



**A second chance:
Focusing Zambia's nutrition sector in the context of political change**

**Analysing Nutrition Governance:
Zambia Country Report**

Linnet Taylor¹
February 2012



¹ I acknowledge the contribution of Silke Seco-Grutz of DfID for country support and knowledge sharing, and Gudrun Stallkamp (Concern) for her useful comments on the final version of the report.

Contents

Abbreviations	3
I. Introduction	4
II. Evolution of nutrition indicators in Zambia.....	5
III. Evolution and impact of nutrition policies in Zambia.....	6
IV. Analysis of nutrition governance dynamics.....	8
a) Intersectoral cooperation.....	8
b) Vertical articulation	10
c) Funding mechanisms	11
d) Sustainability and the recent changeover of ruling party	12
V. Relevant findings and preliminary conclusions.....	12
a) Findings	12
i. Nutrition mandates are sectoral and uncoordinated with donor priorities.....	12
ii. Lacking consensus around nutrition	13
iii. Funding	14
iv. Need for a high-level mandate to bring programming together.....	14
b) Entry points for policy interventions in the context of political change	14
i. Achieving a mandate for nutrition	14
ii. Alternate models for horizontal coordination	15
iii Potential for vertical coordination.....	16
iv Fiscal accountability.....	17
VI. Bibliography	18
Appendix: list of interviewees.....	20

Abbreviations

BCC	Behaviour Change Communication
CBO	Community Based Organisation
CIDA	Canadian International Development Agency
DfID	UK Department for International Development
DHS	Demographic and Health Surveys
HIV	Human Immunodeficiency Virus
GDP	Gross domestic product
GMP	Growth monitoring and promotion
GRZ	Government of the Republic of Zambia
LCMS	Living Conditions Monitoring Survey
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MAL	Ministry of Agriculture and Livestock
MoF	Ministry of Finance
MoH	Ministry of Health
NFNC	National Food and Nutrition Commission
NFNP	National Food and Nutrition Policy
NGO	Non-governmental organisation
PRSP	Poverty Reduction Strategy Paper
SHNP	School Health and Nutrition Policy
SUN	Scaling Up Nutrition
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WB	World Bank
WFP	World Food Programme
WHO	World Health Organisation

I. Introduction

Zambia is one of the 36 countries with more than 20 per cent stunting rates which formed the focus of the Lancet Nutrition Series on the effects of nutrition interventions (Bhutta et al 2008). The WHO's landscape analysis on nutrition (WHO 2009) assessed its level of nutrition governance as 'medium', taking into account the priority given to nutrition in its PRSP, UNDAF and Nutrition Governance Indicators. The same report also noted that Zambia was making 'insufficient progress' toward MDG1 on nutrition.

In September 2011 Zambia saw its first change of ruling party since 1991, from the Movement for Multi-Party Democracy (MMD) to the Patriotic Front (PF), in a move widely seen as a popular revolt against corruption. Since the election, a large-scale corruption investigation has been initiated by the new president, Michael Sata, which may go some way toward restoring donor faith in the government after a series of problems around transparency with health-sector donors. This changeover of power may create a window of opportunity for donors in terms of an open dialogue with government about transparency and accountability, the revision of funding mechanisms and other issues central to external aid for nutrition.

While the country is characterised as having 'medium' nutrition governance (WHO 2009), it is uncertain whether these governance indicators are translating into programmes that affect nutrition outcomes, particularly given the intervening factors noted above. This study aims to explore this disjuncture and its potential solutions, and to offer broad conclusions as to which strategies appear to be strongest in creating good nutrition outcomes. After decades of stalled nutrition policy and implementation, the country recently saw a change of ruling party from the one in charge since 1991. Although at the time of writing little is known yet about this new government's priorities, the information available suggests that this change may represent an important window of opportunity, both for donors and for those within the executive, to make the case for the importance and urgency of nutrition as a national concern. It is also important that this window of opportunity be used in a planned and measured way by the government as a whole, so as to ensure the sustainability of any changes made.

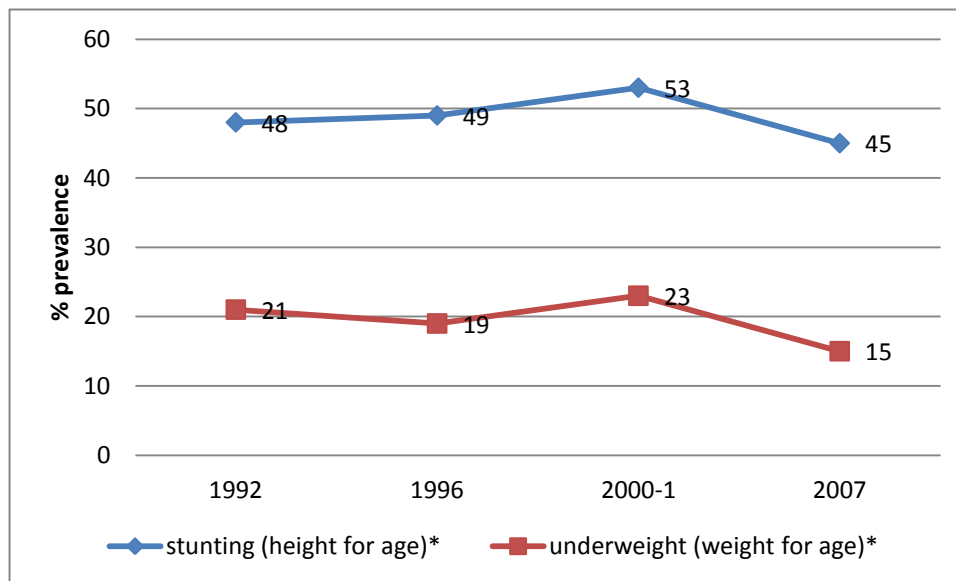
The hypothesis on which the study is based is that the best nutrition outcomes, in terms of effective implementation, will be seen when policy is well aligned with political motivations on the part of government and non government actors, and that multiple stakeholders need to be coordinated around what is a complex and multidimensional policy and implementation challenge. It looks at three main dimensions of nutrition governance: intersectoral coordination on the part of government, donor and other high-level bodies; vertical coordination within the country's nutrition policy and implementation systems, and the modes of funding that are negotiated through, and used to implement, interventions. It also looks at how monitoring and data systems may support or undermine these forms of coordination and organisation, and at the political sustainability of successful interventions or forms of coordination. The study also looks at other political and economic factors that may be influencing malnutrition rates, and their potential importance in the larger picture of combating malnutrition in Zambia. The aim of this research is to help government officials and decision makers in priority countries to effectively tackle the problem of maternal and child malnutrition.

