

NUTRITION BUDGET BRIEF

UNCOVERING NATIONAL SPENDING ON NUTRITION

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2023



KEY MESSAGES AND RECOMMENDATIONS

1

Nutrition spending is largely invisible in the national budget. The budgeted nutrition-specific and nutrition sensitive interventions account for less than 3 percent of overall spending commitments. There may be more spending, though, but it is not visible. This makes it challenging to track the various global financial commitments that Zambia is party to such as spending US\$30 per under 5 child per annum instead of the current US\$2 and increasing financial contributions by at least 20 percent per annum as opposed to the current 10 percent per annum.

RECOMMENDATION:

The Government should identify a more comprehensive picture of nutrition interventions in the budget and, then, institute Public Financial Management (PFM) reforms including programme-based budgeting and the revision of the Charter of Accounts to institutionalise measurement and monitoring of nutrition interventions.

2

The Government has allocated K4.7 billion to identifiable nutrition programmes in 2023. This translates to 2.8 percent of overall government budget, a reduction from K4.8 billion allocated to nutrition programmes in 2022. Together, the total nutrition budget is 0.9 percent of GDP. This allocation is not in line with global commitments of increasing financial contributions by at least 20 percent annually and indicates the need to move it up as an investment priority agenda of the Government.

RECOMMENDATION:

There is need to progressively expand spending, especially on nutrition-specific interventions to ensure an adequate human capital base and maximise long-term growth potential.

3

Identifiable nutrition spending is almost exclusively focused on nutrition-sensitive interventions which account for 99.5 percent of the nutrition budget. While the bulk allocation goes to nutrition-sensitive activities, only K26 million of the total K4.7 billion allocated to nutrition programmes is allocated to nutrition-specific interventions.

RECOMMENDATION:

There is need to prioritise expanding nutrition-specific programmes which have a more direct impact on reducing undernutrition.

4

The highest budget allocations for nutrition-sensitive interventions were reported in water and sanitation, food security pack and strategic food reserves, collectively accounting for 78 percent of nutrition-sensitive allocations.

RECOMMENDATION:

The Government should pay special attention to the design of these three programme and possibly distinguish their nutrition components for easier monitoring and funding.

5

Despite being a significant source of nutrition funding, off-budget funding and spending on nutrition by development partners is difficult to track.

RECOMMENDATION:

There is need to conduct a comprehensive Public Expenditure Review (PER) on nutrition which will help determine the size and composition of off-budget funds to nutrition. Such a PER of nutrition programmes will be instructive in not only getting a full picture of the nutrition interventions, but also in PFM reforms needed for the sector.

6

Most of the investment in early years goes to child's health and nutrition. The Government and donors collectively invested K1.6 billion in children between 0 and 6 years via the health sector compared to K38.7 million via the education sector between 2016 to 2020. However, the amount invested in child health and nutrition is still lower than investments in older children.¹

RECOMMENDATION:

The Government is requested to ensure that all elements of the Nurturing Care Framework (NCF) get the necessary policy and budgetary attention. The NCF refers to the conditions that promote health, provide adequate nutrition, ensure security and safety, responsive caregiving, and opportunities for early learning.

¹ 2022 Heckman Analysis (Placeholder, link to be added)



TEXT BOX 1

Limitations

Determining the scope of the nutrition-specific funding is a challenging task. The nutrition-sensitive programmes in the Budget are not sufficiently disaggregated to allow for a clear identification of the proportion of the budget that is likely allocated to nutrition-specific activities. This is further complicated by the shift from activity-based to output-based budgeting. Due to emphasis on outputs in the OBB system, an activity budget line such as primary health care, (PHC), reproductive, maternal, neonatal, child and adolescent health (RMNCAH) and nutrition services are subsumed under a broad programme called Primary Health Services. In the analysis, therefore, and similar to nutrition-specific budget lines, all nutrition-sensitive budget lines have been included 100 percent. In the absence of weights to apportion the expenditure and without stakeholder consensus of what the weights should be, this obviously over-estimates the contribution of nutrition-sensitive programmes.

The Government has relied on significant donor investment to advance the nutrition agenda and is largely “off-budget”. Despite its significance, the expenditure figures in this budget brief are restricted to central government as well as on-budget support by cooperating partners. Potentially, a significant part of nutrition-specific funding has not been captured.

INTRODUCTION

This Nutrition Budget Brief is one of several that explore the extent to which the 2023 national budget addresses the nutrition needs of children and women, especially pregnant and lactating mothers. The brief analyses the size and composition of approved budget allocations to nutrition programmes in the fiscal year 2023 and trends over a 3-year period. It also offers insights into the financing of the nutrition budget and discusses some policy and structural issues pertaining to the nutrition sector.

The main objectives are to synthesize complex budget information so that it is easily understood by stakeholders and to put forth practical recommendations that can inform and make financial decision-making processes better respond to the nutritional needs of children and poor households.

SCOPE AND METHODOLOGY

The budget analysis is primarily based on an in-depth review of government budget documents, particularly budget speeches and detailed estimates of revenue and expenditure (yellow books). The analysis focuses on Ministries, Provinces, and Spending Agencies (MPSAs) with key nutrition-related responsibilities. These include the Ministry of Health, Ministry of Agriculture, Ministry of Education, Ministry of Fisheries and Livestock, Ministry of Community Development and Social Services, Ministry of Water Development and Sanitation, and Disaster Management and Mitigation Unit (DMMU). Some limitations in the scope are discussed in Text Box I.

The analytical approach used in this brief is based on Phase II of the 1000 Most Critical Days Programme (MCDP II). MCDP II employs the life-cycle approach to preventing malnutrition and distinguishes nutrition-specific and nutrition-sensitive interventions.

