainable agriculture. SDG2 Target 2.2 is specific to nutrition “by 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under the age of 5, and addressing the nutritional needs of adolescent girls, pregnant and lactating women, and older persons”. Several other SDGs that benefit from expected gains from improved nutrition include, SDG1 (ending poverty), SDG3 (ensuring healthy lives), SDG4 (ensuring inclusive and quality education and learning), SDG5 (achieving gender equality and empowerment for women and girls), SDG6 (ensuring available and sustainable management of water and sanitation), SDG12 (ensuring sustainable production) and, SDG17 (revitalizing global partnerships for sustainable development).

3.1.2. The Seventh National Development Plan 2017-2021

The NFNSP 2017-21 aligns well with Zambia's Vision 2030 of becoming a “*prosperous middle-income country by 2030*”, National Food and Nutrition Policy of 2006 (NFNP 2006) and SDGs as well as the and the 7NDP.

The overall goal of the 7NDP is to create a diversified and resilient economy for sustained growth and socio-economic transformation driven, among others, by agriculture, tourism, manufacturing and mining. The key developmental outcomes of the 7NDP include the following well-paraphrased outcomes:

- Reducing poverty and vulnerability through job-creating industrialisation and economic diversification;
- Reducing development inequalities;
- Enhancing human development;
- Reducing Poverty and vulnerability; and
- Enhanced governance environment for a diversified and inclusive economy.

Nutrition is interlinked with all development outcomes of the 7NDP giving nutrition a central role in the development and a synergistic enhancer to the achievement of the other development outcomes.

The 7NDP **adopts** an integrated (multi-sector) development approach under the theme “*Accelerating development efforts towards the Vision 2030 without leaving anyone behind*”.

This approach recognises the multifaceted and interlinked nature of sustainable development, which calls for interventions to be tackled simultaneously through a coordinated implementation of development programmes. This approach augers well with the NFNSP 2017-21 which also emphasizes coordinated multi-sector approaches. The NFNSP 2017 -21 also not only recognises the coordinated multisector efforts and approach towards the realisation of Zambia's Vision 2030 aspirations of becoming “*A Prosperous Middle-income Nation by 2030*” but puts in place measures to deal with emerging nutritional issues related to anticipated changes in lifestyles for a people in a middle-income nation.

3.1.3. NFNSP 2011-15

The previous National Food and Nutrition Strategic Plan (NFNSP) 2011-15 was the first in support of the National Food and Nutrition Policy of 2006. It included eight operational and three supportive Strategic Directions. The NFNSP 2011-15 was used throughout and beyond its stated term, and up until 2017 in guiding prioritisation of programmes and actions linked with improving nutrition both by specific sectors and in multisector programmes.

The NFNSDP 2011-15 is credited with bringing to the forefront the unacceptable high level persistent problem of child stunting in the country and facilitating discussions around national nutrition programme development and advocating for partner support. For example, the NFNSP 2011-15 made possible the planning and mobilisation of substantial international funding for a multi-sector, multi-intervention 1st 1000 Most Critical Days Programme (MCDP) that began in 2013. By 2017 the MCDP was being carried out in more than 20 districts and planning was moving forward for a predictable funding to consolidate work done in Phase I with increased coverage in a second five-year phase. Experiences from the development and implementation of NFNSP 2011-15 have informed the development and planned operationalisation of NFNSP 2017 – 21.

3.2. NFNSP 2017-21 VISION, MISSION, AND STRATEGIC AREAS AND OBJECTIVES

3.2.1. Vision Statement

The vision of the NFNSP (2017-21) is to have a well-nourished and healthy population that can contribute optimally to national economic development and realization of Zambia's Vision 2030.

3.2.2. Mission Statement

The mission of the NFNSP (2017-21) is to make substantial progress toward the achievement of national nutrition targets including sustainable food and nutrition security based on the SDGs and other global or regional initiatives.

3.2.3. Foundational Strategic Areas, Operational Strategic Directions and Strategic Objectives

The overall priorities of the NFNSP 2017-21 are described in a set of five Foundational Strategy areas and nine Operational Strategic Directions with relevant strategic objectives and strategies. These components along with a “rationale” section for each are outlined in chapters four and five respectively.

³¹ UNICEF. 2016. The State of the World’s Children 2016. A fair chance for every child. UNICEF, New York, USA.

³² United Nations General Assembly. 2016. United Nations Decade of Action on Nutrition 2016 -2025. Seventieth Session, Agenda item 15, A70/L42. Available at: www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/70/259.

³³ UN, 2015. Resolution A/70/L.1 transforming our world: the 2030 agenda for sustainable development, United Nations.

CHAPTER 4

FOUNDATIONAL STRATEGIC AREAS

This chapter outlines the five Foundational Strategy Areas of NFNSP 2017-21 along with their Strategic Objectives and Strategies in detail.

4.1. FSA 1: Strengthening Governance, Partnerships and Alliances in Support of NFNSP 2017-21 Implementation.

4.1.1. Rationale

Among the important elements of good governance in the NFNSP 2017-21 are responsiveness, consensus-orientation, equity and inclusiveness, effectiveness and efficiency, accountability and participation.

Responsive: The Government of Zambia has been responsive to nutrition through its commitment to nutrition-related global and regional initiatives such as Scaling Up Nutrition Movement and the Sustainable Development Goals. The 7NDP further demonstrates Government responsiveness by embracing a the mulit-sector approach for implementation of the national social and economic development programmes thus creating a favourable framework for the operationalisation of the multisectoral interventions of the NFNSP 2017-21.