The research was carried out during 2011 and involved both desk research, mainly of Zambian government documents and other grey literature. It also involved interviews conducted by phone during August and September 2011 (see table 1 in appendix) with various key organisations relating to the national nutrition strategy and its implementation. The following two sections deal with the dimensions of the problem and the policy history relating to it. Those that follow tackle three main dimensions of governance: horizontal coordination² between sectors and government bodies; vertical coordination between central and local bodies, and the ways that funding structures are affecting nutrition activities. The final section presents findings and possible entry points for intervention.

II. Evolution of nutrition indicators in Zambia

Zambia was listed by the WHO in 2009 as making ‘insufficient progress’ toward the nutrition goals of MDG1, meaning that the country was classified as achieving an annual reduction in underweight prevalence of more than 1 per cent but under 2.6 per cent (UNICEF 2007). The DHS data, however (figure 1), show that this assessment may be optimistic. According to surveys taken between 1991 and 2007 (the last year for which data are available), the country falls within the ‘no progress’ category at 0.4 per cent per year. Wasting, or acute malnutrition, is minimally less of a concern, affecting 6 per cent of children under five (ZDHS 2007), but nevertheless worrying in that it remains at its 1992 level.

Figure 1 Underweight and stunting prevalence in Zambia, 1991-2007



Source: Zambia Demographic and Health Survey 1992-2007

* data for stunting and underweight recalculated to keep data for 2007 comparable to earlier figures.

² Horizontal coordination is here classed as communication and interaction between different elements of the government structure at a similar level of seniority, while vertical coordination denotes the interaction of various levels of government on the scale from national to local.

Despite this low-to-nil rate of progress in nutrition over the last two decades, the data show a drop in both underweight and stunting between 2001 and 2007 (DHS 2007), probably due to increasing success in the fight against HIV/AIDS. Two other problems are closely related to under-nutrition: under-five and maternal mortality. The under-five mortality rate was 119 per 1,000 live births in 2007 (DHS 2007), with UNICEF placing the figure higher at 148 per 1,000 live births (UNICEF 2009), neither of which make Zambia on track for the MDG target of 64 per 1,000. Maternal mortality in 2005 was at 830 per 100,000 live births (WHO 2007), higher than the average for Eastern and Southern Africa. A third of this under-five mortality and a quarter of the maternal mortality is believed to be caused by under-nutrition (World Bank 2010).

Two other factors associated with malnutrition are considered in this report: HIV/AIDS and poverty. Zambia's current HIV prevalence is 13.5 per cent but ranges as high as 25 per cent in urban areas. HIV/AIDS affects labour supply and thus lowers agricultural production leading to malnutrition among sufferers, and vice versa. There is also a high infection rate among young women who exchange sex for food (UNAIDS 2010). Socio-economically, Zambia presents a polarised landscape with a deep rural-urban poverty gap (McCulloch et al. 2000; Holmes and Slater 2008; Di John 2010) Despite increasingly positive economic outcomes, these may not be permeating to those at risk of malnutrition. Despite the country's official accession to middle-income status (World Bank 2011), growth (at 7.1 per cent in 2010 (Reuters 2011)) is based largely on copper mining by foreign companies, and prices, unstable since the start of the global economic crisis in 2008, are currently trending downward again toward their 2008 low. The country scores high on the Gini index at 0.51 (*ibid*), indicating that income is not evenly distributed, and the poverty headcount stood at 59.3 per cent in 2006 (*ibid*, the latest data available), with 58 per cent of families that year reporting that they could not afford three meals a day (Chibuye 2011).

III. Evolution and impact of nutrition policies in Zambia

Zambia's nutrition policy has historically focused on issues of food production and availability, with minimal attention to broader issues of nutrition. After the passing of the National Food and Nutrition Act of 1967, a rights-based document that acknowledged children and adults' right to good nutrition and to services such as micronutrient supplements and fortified foods, food production and security continued to be the focus of policy. In the same year a National Food and Nutrition Commission was formed, charged with coordinating implementation, including the provision of technical advice and training to the various sectoral actors on nutrition. The discussion body of the NFNC is composed of permanent secretaries from line ministries involved in nutrition. Administratively the Commission operates under the auspices of the MoH, and has approximately 50 staff. There is no direct involvement of civil society organizations.