Nutrition-specific interventions and programmes address the immediate determinants of foetal and child nutrition and development: adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases. Ten high-impact nutrition-specific interventions are identified in the framework.²

Nutrition-sensitive interventions and programmes address the underlying determinants of foetal and child nutrition and development and development – food security; adequate caregiving resources at the maternal, household and community levels; and access to health services and a safe and hygienic environment – and incorporate specific nutrition goals and actions. Nutrition-sensitive programmes can serve as delivery platforms for nutrition-specific interventions potentially increasing their scale, coverage and effectiveness³.

Table 1 distinguishes the programme’s nutrition-specific and nutrition-sensitive interventions across different life stages – from adolescence through two years of age – for achieving stunting reduction.

TABLE 1: MULTI-SECTORAL NUTRITION INTERVENTIONS FROM ADOLESCENCE THROUGH TWO YEARS OF AGE

	ADOLESCENCE ► PREGNANCY	BIRTH	0-5 MONTHS	6-23 MONTHS
A. NUTRITION-SPECIFIC INTERVENTIONS				
Nutrition	Promotion of iron and folic acid or micronutrient supplementation for pregnant women Referral of undernourished mothers to health facilities for additional care and treatment Nutrition counselling for improved dietary intake during pregnancy	Early initiation of breastfeeding	Support for exclusive breastfeeding Nutrition counselling for improved dietary intake during breastfeeding Communication for behaviour and social change	Timely, adequate, safe and appropriate complementary feeding Continued breastfeeding Promotion of home fortification with micronutrient powders Promotion of micronutrient supplementation, including vitamin A and zinc treatment for diarrhoea Support for growth monitoring and promotion Referral for acute malnutrition
B. NUTRITION-SENSITIVE INTERVENTIONS				
Health	Referral for family planning and reproductive health services for adolescents Promotion of antenatal care for pregnant women Promotion of insecticide-treated bed nets	Care for new-borns	Promotion of immunizations and management of childhood illnesses	Promotion of immunizations Prevention and treatment of infectious diseases Promotion of deworming for children
Food Diversification	Improved availability, access and use of locally available, nutrient-dense foods	Improved availability, access and use of locally available, nutrient-dense foods		Improved use of locally available, diverse foods
WASH	Handwashing with soap and improved water and sanitation practices	Handwashing with soap and improved water and sanitation practices	Handwashing with soap and improved water and sanitation practices	Handwashing with soap and improved water and sanitation practices
Social protection	Savings and lending groups for adolescents and women Referral to social protection programmes, including SCTs			
Gender	Promotion of increased age of marriage Development of positive social norms			
Early childhood development	Parenting and life skills for early childhood development		Responsive care for infants	Child stimulation and responsive care

Source: UNICEF, *Supporting Implementation of MCDP II: Scaling Up Nutrition Phase II*, November 2019

² The Lancet Maternal and Child Nutrition Series 2013

³ <https://scalingupnutrition.org/progress-impact/evidence-informing-action/nutrition-in-the-lancet/>



NUTRITION OVERVIEW

NATIONAL POLICIES, STRATEGIES AND PLANS ON NUTRITION

Zambia has a strong national policy framework on nutrition. Through the Vision 2030, Zambia targets to have a well-nourished and healthy population by 2030. These aspirations are operationalised through five-year national development plans, and, particularly, for the current period, the Eighth National Development Plan (8NDP). During the 8NDP period (2022-2026), the Government plans to eliminate all forms of malnutrition through the following interventions⁴:

- support of appropriate feeding practices for school children and adolescents,
- support micronutrients fortification and supplementation,
- scale-up nutrition programmes,
- strengthen research in nutrition and food systems to facilitate the formulation of appropriate interventions,
- strengthening the institutional framework for the coordination of national nutrition and sustainable food systems.

Further, Zambia is part of the global and regional initiatives to improve food and nutrition. In 2010, Zambia joined Scaling Up Nutrition (SUN), a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses, and researchers in a collective effort to improve nutrition⁵. This has led to the development of catalytic initiatives including the Scaling Up Nutrition/First 1000 Most Critical Days Programme (MCDP), the government's blueprint to reduce stunting.

⁴ Ministry of Finance and National Planning (2022). *Eighth National Development Plan 2022-2026 - Socio-economic transformation for improved livelihoods*

⁵ <https://scalingupnutrition.org/sun-countries/zambia/>

In 2013, at the Nutrition for Growth (N4G) Summit held in London, Zambia made four broad commitments towards nutrition. These commitments included impact, financial, policy and programme commitments. A 2019 review of these commitments reveals that Zambia is on course on three of the four commitments. The commitment that Zambia is off course on is the financial commitment. Under this commitment, Zambia pledged to spend an estimated US\$30 per child under the age of 5 on nutrition per annum and increase financial expenditure by 20 percent annually for the next 10 years (from 2013). Zambia renewed its commitment at Nutrition for Growth (N4G) summit held in Japan in December 2021.

Zambia is also party to Sustainable Development Goal (SDG) 2 which aims to “end hunger, achieve food security and improved nutrition, and promote sustainable agriculture”. The country aims to end all forms of malnutrition by 2030, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women following their endorsement by the World Health Assembly (WHA) in 2012 (Figure 1). This is because a woman’s nutritional status has important implications for her health as well as for the health of her children.

FIGURE 1: 2025 GLOBAL NUTRITION TARGETS



Source: World Health Organisation (2014). *Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition*

NUTRITION LEGAL AND INSTITUTIONAL FRAMEWORK, INCLUDING COORDINATION MECHANISMS

The Food and Nutrition Act No. 3 of 2020, which replaces the 1967 Act, strengthens the legal framework on food and nutrition and facilitate effective implementation of Government's policy on food and nutrition. It also strengthens the operational mandate of the National Food and Nutrition Commission (NFNC). The NFNC will, among others: formulate the national food and nutrition programme; coordinate, monitor and evaluate food and nutrition programmes in order to improve delivery and access to food and nutrition services; carry out research on food and nutritional matters; develop and implement a nutrition surveillance system to monitor the food and nutrition situation in the country, particularly for vulnerable groups; as well as promote provision of adequate diet in public and private institutions.