Consensus: Consensus building is a major attribute of the NFNSP 2017-21. Developing an overarching and more sector-specific CRFs around the strategic plan, its strategic directions and Strategic Objectives will be key in ensuring accountability by different stakeholders towards the implementation of the Plan.

Equity and inclusiveness: Equity and inclusiveness are built into NFNSP 2017-21 by calling for strategic and priority service delivery to highly vulnerable groups especially women and children and the poorest families. Gender issues are highlighted by recognising and calling for specific solutions that address the nutrition problems of the vulnerable groups across the life cycle.

Accountability: Governance structures for food and nutrition programming and addressing malnutrition problems were elevated, by 2017, to the level of the Cabinet Office and the District Commissioner in seven provinces and more than 14 districts. Under the NFNSP 2017-21 this will be strenghtened and coverage expanded to new districts for increased accountability in implementation of relevant CRF tasks/activities.

Coordination and shared technical experties at all Levels: Under the NFNSP 2017-21, multiple sector participation in planning and developing more effective food and nutrition interventions, programme implementation and monitoring are expected to increase with a renewed emphasis on community level participation. Previously formed food and nutrition related fora

across key sectors will be broadened by the involvement of all relevant institutions and organisations including the private sector, academic and research institutions NGOs and CBOs.

This plan will strengthen the coordination role of NFNC to provide active leadership, coordination, technical guidance, training and research roles across the multiple actors at all levels. Partnerships and Alliance Building: In conjunction with the foundational characteristic of good governance, the NFNSP 2017-21 has explicitly included a specific FSA (1) to emphasise the importance of strengthening partnerships and alliances across all strategic directions. The NFNSP 2017-21 recognizes the key role each of the various stakeholders can play in advancing food and nutrition within and across sectors. Therefore, forging strategic partnerships and alliances that build on the mandates and expertise of the various stakeholders are essential for synergies and achievement of a common set of results.

4.1.2. FSA 1: Strategic Objectives and Strategies

4.1.2.1. Strategic Objective 1:

To ensure continued recognition of food and nutrition at the heart of national and decentralised social-economic development of the country throughout the strategic plan period.

Strategies:

- i. Advocate for food and nutrition problems to remain at policy level calling for multisector solutions.
- ii. Strengthen good governance elements and approaches across all food and nutrition networks
- iii. Strengthen food and nutrition related legal foundation

4.1.2.2. Strategic Objective 2

To effectively integrate cross cutting issues including climate change, gender and equity in nutrition programme planning and implementation.

Strategy:

- I. Build capacity of stakeholders in integrating cross cutting issues related to into their food and nutrition programmes.

4.1.2.3. Strategic Objective 3

To improve multisector coordination of food and nutrition programmes

Strategy:

- i. Strengthen multisectoral coordination platforms for the planning and implementation of food and nutrition interventions at all levels

4.2. FSA 2: Achieving a Common Results Framework and Developing Capacities for Guidance Frameworks for Successful NFNSP Implementation

4.2.1. Common Results Framework (CRF)

The Common Results Frameworks (CRF) for the overall plan and for each Strategic Direction is necessary to achieving many of the strategic objectives set in the Plan. CRF principles include broad consensus from all stakeholders on the nutrition specific and nutrition-sensitive interventions and related activities needed to achieve a strategic objective.

Within the CRF development process, there should be agreement among stakeholders on the following:

- The overall objectives of the strategic plan and those of the specific operational strategic directions.
- The nutrition specific and/or nutrition sensitive interventions needed to achieve the objectives.
- Defined responsibilities of the stakeholders in carrying out the interventions.
- A shared monitoring framework.
- Estimates of the costs and sources of the resources needed.

Multi-sector participation in negotiation of a CRF will help lead to consensus on what is to be achieved, how it will be achieved and to the commitment and resources (including personnel time) needed from each sector for all OSDs in the NFNSP 2017-21.

Achieving CRFs for some OSDs in the NFNSP 2017-21 will be significantly more complex and time-consuming than for others. However, the CRF development process is expected to help build positive, functioning partnerships and strategic alliances that share agreed upon common objectives and well-defined responsibilities. The CRF for the Plan can benefit from models and tools developed, and the lessons learned in other SUN movement countries.

4.2.2. Programme planning and monitoring Approach.

NFNSP 2017-21 recognises and addresses the multi-causation of food and nutrition problems with strategic objectives and strategies that involve many implementation elements with interventions requiring the participation of several sector line ministries, the private sector, NGOs and civil society organisations.

In the current NFNSP 2017-21, five of the nine OSDs are more or less under the main responsibility of one Ministry, making a more traditional monitoring and evaluation framework feasible for these areas of work. Four other OSDs, and the FSAs are more complex with responsibilities shared across multiple ministries and organisations. Experience with multisector programme areas such as HIV/AIDS, demonstrates more complex monitoring and evaluation models are needed.

The need for an operational and sustainable monitoring system in support of the full NFNSP and related CRFs is a high priority. However, while the CRF and Zambia Information Platform for Food and Nutrition (ZIPFN) will also support the development of a workable and effective monitoring and evaluation system, process, the development process will take time. Therefore, the NFNSP 2017-21, will initially rely on an annual review, reporting and planning frameworks. These frameworks will include reasonable and reviewable milestones linked to the CRF for each OSD. For most strategic directions, bottlenecks will be identified and progress toward objectives will be assessed using SMART indicators and qualitative and quantitative information gained from semi-annual and annual reporting. These reports will be supplemented with data and information from relevant national and subnational surveys and existing information systems from annual progress reports of various implementers which will feed into an *Annual Zambia Food and Nutrition Report* that will be published periodically as agreed by all stakeholders by the NFNC. This NFNC *Annual Zambia Food and Nutrition Report* will cover progress on all aspects of the NFNSP 2017-21. The implementation and monitoring frameworks for each OSD year will be completed shared by the relevant stakeholders with coordination by the NFNC.