Despite the Act and the formation of the NFNC, coordination and implementation of nutrition were not a strong presence in government policy until the 2000s and the start of the Fifth National Development Plan (2005-2010), which focused on the health (curative and preventive) aspects of nutrition, including GMP, BCC and antenatal health, and noted that the NFNC needed significant 'strengthening' if it was to accomplish its mission. It established a five-year strategic plan for the NFNC (2005-2010), whose genesis was primarily donor-driven. This plan mandates the

establishment of monitoring mechanisms, a research agenda, the start of training programmes for nutritionists (none previously existed in Zambia), and budgeting US\$7m for the implementation of the national nutrition policy over the next five years, of which the GRZ pledged to cover 90 per cent. After this strategic plan was established, it became possible to move toward implementation policies: in 2006, a National Food and Nutrition Policy and a School Health and Nutrition Policy were passed.

However, these did not achieve the aim of foregrounding nutrition so that in 2010, the Sixth National Development Plan announced that the issue would be 'mainstreamed' into a programme of Food and Nutrition Coordination and Management (GRZ 2011a), moving away from the more health-focused aspects of the previous policy and further toward food 'availability, access and utilization'. The plan focuses on dietary diversification, vulnerable groups, control of 'diseases having an impact on nutrition', and school feeding. It channels funds for these activities through the ministries of Health and Agriculture, Livestock and Fisheries, using the national development budget distributed by the Ministry of Finance. These changes in approach appear to be largely donor-driven, and do not appear to have significantly influenced the actors in, or extent of, nutrition programming.

This was followed in 2011 by a new move to tackle stunting, the National Food and Nutrition Strategic Plan (GRZ 2011b), a five-year strategy which focuses on stunting in children under the age of two. This recounted the various elements of nutrition policy and included reasons why they had not yet been achieved – primarily funding and lack of implementation power on the part of the major actors in nutrition, and particularly the NFNC.

Since the Fifth National Development Plan, therefore, Zambia has seen a spate of iterative policymaking around the same issues, framing them differently each time, with a final push to define the previous problems and set up a more realistic basis for nutrition implementation in the National Food and Nutrition Policy (GRZ 2011b). Unfortunately programming has been slow to follow and difficult to scale up, largely due to diminishing resources, and it remains to be seen whether the new policy of mainstreaming it as a 'cross-cutting issue' will remedy this situation.

One other important issue relating to nutrition more broadly is Zambia's maize policy. For several decades agricultural policy has been heavily biased in favour of specialisation in maize. This has traditionally been supported by strong Presidential interest and involvement in every aspect of the maize economy: input availability and pricing, the price of 'mealie meal' (maize flour, a Zambian staple) for urban consumers, and the need for any imports. The price of maize is set by the government's Food Reserve Agency (FRA), and is a tool used by the government to adjust inflation (Reuters 2011). This focus on maize plays out in various ways related to nutrition, as will be explored later,³ and includes Zambia's 2011 signing of the Comprehensive African Agriculture Development Programme (CAADP) Compact.

³ A similar dynamic is reported for the case of Bangladesh, where the presidents' focus is on a single staple, rice, and much of the debate between main stakeholders (political involvement, group lobbying, citizens' perceptions) circle around that issue and away from nutritional concerns.

IV. Analysis of nutrition governance dynamics

a) Intersectoral cooperation

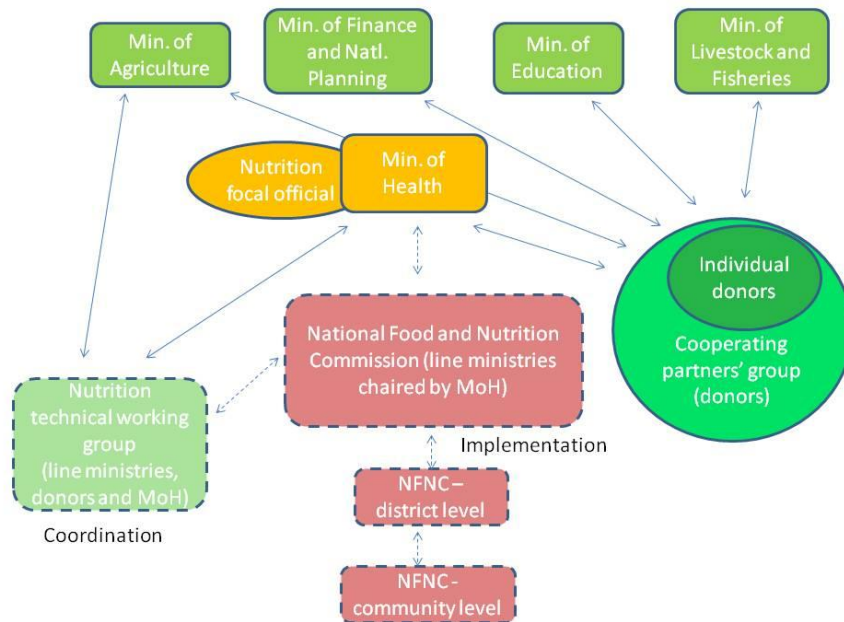
There has so far been insufficient intersectoral cooperation around nutrition for three main reasons. These are, broadly, a lack of qualified staff and the mandate to convene high-level actors on the part of the main coordinating body, the NFNC, and insufficient funding for nutrition activities on the part of the government. These have led to a situation where nutrition is divided into health and food security along sectoral lines, and there are very few staff in the MoH with a nutrition brief. In an implementation environment full of different sectoral and donor actors, nutrition only has a single 'focal point' official situated in the MoH. This official is charged with avoiding duplication in programming, organising joint interventions by donors, cooperating with the NFNC which is nominally - but not functionally - the main implementation coordinator, and running a nutrition technical working group comprising the MoH (from both central and provincial levels), academia and donors. This is a large task, made more difficult by a lack of qualified nutritionists in the MoH. A further structural problem with the MoH/NFNC arrangement is that it includes only formal (but not operational) links to the agricultural sector. A second group comprising government and international donors exists, relating mainly to the SUN campaign. The Scaling Up Nutrition movement (SUN) is seen by donors as a strong potential source of the incentives and coordination that are currently missing from the nutrition picture.