Nutrition expenditures cut across many ministries and spending agencies. The leading coordination agency is the Ministry of Health through the NFNC. The new Food and Nutrition Act of 2020 strengthens the coordination mandate of the NFNC by establishing a Coordinating Committee which promotes the right to food, among other functions, and compel all nutrition groups to be registered with the Commission. Other national institutions include Ministry of Agriculture, Ministry of Education, Ministry of Fisheries and Livestock, Ministry of Community Development and Social Services, Ministry of Water Development and Sanitation, and Disaster Management and Mitigation Unit (DMMU). Other stakeholders include international organisations, local and international non-governmental organisations.

NUTRITION INDICATORS

Positive strides have been made to reduce stunting in children. According to the 2018 Zambia Demographic and Health Survey, 35 percent of children under five were stunted in 2018. This was a decline from 40 percent in 2014 and 45 percent in 2008. However, the prevalence of stunting is still high and meeting the 2025 targets remains elusive. To achieve a 40 percent reduction of the 2012 baseline stunting levels (i.e., 45 percent), the stunting rates would have to reduce to 27 percent by 2025. Given the rates at which stunting rates have reduced over the last few years, the country is unlikely to meet the 2025 targets, unless efforts are majorly scaled up.

Anaemia remains one of the major health problems faced by women, especially pregnant women.

Mainly marked by low levels of haemoglobin in the blood, iron deficiency is a common cause of anaemia and is estimated to be responsible for half of all anaemia cases in women and children globally. Anaemia is a major concern among women, leading to increased maternal mortality and poor birth outcomes as well as reductions in work productivity. The 2020 Global Nutrition Report shows that 31.5 percent of Zambian women aged 15-49 were anaemic in 2019. The prevalence of anaemia was lower among non-pregnant women (30.7 percent) than pregnant women (39.3 percent). There have been marginal declines in the anaemia prevalence rates since 2000 – 35.6 percent of all women aged 15-49 were anaemic (with 44.0 percent for pregnant women and 34.4 percent for non-pregnant women)⁶.

Zambia has managed to reduce wasting among children to less than 5 percent way before the 2025 target. The prevalence of wasting among children under 5 years of age was 4.2 percent in 2018 (4.8 percent for boys and 3.7 percent for girls), down from 5.7 percent (6.1 percent boys; 5.4 percent girls) in 2014. Wasting among children under age 5 is highest in Muchinga (8 percent) and lowest in Eastern, North Western, and Southern (2 percent each).

⁶ <https://globalnutritionreport.org/resources/nutrition-profiles/africa/eastern-africa/zambia/>

Other global nutrition indicators being tracked, gleaned from the 2018 Zambia Demographic and Health Survey, are as follows:

- Among births with a reported birth weight, 8.5 percent had a **low birthweight** (less than 2.5 kg) in 2018. This was a decline from 9.2 percent in 2014.
- The prevalence of **overweight** children under 5 years of age is 5.2 percent (5.4 percent boys and 5.0 percent girls) and Zambia is 'on course' to prevent the number of overweight people from increasing.
- Seven in 10 children aged 0-5 months were **exclusively breastfed** in 2018. This is a slight reduction from 73 percent of children in 2014. The median duration of exclusive breastfeeding has been on the increase. It increased to 5.2 months in 2018 from 4.1 months in 2014 and 3.1 months in 2007.

TABLE 2: GLOBAL NUTRITION TARGETS TO BE ACHIEVED BY 2025 GLOBAL TARGET INDICATOR

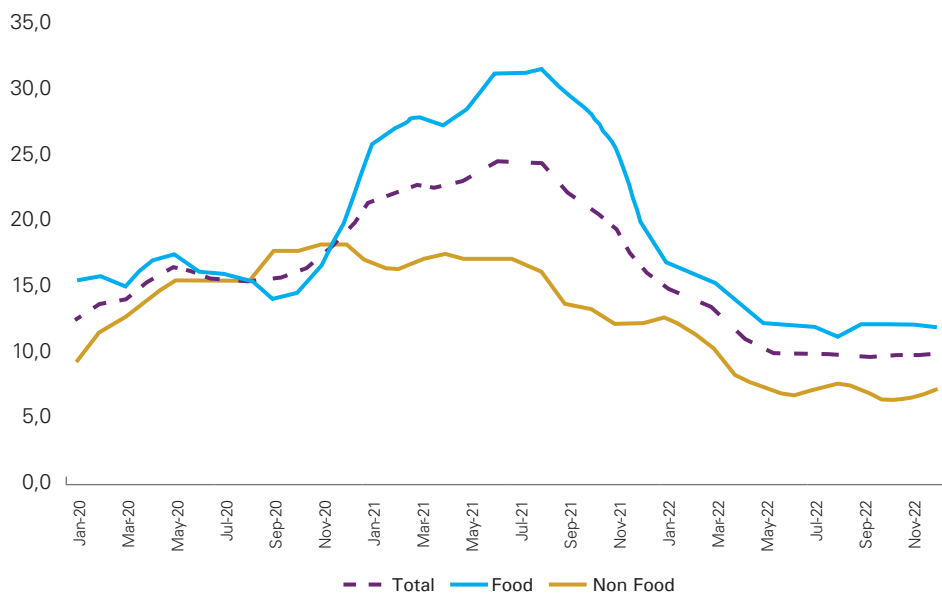
	GLOBAL TARGET INDICATOR	INDICATOR	NATIONAL BASELINE (%) / YEAR	STATUS (%)	2025 TARGET (%)	COMMENT ON LIKELIHOOD OF MEETING 2025 TARGET
1	A 40% reduction of the global number of children under five who are stunted	Prevalence of stunting among children under 5	45 [2007]	35 [2018]	27	Some progress made but target unlikely to be met
2	A 50% reduction of anaemia in women of reproductive age	Prevalence of anaemia among pregnant women and among women of reproductive age (15-49 years)	35.6 [2000]	31.5 [2019]	17.8	Unlikely to be met; rates have been worsening
3	A 30% reduction of low birthweight	Prevalence of underweight among children under 5	14.8 [2014]	8.5 [2018]	10.4	
4	No increase in childhood overweight	Prevalence of overweight/obesity among children under 5	-	5.2 [2018]	6	No data available before 2018
5	Increase the rate of exclusive breastfeeding in first six months up to at least 50%	Prevalence of children less than age 6 months that are exclusively breastfed	73.0 [2014]	69.9 [2018]	50	Target has been met but must be maintained or improved.
6	Reduce and maintain childhood wasting to < 5%	Prevalence of wasting among children under 5	6.0 [2014]	4.2 [2018]	<5	This target has been met.