The combination of a Common Results Framework, and the annual monitoring, reporting and planning frames, will allow informed programmatic decisions to be made annually on progress toward the objectives of each OSD. This system will also reveal what needs to be reinforced, or changed to maintain or restore progress toward each strategic objective. However, this approach will not be used to monitor OSD 1 as it includes a full five-year implementation plan and monitoring and evaluation framework.

4.2.3. Nutrition information systems

The nutrition sector in Zambia lacks a well-designed system for effective management and processing of data and information for planning implementing and monitoring of food and nutrition-related strategies and interventions on a continuous basis. On the other hand, there is also a need for a knowledge management system that proactively collects, organises and makes available useful information from new research, programmatic field experiences and lessons learnt for sharing from national or international sources to guide identification of good practices worth replicating/scaling up or pitfalls to avoid.

Zambia Nutrition Information System (ZamNIS): Under the leadership of the NFNC and with broad participation of multiple stakeholders, development of a Zambia Nutrition Information System (ZamNIS) began in 2016. An initial scoping exercise defined problems and potential solutions then progressed into identifying a range of relevant indicators drawn primarily from the existing monitoring and evaluation framework of NFNSP 2011-15 and other M&E plans. Furthermore, progress has also been made in clarifying potentially useful existing sources of information, data flow mapping and models of who should have access to different levels of data as well as a description of how data could be processed in readiness for use at various levels including

identification of the likely users at national and decentralised levels.

Relevant indicators of the MCDPI intervention package were included in the draft ZamNIS as well as others needed to monitor the previous NFNSP 2011-15. Once fully operational, it is envisaged that ZamNIS will provide much broader and more regular information from across sectors that can be used to better monitor and guide implementation of food and nutrition interventions

Zambia Information Platform on Food and Nutrition (ZIPFN): ZIPFN is a planned platform aimed at collating and analysing existing information and data from relevant various sectors to support the development of evidence-based policy briefs and facilitate multi-sectoral and multi-stakeholder dialogue on nutrition at all levels. It is envisaged that ZIPFN will contribute to:

- Maximise the analysis and interpretation of existing information and data on nutrition to improve understanding of the factors that influence it, both nationally and locally;
- Identify gaps in information that need to be filled and problems with the consistency and quality of data;
- Build plausible arguments about the effectiveness of interventions, programmes, approaches and investments to prevent malnutrition;
- Contribute to monitoring national and sub-national progress in preventing malnutrition;
- Strengthening the accountability of governments and donors to meet their commitments to prevent malnutrition

The expected outputs from the ZIPFN will include the following:

- Existing information and data from all sectors and from all levels of government are gathered to create a repository that acts as a resource of information for analysis;
- ZIPFN provides information and analysis driven by the questions of government and stakeholders to inform their policies and programmes;
- Regular reports, policy briefs and bespoke documents are produced and disseminated that meet the needs and technical understanding of different audiences;
- Summary statistics are provided to data dashboards and government information systems.

4.3. FSA2 Strategic Objectives and Strategies

4.3.1. Strategic Objective 1:

By the year 2018, Common Results Frameworks will be set for each FSA and OSD and NFNSP 2017-21 as a whole.

Strategy:

- i. Enhance commitment and accountability of food and nutrition actions by all stakeholders.

4.3.2. Strategic Objective 2:

By 2019, a food and nutrition information systems relevant for decision making to guide policies,

strategies, programmes and interventions will be operationalised

Strategies:

- i. Operationalise the food and nutrition repository (ZamNis).
- ii. Operationalise ZIPFN

4.4. FSA 3 Capacity Development for Community Empowerment, Effective Services, Programme Implementation and Sustainability.

1.4.1. Rationale

Successfully solving the persistent food and nutrition problem requires not only committed and empowered communities and families but also the active participation of well-trained, motivated staff in government organisations, training and educational institutions and several other stakeholders' institutions.

Effective implementation of the NFNSP 2017-21 will require consistent, dedicated and ongoing efforts to reinforce and scale up what works as well as development, testing and adapting modified intervention models supporting services. Achieving commonly agreed results that address persistent food and nutrition problems is often based on broad participation, informed decision-making and use of appropriate technologies and implementation models based on lessons learned from the field.

Organisational capacity development in support of the NFNSP 2017-21 includes effective linkages between decision-making process and data/information systems. Information systems will require related hardware and software improvements in addition to training on skills and procedures needed to identify, document and share useful information for advocacy, strategic planning, service delivery and utilisation. Meeting such challenges will require capacity development that aims at improvements across many areas including the following:

- Enhance the capacity of sector players to improve the implementation of the plan.
- Infrastructure improvements facilitating improved services, training and education at all levels.
- Innovative models that improve multi-sector and multi-stakeholder collaboration and cooperation.
- Further development and effective functioning of knowledge management models including active information sharing of food and nutrition problems and how to prevent and solve them.
- New management tools and systems that facilitate effectively and acceptable evidence-based decision making at each organisational level.

The NFNSP 2017-21 calls for concerted efforts to develop and deploy adequate professional food and nutrition human resource based on capacity development plans with short, medium and long term timeframes, costing and an initial resource generation strategy. Such plans need to consider national nutrition capacity guidelines outlined by the International Union of Nutritional Sciences (IUNS), including the multilevel pyramid model that covers each level of personnel and the population they can effectively serve.

4.4.2. FSA 3 Strategic Objectives and Strategies

4.4.2.1. Strategic Objective 1

To build the capacity of a critical mass of human resources for nutrition-specific and nutrition sensitive interventions.