The focus on the health aspect of nutrition may be the more serious of these organisational problems, since it determines the space within which sectoral actors operate. Similarly to the other countries in this study for whom overseas aid is an important source of funding (Ethiopia and Bangladesh), nutrition has been placed under the auspices of the MoH and has thus been framed as a curative/preventive problem principally involving health sector interventions. This looks set to continue under the SUN initiative, which is primarily based in the health sector. This has led to a focus on identifying and treating acute child malnutrition and offering HIV-related nutrition interventions at the expense of broader nutrition activities that may have a longer-term impact on stunting and underweight prevalence, and which would tackle the problem of maternal under-nutrition, an important contributing factor to children's nutrition problems.

This health focus stands in contrast to a food security focus on the part of the agricultural sector, which has led to a concentration on food production at the expense of the promotion of dietary diversity and coherent programmes around food availability and use. Together, these two divergent points of view contribute to a gap in perception of the scale and breadth of the challenge among those best equipped to implement solutions to it. The responsibility for bringing these divergent perspectives together lies with the main coordinating body, the NFNC. However, it has remained largely a figurehead institution, with a mandate to coordinate that lacks 'power and clout or responsibility over nutrition activities implemented in various sectors' (GRZ 2011c). One aspect of this is its position in the Ministry of Health, which places it squarely on the clinical side of this divide and limits its ability to influence sectoral development plans and programmes. One interviewee from a donor organisation asked the question: 'how will the NFNC implement a strategy that is not dependent on their work but on that of other ministries?'

The NFNC's members have met once in 2011. The commission is accompanied by a technical working committee, which has not yet met in 2011 but which is charged with technical coordination between line ministries and donors. These are shown in figure 2, with broken lines denoting bodies that are dormant or nonexistent.

Figure 2. Zambia nutrition coordinating bodies



The lack of trained nutritionists⁴ in the country as a whole, and in the MoH in particular, negatively affects intersectoral coordination. This is because lack of a common language on nutrition makes it difficult for the MoH to talk to the MAL across the sectoral divide, forming an obstacle to building mutual respect as well as collaboration on policy and programming. Although professionally qualified nutritionists are lacking in both sectors, the MAL has a history of several decades' dominance of the nutrition policy agenda through its food security portfolio, which does not mix easily with the more clinical approach that goes with putting nutrition under the MoH's auspices. The MoH itself notes in its nutrition policy document (GRZ 2011a) that 'operationally, the NFNC's ability to handle nutrition issues has been thwarted by ... insufficiently trained technical staff.' This problem, which is attributable to a lack of training programmes, is slowly being remedied, but it will take years for these nutritionists to attain high-level positions where they can help bridge the gap between sectors.

⁴ MoH interviewees estimated that 70 per cent of those working on nutrition in the MoH, MAL and NFNC had diplomas in relevant subjects such as public health, but that the number with degrees in nutrition was tiny.

Zambia's maize economy constitutes a negative feedback loop with bad consequences for nutrition. Long-standing fertiliser, seed and price subsidies have generated a constituency around maize cultivation which creates electoral incentives for the government to prioritise the issue. This has some similarity to the Bangladeshi government's preoccupation with rice prices (covered in a related country study), which diminishes the amount of public attention and policy space available to nutrition. In the case of Zambia, subsidised prices incentivise poor farmers to sell their maize crops without storing any for the hungry season, by which time they lack both food and the money to buy it.⁵ Second, even where it is a successful economic decision maize cropping (at the expense of more varied output) decreases dietary diversity and thus worsens nutrition outcomes, also by introducing aflatoxins, a carcinogenic mould which can impact stunting levels. Third, as a policy issue maize is widely blamed for stealing presidential interest from broader issues of nutrition and may partially explain the current difficulties in achieving a presidential-level mandate for intersectoral coordination.

b) Vertical articulation

Implementation of both government and donor programmes is done mainly through government bodies at all levels, so that donors must work through the implementation structures of the MoH, MAL, MoE and any other sectors involved. Some programmes are also implemented through private consultants, but in the main programming occurs through sectoral ministries. This is supposed to be coordinated down to community level by the NFNC (see figure 2), but in fact these lower-level bodies do not yet exist so that there is no overall coordination for nutrition implementation. This lack of coordination means that ministries at provincial, district and community level are not being shown by the NFNC how to use their capacity properly toward achieving nutrition outcomes, and this combination of low coverage and low motivation for nutrition activities has made existing interventions ineffective.

Few activities in the field of nutrition have been taken to scale apart from micronutrient supplementation programmes and fortification of salt and sugar. The GMP and nutrition counselling that are important to both long-term change and authorities' ability to collect data on the scale and location of the problem lack coverage: though they have been rolled out to every health centre, the health centres do not serve the whole population. A recent review concludes that 'communities are mainly seen as targets but rarely as a resource' (World Bank 2010). The lack of a strong mandate to address nutrition (or a common story about the consequences of not addressing it) leads to a situation where there is no common language among sectoral actors at different levels. While these actors may come together around events such as the 2011 SUN meeting, or World Food Day, there is no continuing dialogue or operational collaboration at the local level.