Source: Zambia Demographic and Health Surveys, 2013-14 & 2018

RECENT TREND IN FOOD PRICES

Rising food costs can have major impact on vulnerable households especially women-headed households, pushing those least able to cope further into poverty and hunger. Total annual inflation which averaged 22.0 percent in 2021 reduced to 11.07 percent in 2022. The Bank of Zambia attributes this deceleration in inflation to the appreciation of the Kwacha against the US dollar⁷.

FIGURE 2: MONTHLY YEAR-ON-YEAR TOTAL, FOOD AND NON-FOOD INFLATION, JANUARY 2020 – DECEMBER 2022



Source: Elaborated using Consumer Price Index data from Zambia Statistics Agency

In 2022, inflation was projected to average 12.5 but the actual average inflation was 11.07 percent. The expected inflation rate in 2023 is 8.9 percent. This positive outlook is expected to alleviate the plight of especially low-income households' nutritional needs. However, risks to the inflation outlook include increases in global energy and food prices, exacerbated by the on-going Russia-Ukraine conflict, climate-related shocks such as floods and droughts, tighter global financial conditions and the projected grain deficit, coupled with reduced domestic surplus. Around the beginning of 2023, the earlier trend of currency appreciation was beginning to reverse, which would lead to higher imported inflation and lessen the likelihood of single-digit inflation.

TAKEAWAY

- Zambia has a strong legal, institutional and policy framework for nutrition with interventions cutting across several government agencies. However, the country continues to record poor nutritional outcomes, pointing to inadequate interventions (especially nutrition-specific interventions) and fragmented coordination mechanisms.
- Rising food costs will have a negative impact on vulnerable households.



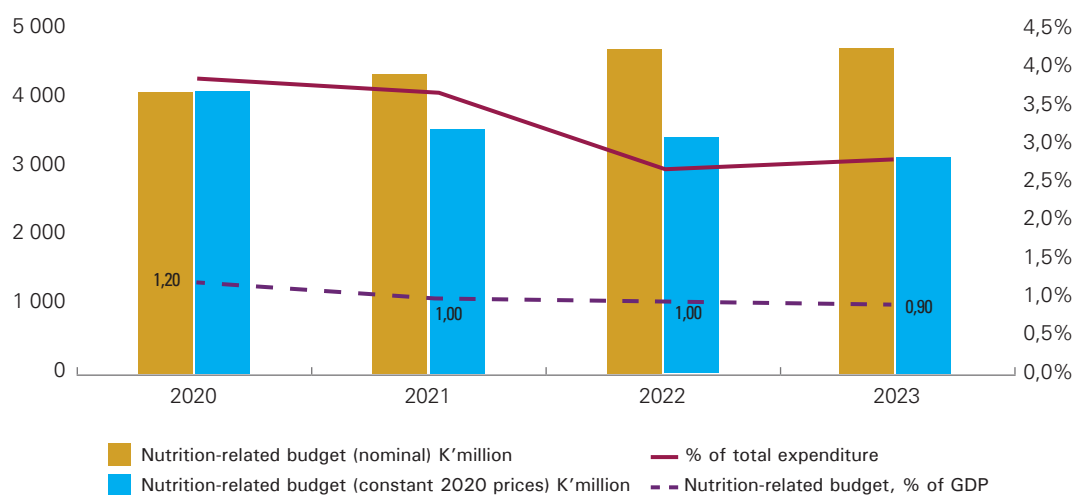
⁷ Source: Bank of Zambia Monetary Policy Committee Statement, May 2022



SIZE AND TRENDS IN NUTRITION SPENDING

The budget allocation for identifiable nutrition-related expenditure⁸ for 2023 has decreased in nominal terms. The 2023 Budget has decreased to K4.7 billion in 2023 from K4.8 billion in 2022, a decline of 2.1 percent. In real terms, the allocation nutrition-related expenditure has reduced by 8.1 percent from K3.5 billion in 2022 to K3.1 billion in 2023. Table 3 shows the size of the nutrition budget in both nominal and real values.

FIGURE 3: SIZE AND TRENDS OF NUTRITION-RELATED BUDGET, 2020-2021



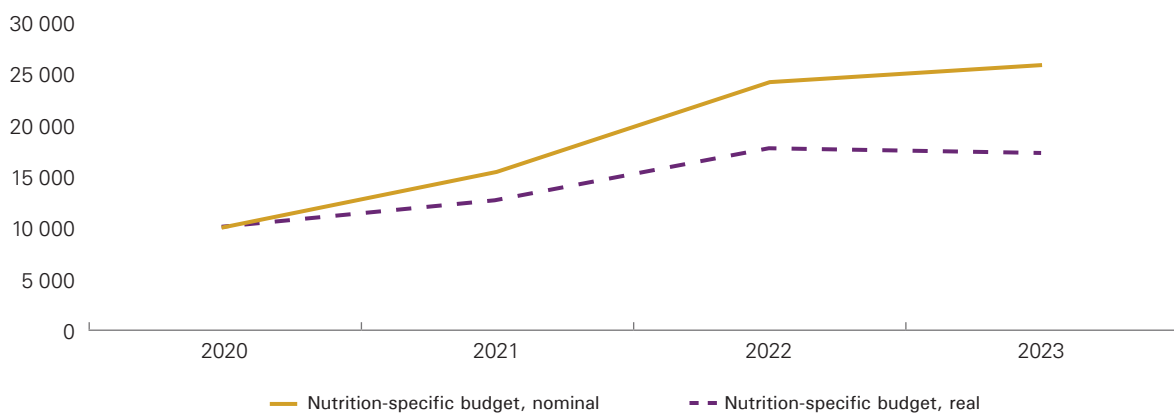
Source: Compiled from Ministry of Finance Estimates of Revenue and Expenditure, 2020-2022

⁸ Nutrition-related expenditure refers to a combination of nutrition-specific and nutrition-sensitive expenditure.