Strategies:

- i. Put in place a capacity building plan for the nutrition sensitive and nutrition specific intervention
- ii. Strengthen capacities (human resource, supplies and access) on requisite skills for planning, implementing and monitoring of multi-sector nutrition interventions at all levels.
- iii. Advocate for predictable and sustainable investment for improved infrastructure to support the acquisition and application of the nutrition knowledge for each defined cadre of nutrition actors.
- iv. Update and promote use of the multi-sector nutrition materials such as Field Workers' Reference Guide for the 1st 1000 Most Critical Days,
- v. Develop and/or update pre-service training curricula for nutrition sensitive and nutrition specific courses.

4.4.2.2. Strategic Objective 2

Improve institutional capacity of players involved in the implementation of the NFNSP.

Strategies:

- i. Enhance institutional capacity of NFNC
- ii. Support the national capacities of other stakeholders involved in the implementation.

4.5. FSA 4: Strategic Advocacy and Communication Support

4.5.1. Rationale

Strategic Advocacy: Advocacy most often aims at influencing decision makers that control resources for and prioritisation for programme or intervention implementation. In relation to the NFNSP 2017-21, these decision makers are in government, supporting national and international partners, civil society, and the private sector. It influences decision makers toward organisational

commitments that are needed to solve the nutrition problems as per mandate. Strategic advocacy builds an understanding of malnutrition's impact on other development outcomes including health, education, agriculture and economic productivity.

Social and Behavioural Change Communication: Social and individual behaviour and practices change frequently. However, there may be several factors that influence adoption of new practices. When these new practices relate to everyday habits and customs, change is seldom rapid. In addition to knowing what needs to be done differently, why to change affects the commitment to change, which is often what drives people to discard a well-known and accepted practice for a new one. The “why” and commitment to the adoption of practices that result in better nutrition are often beyond the realm of the individual and are affected by family, community and large social groups. Communication programs have now evolved so that they include the 'social' part which addresses the many layers of environment in which that persons lives. Successful SBCC programs have been based on formative research, are focused on multiple levels with multiple communication channels and are for sustained periods of time.

This Foundational Strategic Area recognises that changing behaviours and practices require clear messages that result in families understanding the need to change. A range of communication strategies is anticipated within the scope of the NFNSP 2017-21, and these need to be tailored to each OSD as appropriate. In general, the plan considers SBCC activities that complement advocacy to build the supportive organisational environments needed for behaviour change. The NFNSP 2017-21 promotes programmes designed to support stakeholders at all levels to use communication materials that will allow reaching a wider coverage of beneficiaries.

4.5.2. Strategic Objectives and Strategies

4.5.2.1. Strategic Objective 1

By the end of 2018 the communication and advocacy plans strengthened to raise the profile of nutrition and promote nutrition behaviour change.

Strategies:

- i. Develop and implement a comprehensive strategic advocacy plan
- ii. Develop and implement SBCC strategy

4.5.2.2. Strategic Objective 2

Strengthen knowledge management systems to support the implementation of NFNSP and CRFs by 2020

Strategies:

- i. Utilise systems such as ZIPFN, CRF problem-based research agenda, to inform advocacy, SBCC and programme design.
- ii. Annually produce the Zambia Food and Nutrition Report and other communication and

advocacy materials needed for effective nutrition communication.

4.6. FSA 5: Strategic Resource Generation in Support of the NFNSP 2017-21.

4.6.1. Rationale

Overall Government funding for nutrition has not consistently increased despite the high-level international pledge to increase allocations for nutrition by 20% per year. However, the international funding for specific programmes, particularly the 1st 1000 MCDP increased substantially during the previous five years and, is expected to remain high during the NFNSP 2017-21 period. Further, substantial commitment is already in place to expand that programme to additional districts and to better assure sustainable models are in place in districts when external funding period ends. The SUN Funds is expected to continue to expand and provide technical assistance and funding support for additional personnel needed in the short term to set up and move programmes toward sustainable models. The UN and several bilateral and multilateral organisations are also committed to fund food and nutrition related activities.

High-level political commitment is desirable and this can only be possible when agreements are made around responsibilities and resource allocations from partners and other stakeholders. The special committee of Permanent Secretaries offers an opportunity to develop a clearer picture of what funds from the various Nutrition ministries are already doing or will be committed toward nutrition specific and nutrition sensitive interventions.

4.6.2. Strategic Objectives and Strategies

4.6.2.1. Strategic Objective 1

Increased financial investment in nutrition specific and nutrition sensitive interventions by both traditional and non-traditional donors

Strategies:

- i. Advocate GRZ and partner for predictable and sustainable investment for nutrition.
- ii. Establish a nutrition fund which draws funding from different and innovative sources
- iii. Develop a resource generation strategy to finance the Plan

4.6.2.2. Strategic Objective 2

Strengthen comprehensive costing and streamline financial tracking of nutrition expenditure.

Strategies:

- i. Build capacity of stakeholders in food and nutrition costing.
- ii. Strengthen tracking and reporting of sector food and nutrition financing and budgeting.