Civil society is not yet an autonomous actor in nutrition debates or implementation, despite donor efforts (particularly by USAID, DfID and Save UK) over recent years to involve it. An independent analyst interviewed characterised civil society involvement as donor-driven, and not organic, noting that Zambian civil society was not yet effectively coordinated in terms of activism, and does not connect up with international civil society. Furthermore, civil society awareness of nutrition as

⁵ During the drought of 2001-2 areas where maize prices rose showed a higher rate of stunting and increased micronutrient deficiencies among mothers (Gitau et al 2005)

a problem or a right remains low, so that few activists are focusing on the issue. Although there are Zambian-based CBOs and NGOs active in nutrition programming, they are too small to create an overall impact and there is no coordinating mechanism to focus their efforts (World Bank 2010). Formally, civil society organisations are part of the technical working group under the NFNC. However, a combination of sporadic meetings and a lack of autonomous engagement on the part of advocacy groups means they are not yet a significant force in this implementation discussion. Advocacy groups' involvement in nutrition, such as the recent visit to Washington DC on the part of several groups to advocate for Zambia's nutrition agenda, has been donor-driven rather than independent, which raises questions about its sustainability should donor priorities change in the future.

c) Funding mechanisms

Under-coverage is a pervasive issue throughout Zambia's social protection system, including all health and social welfare programmes, and particularly in the nutrition sphere. It is closely related to funding, and – analysts argue – to a lack of available government revenues that leaves the sector dependent on donor activities, which tend to be small-scale and lack effective monitoring and coverage. Given Zambia's middle-income status and its thriving mining sector, this basic lack of revenues is surprising. It relates to what Di John (2010) identifies as an elite bargain present since independence, where in exchange for acceptance of the ruling party, Zambian-owned companies in country's highest earning sector, mining, pay little or no taxes. Foreign-owned companies were subject to extremely generous tax rates until 2007, when revenues from natural resources began to trend upward. These taxes were revised upwards but still constitute highly favourable terms. The tax regime was also reformed to include a Medical Levy of 1 per cent on all interest earned from banks, but neither of these reforms have provided sufficient funds to the stretched health sector, which has been dealing with one of the highest HIV/AIDS prevalence rates in Africa, and has left little over for nutrition activities.

The primary issue regarding funding of nutrition in Zambia appears to be primarily quantity, rather than process as it is in the other aid-receiving countries included in this research. The NFNC is widely regarded as under-funded, considering its broad mandate, but this is symptomatic of an under-funded sector as a whole. Nutrition funding, despite the issue being mainstreamed as a cross-cutting issue, is reliant on a budget line managed by the MoH which is then apportioned between preventive and therapeutic by its public health department. This dedicated annual nutrition budget fell from K558m (US\$113,385) in 2010 to K367m (US\$74,574) in 2011 (0.6 US cents per capita), an amount assessed as inadequate by the donors and government officials interviewed.

Process is also an issue, however, due to recent problems with transparency. The discovery in 2009 of significant embezzlement in the MoH (US\$7M) provoked a significant reduction in external aid to the health sector on the part of bilateral donors, and to a move to fund through multilaterals such as UNICEF and UNDP rather than directly (Avert 2010). Nutrition was receiving too little funding to feel these losses immediately, but the overall shortages in the health budget are expected to have consequences for the nutrition budget as well.

Some donors, including DfID, use budget support that is spent on the health sector, but the majority of nutrition funding continues to flow through the MoH as project, rather than direct, support, using none of the country's public finance management systems. Donors are currently discussing setting up pooled funding for nutrition initiatives, but so far this has not been realised so that in 2008, the last year for which data is available, project support comprised 70 per cent of all aid to Zambia. This raises problems with coordinating aid flows, since most project aid is not reported to the MoF. Interviewees in the donor group believed that pooled funding could greatly reduce project fragmentation by enforcing coordination amongst donors.

d) Sustainability and the recent changeover of ruling party

The changeover is regarded as a step toward multi-party democracy, but the new ruling party won with only 60 of the 80 seats needed to control the 158-seat parliament, although the remaining seats to constitute a majority were expected to become available through by-elections and presidential appointments. There will thus be a strong opposition composed of the MMD in alliance with the United Party for National Development (UPND), which is likely to have the power to veto new legislation unless the PF is able to secure a majority of MPs to vote on its side, as it has been in the case of the election of a speaker. The amount of resources currently dedicated to nutrition, however, and the low profile it still enjoys, make it an unlikely target for politically motivated change by the new ruling party.

The issue of sustaining programming across the change of ruling party was not judged by government or donor interviewees to be a significant problem. This is first because the actors involved in nutrition are largely at the technical rather than ministerial level, and thus will not change with the election. Second, the programming currently underway is largely run and funded by donors rather than the government itself, and is therefore likely to remain stable in the face of political change.

Optimism regarding presidential interest in nutrition rose after a meeting regarding nutrition strategy in February, attended by the President. Increased interest and dialogue among government stakeholders in particular. However, this interest has not translated into action, partly because the presidential interest may have related more to campaigning in a neglected area of the country where the meeting was held, and thus has not resulted in increased engagement with nutrition at presidential level. The meeting may be more symptomatic of a situation where intersectoral communication occurs through special events such as the SUN meeting and the annual World Food Day rather than in a structured, regular way.