As a share of the total budget, the nutrition-related budget has been on the decline in the last three years but increased in 2023. The allocated K4.7 billion to nutrition-related budget in 2023 is 2.8 percent of the total national budget. This is an increase from 2.7 percent of total government expenditure allocated in 2022. As a percentage of GDP, the allocation to nutrition-related expenditure has declined from 1 percent in 2021 and 2022 to 0.9 percent in 2023. (Figure 3).

The identifiable nutrition-specific budget has been on the increase. The Government allocated a total of K26 million to identifiable nutrition-specific programmes in 2023 compared to K24.3 million in 2022 and K15.6 million in 2021, marking an increase of 7 percent and 55 percent, respectively. In real terms, however, though the allocation has been on the rise from 2020 to 2022, this reduced in 2023. In 2023, the allocation to nutrition-specific expenditure reduced by 2.6 percent from K18 million in 2022 to K17 million in 2023.

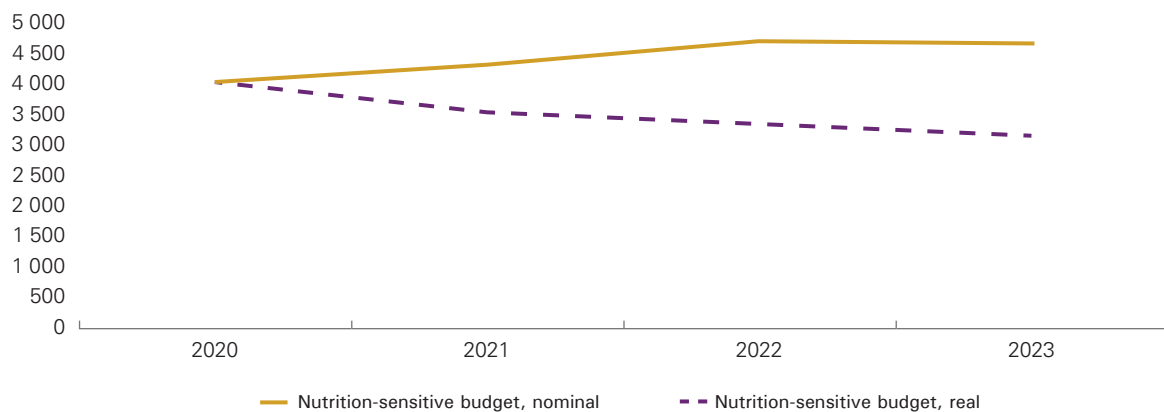
FIGURE 4: NUTRITION-SPECIFIC BUDGET IN NOMINAL AND REAL TERMS, 2020-2023



Source: Compiled from Ministry of Finance Estimates of Revenue and Expenditure, 2020-2022

The nutrition-sensitive budget decreased both in real and nominal terms in 2023. In nominal terms, the nutrition-sensitive budget has reduced by 0.3 percent in 2023 from 2022. Similarly, in real terms, the nutrition-sensitive budget declined from K3.6 billion in 2021 to K3.5 billion in 2022 and further to K3.2 billion in 2023. This represents an 8.6 percent decline between 2022 and 2023.

FIGURE 5: NUTRITION-SENSITIVE BUDGET IN NOMINAL AND REAL TERMS, K' MILLION, 2020-2023



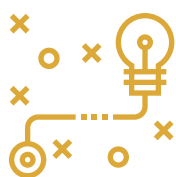
Source: Compiled from Ministry of Finance Estimates of Revenue and Expenditure, 2020-2022

Zambia lags behind its financial commitments to nutrition made about a decade ago. In 2013, at the Nutrition for Growth Summit in London, UK, Zambia made financial commitments for nutrition. As at 2021, the commitments and the status are off-course as outlined in Table 3.

TABLE 3: ZAMBIA'S FINANCIAL COMMITMENTS AT THE NUTRITION FOR GROWTH SUMMIT

COMMITMENT	STATUS
Increase government expenditure on nutrition to reach the required estimated additional US\$30 per child under 5 per annum.	The Government expenditure remained low at approximately US\$2 per child under 5, far below the required US\$30 per child below the age of 5 per annum. This is despite the Zambian government's commitment to allocate K400 per child per annum.
Progressively match additional cooperating partner's resources through new and existing nutrition budget lines.	Government did not progressively match additional donor funding to specific nutrition budget lines. In 2019/2020, cooperating partners spent significantly more on nutrition specific budget lines (Management of Malnutrition, Infant and Young Child Feeding, Growth Monitoring and Promotion, micronutrient programme and procurement of nutrition support commodities) that amounted to US\$6 million compared to Government expenditure of US\$300,000 on the same budget lines.
Increase financial contributions by at least 20 percent annually for the next 10 years.	Annual financial increases have been increasing at an average of 10 percent, which is below the targeted 20 percent annually for the next 10 years.

Source : 2021 Global Nutrition Report. <https://globalnutritionreport.org/resources/nutrition-growth-commitment-tracking/zambia/>



- Due to invisibility of the nutrition budget, only 2.8 percent of the national budget and 0.9 percent of GDP can be attributed to the nutrition budget— a testimony to the low commitment to nutrition by government.
- Despite being party to global financial commitments, the 'invisibility' of nutrition budgets makes following up of these commitments a challenge.