³⁴Creating a Culture of Broad Excellence, Government Pro, <http://www.governancepro.com/news/>

CHAPTER 5

OPERATIONAL STRATEGIC DIRECTIONS

The operational strategic directions (OSDs) of the NFNSP relate to strengthening and expanding defined intervention packages or interventions of the plan. The intent is to focus on solving relatively well-defined food and nutrition problem areas that, if addressed effectively can make a major contribution toward improved the nutritional wellbeing of Zambians. These include the following problem areas:

- OSD 1: Prevention of Stunting in Children Under-two Years of Age.
- OSD 2: Availability, Accessibility and Use of Nutritious Foods to Improve Food and Nutrition Security.
- OSD 3: Micronutrient Deficiencies Control
- OSD 4: Management of Acute malnutrition.
- OSD 5: School Health and Nutrition
- OSD 6: Safe Water, Sanitation and Hygiene Promotion
- OSD 7: Nutrition and HIV/AIDS
- OSD 8: Non-Communicable Disease Prevention and Management
- OSD 9: Food and Nutrition in Emergency Preparedness and Response.

5.1 *OSD 1: Prevention of Stunting in Children Under-two Years of Age*

5.1.1. *Rationale*

The 1st 1000 Most Critical Days is a flagship national programme to prevent child stunting that began with a national advocacy and promotional campaign in 2011. During the past five years 1st 1000 Most Critical Days received support from multiple cooperating partners that allowed for organization and implementation of multisector programmes and interventions in several provinces and districts.

Programmes targeting prevention of stunting will continue to draw support from multi-stakeholder approaches at all levels. The First 1000 Most critical days package of nutrition-specific and nutrition-sensitive interventions including women empowerment, social behaviour change and communication campaign plus infant and young child feeding and caring practices, will be rolled out country wide with emphasis on convergence at community and household level.

5.1.2. *Strategic Objective 1*

To increase utilisation of the First 1000 Most critical days package of nutrition-specific and nutrition-sensitive interventions targeted at stunting reduction in children under two years old by 2021.

Strategies:

- i. Enhance personal, community and organisational commitment and support an ongoing “family value and commitment” campaign focused on the 1st 1000 Most Critical Days

- period for every pregnancy and young child
- ii. Expansion of coverage for the 1st 1000 MCD Package of interventions countrywide
 - iii. Develop effective sustainability models in all supported 1st 1000 Most Critical Days Programme districts.
 - iv. Harness other initiatives targeted at prevention of stunting with the 1st 1000 MCD Package of interventions for synergy and higher impact throughout the country.

5.2. *OSD 2: Availability, Accessibility and Use of Nutritious Foods to Improve Food and Nutrition Security.*

5.2.1. *Rationale*

The NFNSP 2017-21 continues to recognise that household food and nutrition security are essential to national development. OSD2 of the NFNSP fully endorses and incorporates the measures called for by the Ministry of Agriculture's updated Agriculture policy. From the perspective of multisector approach, additional details are provided in terms of strategies to better assure the effectiveness of the updated policy's mainly promotional measures on improved household food security. In addition, the strategic plan reinforces the need to view food security and dietary diversity from a broad perspective that includes rural, peri-urban and urban areas.

In Zambia, the potential for improved diets is significant for many families. This can be achieved without prohibitive costs as development continues in areas such as fisheries, greater use of edible forestry products as well as goats, poultry and eggs, dairy products, legumes, fruits and vegetables. The continued diffusion of bio-fortified crops such as iron-rich beans, and orange flesh sweet potatoes and orange maize will also contribute to healthier diets.

The NFNSP 2017-21 emphasises and encourages effective linkage and integration of agriculture and nutrition supported by greater, on-going documentation of projects and joint sector activities. All these activities and actions should be planned and carried out with equity, gender and women empowerment serving as a guide for targeting beneficiaries and programme areas. This will serve as to create powerful catalysts to the enhancement of household food security.

5.2.2. *Strategic Objective 1*

To increase production, access and consumption of diverse nutrient-rich foods for both rural and urban populations by 2021

Strategies:

- i. Promote sustainable production of diverse foods;
- ii. Promote consumption of locally available nutritious foods;
- iii. Strengthen farmer access to agricultural extension services, technology and information including availability of bio-fortified seed and rootstock;
- iv. Enhance collaboration with the private sector to increase processing of foods that

- contribute to a diverse, nutritious diets;
- v. Improve access to markets for agricultural products;
- vi. Promote school gardens for nutritional education.

5.2.2.1. Strategic Objective 2

Increase adoption of gender responsive appropriate crops, fisheries and livestock technologies and practices that improve the nutrition quality and safety of food by 2021.

Strategies:

- i. Enhance collaboration with the private sector to increase processing of biofortified foods;
- ii. Increase investment that promotes post-harvest handling and value addition technologies along the food value chain.

5.2.2.2. Strategic Objective 3

Strengthen mechanisms that ensure food quality and safety by 2021.

Strategies:

- i. Promote safe food preservation techniques and preparation methods at household level;
- ii. Strengthen regulations and enforcement of food quality and safety.

5.3. OSD 3: Micronutrient Deficiencies Control

5.3.1. Rationale

OSD 3 intends to address the dangers of micronutrient deficiencies in the general population and particularly vulnerable groups - pregnant and lactating women, young children, adolescent girls and older persons. Each of these and other serious micronutrient problems can and have been effectively addressed through low-cost interventions in many countries. It will primarily promote increase intake of micronutrients through increased coverage of supplementation, fortification and use of multiple MN Powders.

5.3.1.1. Strategic Objective 1:

By 2019, comprehensive information on the micronutrient status of population is made available to enhance advocacy, policy reform and programming.

Strategies:

- i. Undertake national micronutrient status and food intake survey;
- ii. Advocacy for inclusion of key micronutrient assessment indicators in regular national surveys such as ZDHS.

5.3.1.2. Strategic Objective 2:

Increase coverage of micronutrient intake and compliance for supplementation programs by 2018

Strategies:

- i. Promote consumption of biofortified foods;
- ii. Strengthen supplementation programs for iron, folic acid and vitamin A;
- iii. Roll out use of multiple micronutrient powders (MNPs) for (as point-of-use fortification of) complementary foods consumed by children 6–23 months of age.