V. Relevant findings and preliminary conclusions

a) Findings

i. Nutrition mandates are sectoral and uncoordinated with donor priorities

Rather than reforming its activities, Zambia needs to make a new start on nutrition policy implementation. The nutrition sector currently has many policy initiatives but little action: actors

are uncoordinated and activities are fragmented. The issue has been declined in importance for government over the last 10 years and remains a background concern characterised by a lack of urgency and inadequate funding and empowerment of the institutions involved. Donors are active and concerned, but the lack of high-level interest on the part of the government leads to a situation where there is little incentive to coordinate, and they tend to fund their own priorities rather than the mandate of the sectoral ministries involved in nutrition. These sectoral mandates can be narrow and are determined by the path nutrition activities have taken in Zambia so far. The range of understandings of nutrition is great, stretching from curative interventions for acute malnutrition (in the MoH) to packaging food (some officers in the MAL).

This situation is exacerbated by an ineffectual coordination body, the NFNC, which lacks funding, qualified nutritionists, convening power, connections to policymakers, and a mandate to coordinate actors at either the central or local level. There has been some success with convening ministry technical officials around issues in existing programming, but since the ministerial level is missing from the discussion arena, none in generating new links or coordinating new activities. Besides this missing top level of discussion, numerous sectoral actors are missing from the policy arena: ministries such as Community Development or Social Affairs, the research community in general, and the private sector are so far remarkable for their absence (see figure 2). The main coordination challenge is thus around the activities of the MoH and MAL, which engage in mutually unrelated programming at all levels, based on different understandings of the overall brief of nutrition.

ii. Lacking consensus around nutrition

There is insufficient consensus around nutrition needs and ways to address them. Stunting has gained attention as a main policy issue: NGOs involved in implementation highlighted the problem of a relatively low acute malnutrition rate but a stunting rate that remains obstinately close to one child in two. However, this awareness of the problem of stunting has not yet translated into programming, with coverage of GMP and accompanying BCC programmes (required to make GMP effective) remaining thin. Positioning stunting policy as part of the MoH's brief, however, may be a disadvantage given the systemic character of the problem, and the lack of coordination with other sectors involved in combating it (notably Agriculture, Community Development and Education).

Strong vertical linkages in nutrition exist because donors work, in turn, through the government's vertical structures to implement programming. However, these do not result in the incorporation of different sectoral players within government at different levels, who could add sectoral expertise and knowledge to nutrition programming, nor do they result in increased efficiency in terms of monitoring and data collection and transmission, so that data collected by donors and implementation bodies on inputs rather than outputs or outcomes becomes the main focus of programmes.

The still-recent corruption scandal involving the MoH is present as a concern in nutrition though the issue is still too marginal to be directly affected. If it is mainstreamed as shown in government plans, decreases in health sector funding over the medium term due to donors' problems with accountability are likely to have a strong effect on the government's ability to build and coordinate nutrition programming.

iii. Funding

Although the major nutrition programmes, which are donor-run, have so far operated within government provision structures, financing of nutrition programming is predominantly done bilaterally and outside the government's fiscal structures. Although this simplifies financing to some extent, preventing the kind of accounting complexities seen in other aid-receiving countries such as Bangladesh, it also makes government bodies at each level more a vehicle for donor programming than an equal partner in conceiving and carrying out interventions. Thus interventions continue whether or not government coordination around nutrition functions, and lead to a situation where the government is not incentivised to develop the capacity to coordinate for itself.

These joined-but-separate implementation structures also fail to motivate government to coordinate between sectors at the district and local level, although staff from different ministries may be working on similar issues. Equally, donor priorities predominate but these are not yet sufficiently coordinated either, with bilateral donors developing their own nutrition agendas that overlap with, but do not map onto, those of government and each other.

iv. Need for a high-level mandate to bring programming together

On the part of the government, a mandate from the presidential level is necessary to unify thinking about nutrition across sectors. Although it is nominally a cross-cutting issue that is mainstreamed across sectors, in reality nutrition is not being addressed this way. Instead it remains a health sector concern both in theory – i.e. the national development plan – and in practice in terms of mandate and implementation. This leads to a situation where monitoring is similarly siloed by sector and donor, and data is not brought together into a coherent story of inputs and outcomes.

b) Entry points for policy interventions in the context of political change

i. Achieving a mandate for nutrition

High level political commitment to nutrition remains lacking, and makes it impossible to coordinate, to scale up programs and to create mechanisms for effective monitoring and accountability. Donors are the only actors in the nutrition arena who currently have the power to make it a core mandate of government through lobbying the new government with a strong story about the importance of addressing nutrition as a stand-alone issue, rather than as something that can be addressed through acute malnutrition treatment and interventions to do with food production and access.

The election of a new ruling party may constitute an opportunity to create this missing mandate. It is perceived by donors as an opportunity to do new lobbying amongst new policy actors and to raise interest in nutrition at the highest levels of government. There is likely to be a window of opportunity around the fact that the new government has pledged to combat corruption, and also around the fact that the key figures in the new government have a history of involvement in these issues: the new president was once minister of health, his wife is a medical doctor, and the new VP has a history in food security. These may be a willing audience for nutrition concerns.

If nutrition gains presidential buy-in and thus a real mandate, however, it is likely fall to the under-funded, under-connected and under-empowered NFNC to carry out policy and implementation coordination. is the only institution currently empowered to turn nutrition policy into implementation. This is a problem waiting to happen. Possible solutions include supporting the NFNC with high-level connections via an auxiliary body such as the previous nutrition committee convened by the VP under the auspices of the MoF.