TAKEAWAY



COMPOSITION OF NUTRITION SPENDING

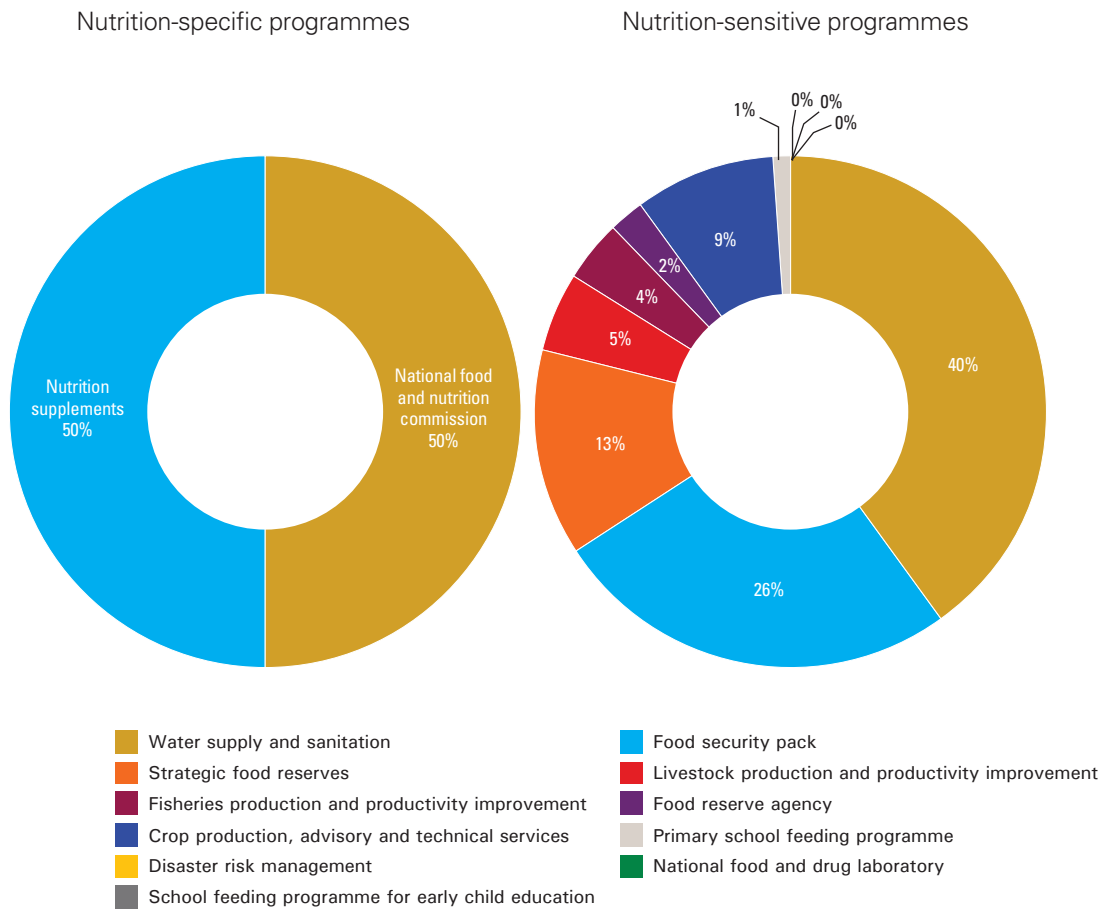
There are only two identifiable nutrition-specific budget lines. These are under the Primary Health Services programme of the Ministry of Health - Nutrition supplements⁹ and transfers to the National Food and Nutrition Commission. Collectively, these two budget lines accounted for K26 million in 2023, of which the National Food and Nutrition Commission accounted for 50 percent of the allocation.

There are 11 identifiable nutrition-sensitive programmes in the 2023 Budget. Water supply and sanitation programme accounted for the largest share of nutrition-sensitive budget (40 percent), followed by the Food Security Pack (26 percent) and the Strategic Food Reserves (13 percent). Collectively, these three programmes account for 78 percent of the budget.

The distribution of identifiable nutrition-specific and nutrition-sensitive budget lines are shown in Figure 6.

⁹ This includes Vitamin A supplementation for children aged 0-59 months, Vitamin A supplementation for post-partum women within 6 hours to 8 weeks after delivery. Iron and folate supplementation for pregnant women, and micronutrient supplementation for PLHIV.

FIGURE 6: NUTRITION-SPECIFIC AND NUTRITION-SENSITIVE BUDGET LINES, 2022 (PERCENTAGE SHARES)



Source: Compiled from Ministry of Finance Estimates of Revenue and Expenditure, 2023

The nutrition-sensitive budget is by far the largest component of the identifiable nutrition budget.