5.3.1.3. Strategic Objective 3:

Achieve universal fortification of commercially milled maize (mealie meal), wheat flour and related products with key micronutrients for the general population by 2019.

Strategies:

- i. Expand food fortification of commercially milled maize (mealie meal), wheat flour and related foods;
- ii. Strengthen enforcement of regulations on fortified foods (Sugar, salt, wheat flour etc);
- iii. Monitor accessibility and intake of commercially fortified foods.

5.4. OSD 4: Integrated Management of Acute Malnutrition

5.4.1. Rationale

The NFNSP 2017-21 recognises that the functions of growth monitoring and promotion are directly related to the prevention of MAM, SAM and stunting. Clinic-based GMP activities and CBGMP need to be principally aimed at creating community and family awareness around the prevention of growth faltering and early identification of likely cases of acute malnutrition through weighing and the use of MUAC. Effective GMP sessions that include both weighing and the use of MUAC result in early referral of potential cases of acute malnutrition to health facilities and avoidance of most cases of SAM (except those associated with serious acute illness). SAM cases often occur when families with young children do not regularly participate in CBGMP and attend clinic sessions, or do not have the resources to adopt the practices they learn through the growth promotion activities or MIYCN counselling.

Therefore OSD 4 focuses on strengthening management of Acute Malnutrition and emphasises the need to strengthen GMP, which is important to empower parents and care givers on nutrition and childcare practices as well as to improve early identification of acute malnutrition for referral and timely interventions.

5.4.1.1. Strategic Objective 1:

To strengthen capacity (human resource, supplies and access) for prevention and/or effective management of acute malnutrition by 2021.

Strategies:

- i. Strengthen protocols and guidelines on IMAM

- ii. Community mobilisation on IMAM
- iii. Improve and sustain supply chain and logistics for the IMAM Programme

5.4.1.2. Strategic Objective 2:

By 2021, GMP will be strengthened at both community and facility levels for early identification of acute malnutrition and timely interventions.

Strategies:

- i. Strengthen the capacity (human resource and supplies) of frontline service providers in GMP in relation to IMAM.
- ii. Improve participation by caregivers and families of children 0-24 months of age in GMP sessions.

5.5. OSD 5: Improving School Health and Nutrition

5.5.1. Rationale

In many ways, schools add to knowledge and skills gained from family and communities to form the basis for values and many decisions throughout life. Evidence linking effective education with effective nutrition is well-accepted and continues to grow. School meals increase attendance, particularly among children whose households have food security problems.

The guiding principle of the 2015 framework is that optimum health and nutritional status of children is a determining factor for effective learning. The framework emphasises assurance of healthy learning environments and healthy nutrition of students with the following policy statements:

- Provide health and nutrition education and promotion of activities at all levels of the education system.
- Improve collaboration among line ministries in planning and implementation of SHN interventions.
- Strengthening school and community-based health and nutrition activities” including school demonstration gardens.
- Provide regulations on foods available in school based tuck shops and provide guidelines on what foods are supposed to be brought to school by learners

Part of the rationale behind these policy statements is that, children who learn about the importance of good nutrition and develop related skills through school curriculum and related activities are more likely to develop a long-term personal commitment to better household nutrition for their families.

Zambia's School Health and Nutrition (SHN) programme is national, but does not function optimally in many schools. Programme implementation structures need organisational and

operational improvements at all levels. In many places the programmes need to expand and policy guidance on multisector linkages requires strengthening. In many places where the Home Grown School Meals Programmes (HGSM) has begun, stronger connections are needed between nutrition in schools and community production of nutritious foods including the small livestock and fisheries.

The NFNSP 2017-21 calls for all schools to have schoolchildren learn about the importance of nutrition in the life cycle for sustained knowledge and commitment. An active role by MoGE will assure that by the time each child completes school, they will know about nutrition in the life cycle. With this essential learning area effectively integrated into school curricula and extracurricular activities, nutrition in a life cycle will be family and personal value that will be sustained as part of individual and family knowledge for all future generations in Zambia.

OSD 5 therefore addresses issues related to improving the role of schools in ensuring well-nourished learners with nutrition awareness, nutrition knowledge and skills through the national School health and nutrition programme.

5.5.2. Strategic Objectives and Strategies

5.5.2.1. Strategic Objective 1:

To expand the Home Grown School Meals Program with emphasis on school meal diversity, nutrition gardens, and promotion of nutrition education activities in both urban and rural areas throughout the country by 2021.

Strategies:

- i. Enhance innovation documentation and information sharing around the HGSM programme which include food sourcing from community growers, bulk food sellers and school gardens.
- ii. Improve local gardens, small-scale food processing and safe storage to increase the diversity of HGSM throughout the year.
- iii. Promote and strengthen linkages between communities and schools through, among others, creation of markets for agriculture produce, increase their participation in school management.
- iv. Strengthen collaboration between agriculture, education and health sectors for the improvement of School Health and nutritional well-being.

5.5.2.2. Strategic Objective 2:

To strengthen existing curricular with demonstration-based learning models on nutrition concepts (dietary diversity, food storage, food preservation, food use) for all children completing 7th Grade by 2021.

Strategies:

- i. Develop a low cost collaborative plan aimed at introducing the need to grow crops, small livestock and even fish-farming as key elements of nutrition through demonstrations in schools.
- ii. Develop an electronic "library" and interactive technic for demonstrations on food and nutrition in both rural and urban setting
- iii. Develop a teaching-learning model that brings the main information and values of nutrition in a life cycle into school classrooms and extracurricular activities.