If donors are to take advantage of possible new leverage on nutrition issues, a nutrition focus will need to be highlighted in the demands they make during this critical first period. Currently the focus is on poverty and agriculture more broadly – this may represent a missed opportunity for nutrition. Some donors would like to highlight nutrition as a concern, but the group as a whole has not adopted this strategy. Donors have met to formulate an agenda for presentation to the new government,⁶ but the issues prioritised are broadly about poverty and do not make nutrition a specific issue.

Civil society groups represent an under-used resource, and possibly more so after gaining a higher profile with their recent trip to Washington DC to lobby for nutrition concerns. This trip was supported by NGOs in order to strengthen civil society awareness of and involvement in the SUN process. However, a specific focus and history in nutrition concerns is largely lacking among civil society organisations, just as in government itself. This suggests that donors should continue their strategy of pressing to coopt poverty and community development organisations into nutrition advocacy – again, this is partly a challenge for donors and the NFNC to develop a stronger story on nutrition that gives it an identity related to these concerns. Bringing nutrition issues to greater prominence in international fora such as the African Union and the The Southern African Development Community (SADC), a model that worked with malaria, might also incentivise the government to create a mandate for nutrition.

ii. Alternate models for horizontal coordination

The evolution of HIV/AIDS policy coordination over the last decade provides an alternative model for better coordination around nutrition: after languishing as solely a health concern, HIV/AIDS was, like nutrition, finally classed as a cross-cutting issue and mainstreamed through all sectors. This, combined with awareness-raising by a parliamentary committee and a strong push for recognition at ministerial level by the MoH, brought line ministries to acknowledge that the problem had been siloed into the health sector. A ministerial committee under the VP was formed, and the cabinet itself now convenes its own members around the issue. If this model were adopted for nutrition, the NFNC would become a secretariat and would be absolved of its line responsibilities for coordinating ministerial-level actors, which it is clearly not currently empowered or funded to do.

Something resembling this model was formerly used in nutrition, where the MoF and VP's office jointly sponsoring a coordinating body which was chaired by the WFP. This institution had more power than the current coordinating bodies, but suffered from a lack of overall orientation in terms of policy and implementation. Given that policy has now been formed, it opens an opportunity for

⁶ These issues are primarily the diversification of agricultural production and a move away from the preoccupation with maize promotion; market development, resource mobilisation, public financial management and procurement.

such a coordination mechanism. Involving the MoF would have the added benefit of safeguarding the nutrition budget, which is dwindling in the face of reduced health funding in general.

Given the current lack of strong interest in nutrition policy and implementation at the highest levels of government, which translates into a lack of empowerment for the relevant institutions, the most powerful actors in the field are currently external donors. These are currently focusing on a broad set of priorities which do not appear to have strong buy-in from the government, which interacts with the problem of a lack of government interest in the issue, resulting in a lack of coordination of efforts around nutrition.

One way to engage the government on nutrition issues is to use donor leverage with the new government address the maize-nutrition policy disjuncture – an item already on the donors’ agenda. This might be done by lobbying for a shift in the fertiliser support program, rather than addressing the whole support system through the larger sphere of agricultural policy. A useful model in this case is that of Malawi, which added beans and legumes into its fertiliser support programme and saw some improvement in dietary diversity and nutrition outcomes.

iii Potential for vertical coordination

So far vertical coordination is weak, but this has been due to the lack of an overall mandate for nutrition rather than political conflicts between the central and local government. This offers two different potential areas for change. One is at the highest level, as addressed in the previous section. The other is at district level, where the MoH and MAL have implementing operatives who could be strategising and working together given that they each have a brief that includes nutrition, but who currently have no incentive to do so. This would similarly, however, require a clear mandate from the presidential level, for which donors may currently have renewed leverage.

On the community level, the structures around maize subsidies may represent an opportunity for nutrition communication and coordination. Currently farmers are brought together into groups by the MAL for discussion and strategising around maize concerns, a convening which both constitutes a disincentive for dietary diversification strategies, but also an opportunity for the MAL to create change in this area using nutrition communications. If BCC work were added into these sessions, this would represent a way to scale up what is currently an important but small-scale programme.

One key aspect of vertical coordination is monitoring and data processing, given the potential these have for creating upward accountability on the part of all implementation bodies. Currently various data sources offer opportunities to chart nutrition inputs and outcomes, but are not being brought together into a coherent picture. The sharing of data across government institutions and key ministries through a common set of indicators would also be a step in the right direction in terms of collaboration on monitoring beyond inputs and process. The national LMCS does not currently, but could potentially be used to, collect nutrition data on consumption, dietary diversity and on progress against malnutrition from GMP locations,⁷ and represents a strong resource to monitor any programmes that can be scaled up to national level. Meanwhile, the agricultural sector’s reporting structures collect food production data which could provide a useful complement in

⁷ The LCMS’ only question on nutrition currently is how many meals a household has per day.

terms of nutrition inputs and outputs. The MoH currently only collects data on acute malnutrition cases, but if this could be expanded in a context of scaled-up GMP to include moderate and mild malnutrition, it would provide greater understanding of how trends in acute malnutrition may interact with the larger picture of chronic under-nutrition and food insecurity. This would be a coordination opportunity for the NFNC if it were sufficiently empowered to work cross-sectorally.

iv Fiscal accountability

Budget support is a key issue in resolving the current fragmentation and small scale of nutrition programming, but is likely to remain an unpopular way of financing programming given the doubts about the health sector's ability to manage funds contributed directly over the short term while donors' fears about transparency are addressed. Direct support is flowing to the GRZ, but toward general poverty reduction which still lacks a focus on nutrition (Allafrica.com 2011). Instead, the nutrition sphere is populated by small implementing bodies and large bilateral and multilateral donors who are keeping their funding separate from government accounting mechanisms. This is partly an issue of visibility which may be aided by increasing international attention to Zambia's nutrition problem – something that the SUN initiative may help remedy if Zambia fully engages with it. It is also, however, an issue of trust among donors in the health sector, and one of finding more reliable ways to fund. One way to address this second problem may be increasing the involvement of the MoF in coordinating nutrition activities, given that the problem arose from the embezzlement of donor funds flowing directly into the MoH. It is also for the bodies involved most directly, i.e. MoH and the national government, to improve financial management systems in the MoH.