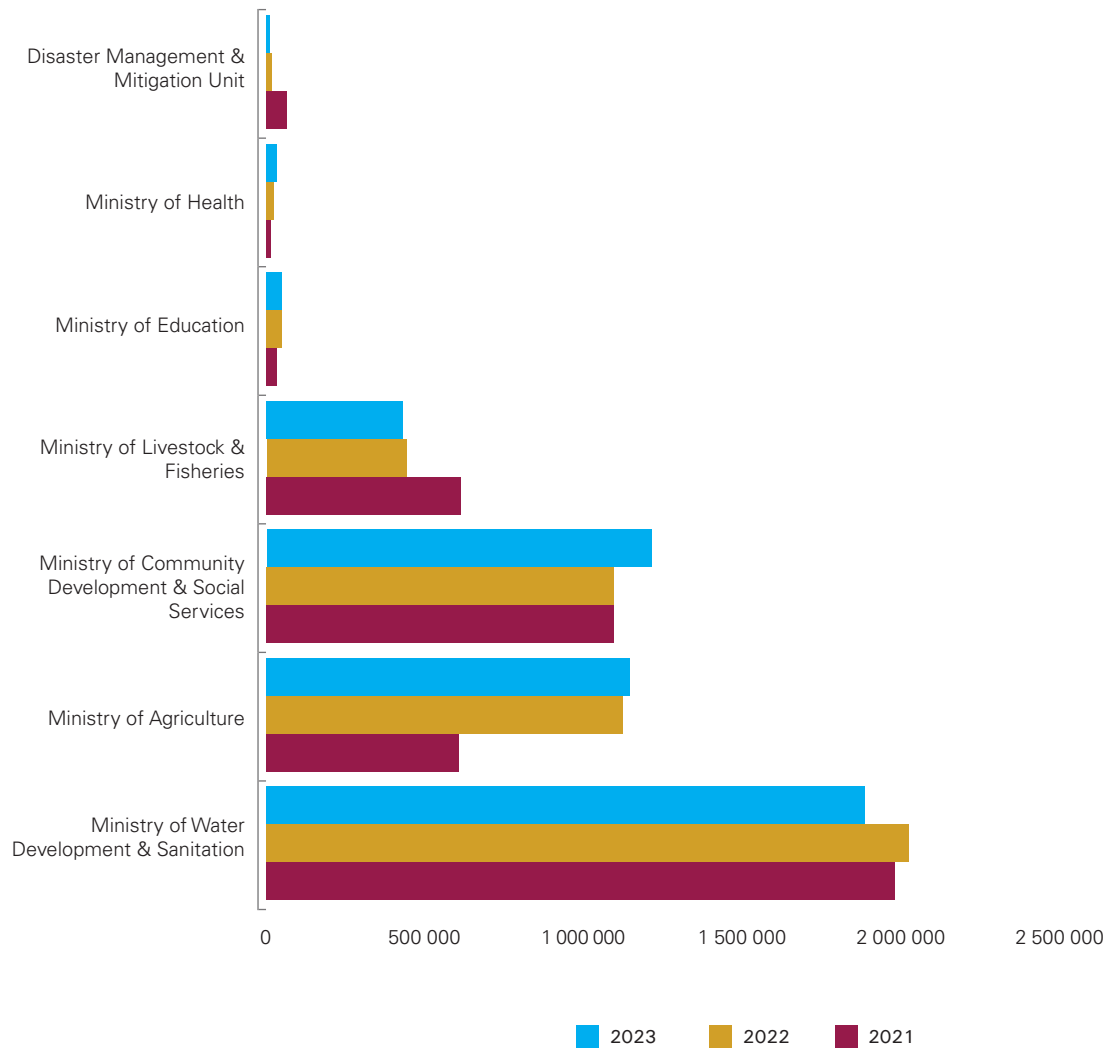
Accounting for 99.5 percent, the nutrition-sensitive budget for 2023 amounts to K4.72 billion. This is a decrease of 0.3 percent from the 2022 allocation of K4.73 billion. The biggest drivers of this decline are water supply and sanitation, strategic food reserves as well as livestock production and productivity improvement.

Nutrition-specific budget only accounts for 0.5 percent of the nutrition budget. The only identifiable nutrition-specific budget lines, which are allocations on nutrition supplements and to the National Food and Nutrition Commission under the Ministry of Health, collectively account for a mere 0.5 percent of the nutrition budget.

SPENDING BY INSTITUTION

The Ministry of Water Development and Sanitation accounted for the largest allocation of nutrition-sensitive budget (K1.9 billion or 40 percent). This was followed by the Ministry of Community Development and Social Services (26 percent) and then the Ministry of Agriculture (13 percent). The Ministry of Fisheries and Livestock took up 9 percent of the budget while the rest of the institutions accounted for 12 percent of the budget.

FIGURE 7: NUTRITION PROGRAMMES BY INSTITUTION, (K'000) 2021 TO 2023



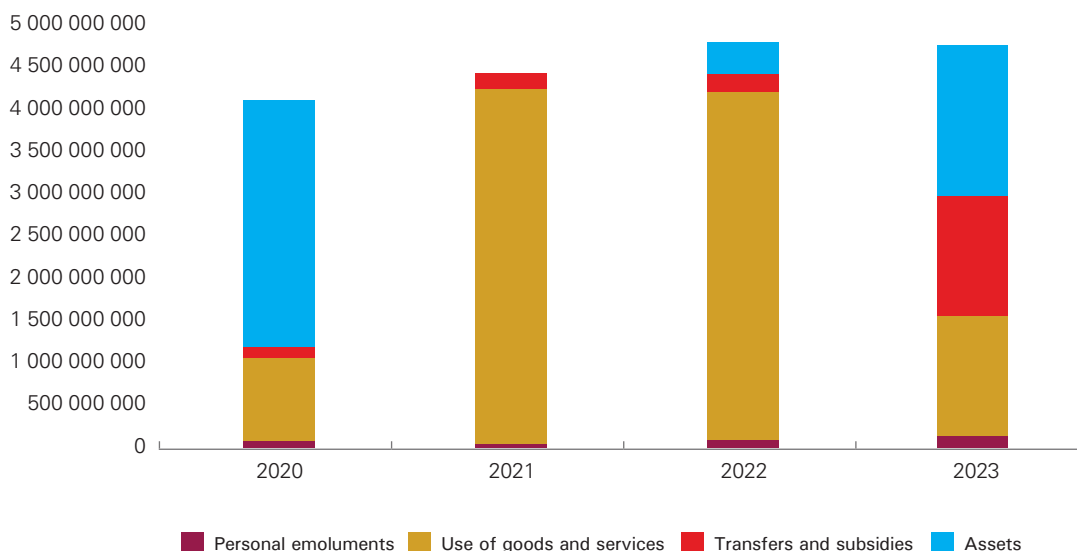
Source: Compiled from Ministry of Finance Estimates of Revenue and Expenditure, 2021 to 2023

There is notable decrease in the nutrition budget for the Ministry of Water Development and Sanitation and the Ministry of Fisheries and Livestock in 2023. This is due to decreased allocation to the water and sanitation and livestock production and productivity improvement. However, there has been an increase in the allocation to the Ministry of Agriculture over the past three years and this may be attributed to the increased strategic food reserves programme. Notwithstanding, it is a challenge to determine which components of these budget lines could be attributed to nutrition.