5.6. OSD 6: Safe Water, Sanitation and Hygiene Promotion

5.6.1. Rationale

This NFNSP fully accepts the UNICEF, WHO, USAID principles that more can and should be done to effectively and smartly integrate nutrition and water, sanitation and hygiene (WASH) to bring positive improvements in the health of the most vulnerable population groups.

In Zambia and many other countries, development partners have increased collaboration and support for Community-Led Total Sanitation (CLTS) programmes that have made major progress in eliminating open defecation in rural areas, improving access to and protection of safe water and to the promotion of hygiene.

Commonly, efforts within such programmes have recognised that the linkage of WASH to infection control, particularly among children relates not only to a child's health but also to the child's nutrition. Improved sanitation and handwashing are well known to reduce diarrhoea morbidity. The strong linkage between handwashing and lower prevalence of acute respiratory infections is now well established. It has been long known that infectious diseases most often result from faecal bacteria and are orally transmitted. Children with such diseases are likely to lose their appetite putting them at added nutritional risk. The special care and feeding they need to correct damage from faecal – oral disease transmission affect not only their immunity but also their growth for a period much longer than when they no longer have symptoms of the disease.

Well-conducted research during the past decade has further established that a low-grade infection in the young child's gut commonly caused by bacteria related to human excreta, and referred to as environmental enteropathy (EE), harms the delicate intestinal flora where nutrients are absorbed. Therefore, even without diarrhoea, children exposed to faecal oral transmission, may suffer substantial nutritional losses with no overt signs. This appears likely to contribute to chronic malnutrition and stunting. Addressing the common problem of young child nutrition linked with water, sanitation and hygiene has been called "Baby-WASH." The NFNSP 2017-21 calls for continued inclusion and strengthened integration of WASH in the 1st 1000 Most Critical Days Programmes as they move toward sustainable models and expand coverage to new districts.

5.6.2. Strategic Objectives and Initial Strategies

5.6.2.1. Strategic Objective 1

Strengthen and expand the WASH Programme to effectively contribute to the reduction of stunting by 2021.

Strategies:

- i. Incorporate Environmental Entropathy, interventions into WASH programmes
- ii. Support development of infrastructure that enhances WASH programme.
- iii. Strengthen BCC towards WASH
- iv. Strengthen the understanding of WASH in relation to nutrition among the population.

5.7. OSD 7: Nutrition and HIV/AIDS

5.7.1. Rationale

Food and nutrition interventions remain a key part of the HIV/AIDS continuum of care and have become increasingly important, as treatment has shifted to a point where ARTs are provided as soon as possible after HIV-positive status is confirmed. Poor nutrition also reduces adherence to, and the effectiveness of ART and the infection can cause or aggravate malnutrition through reduced food intake and poor nutrient absorption.

The previous problem related to lack of information on the nutritional status for PLHIV has been improved after the development of Nutrition Guidelines for Care and Support of People Living with HIV and AIDS by the NFNC in 2011. These guidelines (being updated in 2017), cover most major issues related to nutrition and HIV/AIDS for each vulnerable and most affected group. However, even though nutrition is accepted as an important element in the comprehensive ART Programme within the National AIDS Strategic Framework, only limited food and nutrition services have been incorporated into home-based care services for people living with HIV (PLWH).

Operational strategic direction six covering nutrition and HIV/AIDS during the period 2017-21 shifts from efforts to bring nutrition more towards the centre of HIV/AIDS-related treatment and mitigation to a position that reinforces achievements and aims at solving specific problems.

Many more clinicians now can assess nutrition status for PLHIV, and many workplace policies on HIV and AIDs include issues of nutrition. Advocacy for mainstreaming of food and nutrition as an integral part of comprehensive HIV management and support should continue to avoid any slippage in its position. While community-clinic linkage has become better, nutrition support for PLHIV and affected families remains limited. Lessons learned of the benefits of varying degrees of such support from the provision of supplementary foods, community level assistance with food, nutrition counselling needs to be better documented, effective strategies disseminated and shared. There is a continued need for a review of gaps in nutrition and HIV-related IEC materials based on the comprehensive guidelines of the NFNC.

5.7.2. Strategic Objectives and Strategies

5.7.2.1. Strategic Objective 1:

Strengthen the food and nutrition in HIV/AIDS management by 2021

Strategies:

- i. Update the Zambia Nutrition Guidelines for Care and Support of People Living with HIV and AIDS
- ii. Promote the use of food and nutrition guidelines for PLWHA to relevant a wider population
- iii. Build capacity of the services providers in nutrition and HIV management and Care
- iv. Strengthen food and nutrition support for PLWAH and affected families

5.8. OSD 8: Nutrition-related Non-communicable Disease Prevention and Management

5.8.1. Rationale

According to the WHO Health Strategy for Zambia, lifestyle-related non-communicable diseases (NCDs) (hypertension, diabetes, obesity, cancer) are of major concern. Evidence from the ZDHS (2001-2014) indicates increasing prevalence of overweight and obesity. The proportion of women aged 15-49 who are overweight or obesity has been increasing steadily during the same period - from 12% in 2001-02 to 19% in 2007 and 23% in 2013-14 with uneven prevalence distribution between rural (15%) and urban (32%). The higher education and wealth quintiles being the most affected.

The burden on the health system from increasing prevalence of NCDs, particularly diabetes, obesity and hypertension continues to increase rapidly. Positive developments during the NFNSP 2011-15 period included set up an operational NCD unit/branch in MoH. An operational strategy was developed to promote physical activity and to promote healthy diets and with evidence-based national guidelines for the management of major NCDs through a primary care approach. A national NCD strategic plan was completed based on the WHO Global Action Plan for NCDs 2013–2030.