The idea of setting up a pooled fund was one of the main issues where consensus was achieved among interviewees for this project. This would allow donors to collaborate without losing control of their contributions, and while remaining able to account for their share of the aid.

Overall, a focus on poverty reduction can only benefit nutrition, since income is named by donors and government sources alike as being equally important to food security and health issues in impacting nutrition outcomes. The current lack of coherence in nutrition programming across sectors, in combination with the election of a new government, opens a window of opportunity in terms of drawing together currently disparate programming around nutrition, by classifying it – just like poverty – as a broad and cross-cutting issue that will take all sectors and levels of government to address.

VI. Bibliography

Allafrica.com (2011) 'AfDB Approves U.S.\$ 24 Million Budget Support Loan for Zambia'. Accessed online at: <http://allafrica.com/stories/201109291283.html>

Avert (2010). 'The history of HIV and AIDS in Zambia'. Accessed online at: <http://www.avert.org/aids-zambia.htm>

BBC (2002). 'Zambia declares food disaster' Accessed online at: <http://news.bbc.co.uk/1/hi/world/africa/2016168.stm>

Bhutta ZA, Ahmed T, Black RE, Cousens S, Dewey K, Giugliani E, Haider BA, Kirkwood B, Morris SS, Sachdev HPS and Shekar M (2008) 'What works? Interventions for maternal and child undernutrition and survival'. *The Lancet* 371(9610):417-40.

Chibuye, M. (2011) 'Interrogating urban poverty lines: The case of Zambia'. IIED: Human Settlements Working Paper Series (30), Poverty Reduction in Urban Areas.

Di John, J (2010) 'The Political Economy of Taxation and State Resilience in Zambia since 1990' Working paper 78, LSE Crisis States Working Papers Series No.2.

Zambia Demographic and Health Survey (2007). Central Statistical Office, Ministry of Health, Tropical Disease Research Centre, University of Zambia, Lusaka,

Gitau R, Makasa M, Kasonka L, Sinkala M, Chintu C, Tomkins A, Filteau S. (2005) 'Maternal micronutrient status and decreased growth of Zambian infants born during and after the maize price increases resulting from the southern African drought of 2001-2002'. *Public Health Nutr.* 8(7):837-43.

GRZ (2006b) 'Fifth National Development Plan'. Lusaka: Government of Zambia

GRZ (2011a) 'Sixth national development plan 2011-2015'. Lusaka: Ministry of Finance and National Planning.

GRZ (2011b) 'National Food and Nutrition Strategic Plan for Zambia: A national movement toward multi sector, synergistic efforts to prevent stunting in children under two years of age'. Lusaka, National Food and Nutrition Commission.

GRZ (2011c) 'National Food and Nutrition Policy'. Lusaka: Government of Zambia

Holmes, R, Slater, R (2008). 'Social protection for low capacity households in Zambia'. ODI Social Protection briefing paper, 11.

McCulloch, N, Baulch, B, Cherel-Robinson, M (2000). 'Poverty, Inequality and Growth in Zambia during the 1990s'. IDS working paper 114.

ODI (2004) 'Report of the Forum for Food Security in Southern Africa'. Accessed online at: <http://www.odi.org.uk/work/projects/03-food-security-forum/zambia.htm>

- Reuters (2011) 'Zambia says maize price cut to tame inflation'. March 4, 2011. Accessed online at: <http://af.reuters.com/article/zambiaNews/idAFLDE7230C720110304>
- UNAIDS (2010) 'UNAIDS report on the global AIDS epidemic' Accessed online at: http://www.unaids.org/globalreport/Global_report.htm
- UNICEF (2007) 'Progress for Children: A World Fit for Children'. Statistical Review (No. 6).
- UNICEF (2009) 'Tracking Progress on Child and Maternal Nutrition'. New York: UNICEF.
- USAID (2010) Zambia: HIV/AIDS Health profile. Accessed online at: http://www.usaid.gov/our_work/global_health/aids/Countries/africa/zambia.pdf
- Usher, A.D. (2010) 'Donors lose faith in Zambian Health Ministry' *The Lancet* 376(9739): 403 – 404
- WHO (2007) 'Maternal Mortality in 2005. Estimates developed by WHO, UNICEF, UNFPA and The World Bank'. Geneva: WHO.
- WHO (2009) 'Landscape analysis on countries' readiness to accelerate action in nutrition'. *SCN News*, 37.
- World Bank (2010) 'Nutrition Improvement in Zambia' Technical Note of a World Bank Mission on Nutrition, February 9-12, 2010.
- World Bank (2011) Zambia country profile. Accessed online at: <http://data.worldbank.org/country/zambia>

Appendix: list of interviewees

Government institutions	Donor/NGO	Research
Ministry of Health	USAID	Natural Resources Development College
National Food and Nutrition Commission (NFNC)	UNICEF	
Ministry of Agriculture and Cooperatives	World Food Programme	
	Ruralnet	
	Irish Aid	
	Concern Worldwide Zambia	
	Swedish International Cooperation Agency	