It is therefore crucial for Zambia to implement policies that promote healthy diets and encourage greater lifestyles that mitigates and reduces the burden of nutrition-related NCDs from manifesting. The new era of Sustainable Development Goals (SDGs) presents greater opportunity – as there is a specific target on reducing non communicable diseases by implementing comprehensive programmes that promote the intake of healthy foods and reduce the intake of unhealthy foods and sugar-sweetened beverages by children and adolescents.

Given the rapidly rising rates of nutrition-related NCDs, immediate attention is needed from all sectors, and this document and other complementary strategies must be streamlined to ensure a coherent and comprehensive approach to both preventing and managing NCDs. OSD 8 aim to

strengthen the management, prevention and control of the nutrition-related non-communicable diseases at all levels

5.8.1.1. Strategic Objective 1:

To strengthen the prevention and control of non-communicable diseases among the vulnerable populations by 2021.

Strategies:

- i. Strengthen appropriate legislations, policies and plans for the prevention and control of nutrition-related non communicable diseases.
- ii. Operationalise a comprehensive national strategy for the integrated prevention, management, and control of nutrition-related NCDs, including context-specific action plans at all level.
- iii. Operationalize a comprehensive food-based dietary guidelines to support national NCD programming.
- iv. Enforce policies and legislations that support preventions NCDs
- v. Enhance the capacity of service providers in various sectors in the management and prevention and control of NCDs.
- vi. Strengthen the learning institutional capacities to deliver dietetic training to learners in traning programmes.
- vii. Engage food processors/producers to apply mechanism that prevent NCDs in product reformulation initiatives for healthy food products.

5.9. OSD 9: Food and Nutrition in Emergency Preparedness and Response

5.9.1. Rationale

Zambia has been experiencing repeated droughts and flood-related disasters with increased intensity over the last four decades. Climate change has emerged as one of the most pressing issues affecting socio-economic development. The country is already experiencing climate-induced hazards, which include drought and dry spells, seasonal and flash floods and extreme temperatures. Some of these hazards, especially the droughts and floods have increased in frequency and intensity over the past few decades and have adversely impacted on the food and water security, water quality, energy and sustainable livelihoods of many Zambians. Although these disturbances in themselves may not be direct determinants of malnutrition, their consequences have disrupted food accessibility, availability, consumption and utilisation.

Response to the management of the crisis may fail at the individual and regional levels, and therefore the state must proactively mobilise necessary resources to protect and strengthen the livelihoods of a crisis-affected population. It may prevent or reverse negative coping mechanisms (such as the sale of productive assets, or the accumulation of debts) that could stimulate either

short-term or long-term harmful consequences on their livelihood base, food-security status or nutritional status. There are however very few coordinated actions or guidelines on the food and nutrition emergency preparedness that ensures organised and better decisions to meet these challenges and needs to reduce vulnerability and sustain a resilience pathway along the adaptive capacity of both livelihoods and the environment.

The overall motivation of the NFNSP 2017-21 is to establish a coordinated response to these challenges in nutrition and emergency using various sector policies, strategies and plans and to minimise the overall effects on food accessibility, availability, utilisation, and stability at all levels. OSD 9 will aim to strengthen adequate and well-coordinated response to food and nutrition in emergency situations in order to protect and or preserve livelihoods at all levels.

5.9.1.1. Strategic Objective 1:

Strengthen capacity to deliver a coordinated and comprehensive multi-sectoral nutrition emergency preparedness and response by 2021.

Strategies:

- i. Build capacity of different services providers at all levels for improved Nutrition in Emergency preparedness.
- ii. Establish a functional food and nutrition surveillance system to provide a robust early warning system for emergencies
- iii. Secure funds to facilitate timely response for nutrition in emergency response.
- iv. Put in place mechanism to reduce the risk of vulnerability among the vulnerable populations during emergencies.

³⁵Bio-fortification is the development through conventional agriculture breeding of crops rich in micronutrients resulting in more nutritious plants when e.g. provitamin A maize and orange-fleshed sweet potato (OFSP), are rich in β -carotene.

³⁶Stanbury JB, ed. The damaged brain of iodine deficiency. New York: Cognizant Communication Corporation, 1994.

³⁷Ibid: National School Health and Nutrition Policy, 2006 p. 21.

³⁸WHO/UNICEF/USAID Document: Improving nutrition outcomes with better water, sanitation and hygiene: practical solutions for policies and programmes: 5 Key Facts.
www.who.int/water_sanitation_health/.../washandnutrition-5-key-facts.pdf?ua=1

³⁹Infection of the intestinal tract with an increasingly recognised array of bacterial, parasitic, and viral pathogens can profoundly disrupt intestinal function with or without causing overt dehydrating diarrhoea, Petri WA, Miller M, Binder HJ, Levine MM, Dillingham R, Guerrant RL. Enteric infections, diarrhea, and their impact on function and development. The Journal of Clinical Investigation. 2008; 118(4):1277-1290.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2276781/>

⁴⁰Nutrition Guidelines for Care and Support of People Living with HIV and AIDS, NFNC, Ministry of Health, with funding from USIAD and technical assistance from the Fanta III Food and Neutrino Technical Assistance Project, NFNC, Lusaka Zambia 2011 <https://www.fantaproject.org/focus-areas/infectious-diseases/zambia-nutrition-care-guidelines-PLHIV>

⁴¹WHO Country Cooperation Strategy 2008–2013, Zambia.

⁴²National NCD Strategic Plan was completed based on the WHO Global Action Plan for NCDs 2013–2030.

⁴³*Report of the Commission on Ending Childhood Obesity*, 2016

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