ECONOMIC CLASSIFICATION

The largest share of the nutrition-related budget in 2023 is assets. The allocation to assets increased by 385 percent from K368 million in 2022 to K1.7 billion in 2023. The allocation to the use of goods and services has decreased by over 66 percent in 2023 while the share of the nutrition budget to personal emoluments has increased from K93 million in 2022 to K166 million in 2023. Personal emoluments constitute the smallest component of the nutrition-related budget. Figure 8 shows these findings.

FIGURE 8: NUTRITION-RELATED BUDGET BY ECONOMIC CLASSIFICATION, 2020-2022



Source: Compiled from Ministry of Finance Estimates of Revenue and Expenditure, 2020-2023



- Nutrition budgets are spread across multiple ministries and departments and often are integrated within other sectors or programmes. Hence, tracking and disaggregating budgets for nutrition are challenging.
- There have been notable increases in nutrition-sensitive budgets in the last three years. But this increase does little to improve nutrition outcomes.
- A significant part of the nutrition budget is earmarked for assets in 2023 as compared to the use of Goods and Services in 2022 which was predominantly meant for operations and maintenance budget for the WASH sector.

TAKEAWAY



FINANCING NUTRITION

OVERVIEW OF SOURCES OF NUTRITION FINANCING

The identifiable nutrition budget is largely government financed. Of the K4.7 billion nutrition budget for 2023, about K3.3 billion, or 69 percent of the total nutrition budget is funded by the Government of the Republic of Zambia. Nearly 38 percent of the nutrition budget (equivalent to K1.5 billion) is donor-financed. The donor-financed budget lines are nutrition-sensitive programmes under the Ministry of Fisheries and Livestock and the Ministry of Water Development and Sanitation. About half of the nutrition budget under these ministries are donor-financed. There are no identifiable nutrition-specific on-budget programmes that are donor-financed¹⁰ (Table 4).

¹⁰ Some technical aspects of the Home-Grown School Meals programme are funded by the World Food Programme. However, these are not recorded under the Ministry of General Education budget as they are not direct budget support.

TABLE 4: FINANCING OF THE NUTRITION BUDGET, 2022 AND 2023 (K' 000)

	2022				2023			
	Government	Donor	Total	% Donor	Government	Donor	Total	% Donor
Nutrition-specific								
Nutrition supplements	11,278	-	11,278	0%	13,000	0	13,000	0%
National Food and Nutrition Commission	13,012	-	13,012	0%	13,012	0	13,012	0%
Sub-total	24,290	-	24,290	0%	26,012	0	26,012	0%
Nutrition-sensitive								
National Food and Drug Laboratory	2,839	-	2,839	0%	2,839	0	2,839	0%
Food Security Pack	1,100,000	-	1,100,000	0%	1,206,855	0	1,206,855	0%
Crop production, advisory and technical services	70,670	-	70,670	0%	446,390	0	446,390	0%
Strategic food reserves	960,000	-	960,000	0%	600,000	0	600,000	0%
Food Reserve Agency	86,200	-	86,200	0%	86,200	0	86,200	0%
Fisheries production and productivity improvement	39,219	100,386	139,606	72%	107,125	87,073	194,198	45%
Livestock production and productivity improvement	71,553	231,858	303,411	76%	123,248	116,174	239,422	49%
School feeding programme for early child education	980	-	980	0%	980	0	980	0%
Primary School Feeding Programme	38,761	-	38,761	0%	38,761	0	38,761	0%
Water supply and sanitation	2,004,816	1,463,885	2,004,816	73%	622,279	1,257,041	1,879,320	67%
Disaster risk management	22,139	-	22,139	0%	20,215	0	20,215	0%
Sub-total	4,397,177	1,796,129	4,729,422	38%	3,254,892	1,460,288	4,715,180	31%
TOTAL	4,421,467	1,796,129	4,753,712	38%	3,280,904	1,460,288	4,741,192	31%

Source: Compiled from Ministry of Finance Estimates of Revenue and Expenditure, 2021 & 2022

Compared to 2022, the donor-financed component of the nutrition budget has reduced. It reduced from K1.8 billion in 2022 to K1.4 billion in 2023, with notable reductions in the Sanitation budget allocation and Fisheries Production and Productivity Improvement.

Table 5 shows the key financiers of the nutrition-sensitive programmes as well as types of financing. The financiers include banks and development finance institutions. The largest share (69 percent) of the K1 billion external financing is in forms of loans.

TABLE 5: KEY EXTERNAL FINANCIERS BY TYPE OF FINANCING FOR NUTRITION-SENSITIVE PROGRAMMES, 2022

FINANCIER	TYPE OF FINANCING	AMOUNT	PROGRAMME/ AGENCY SUPPORTED
World Bank's International Development Association (IDA)	Loan	61,813,920	Smallholder livestock investment project – Ministry of Fisheries and Livestock
International Fund for Agriculture Development	Loan		
AFDB	Loan	54,359,586	Sustainable Livestock Infrastructure Management Project
African Development Bank	Loan	71,033,790	Aquaculture Enterprises Development Project - Ministry of Fisheries and Livestock
EU	Grant	16,039,020	Aquaculture Research and Development Project - Ministry of Fisheries and Livestock
Various donors/SWAPs	Grant	433,832,196	Sanitation
European Investment Bank	Loan	205,872,079	
AFD	Loan	167,026,323	
Various donors	Loan	391,011,648	Water supply
AFDB	Loan	57,299,181	
Various donors/SWAPS	Grant	2,000,000	
Total grants		451,871,216	30.94%
Total loans		1,008,416,527	69.06%
TOTAL		1,460,287,743	100.00%

Source: Compiled from Ministry of Finance Estimates of Revenue and Expenditure, 2023

TAKEAWAY

- The “invisibility” of nutrition budgets makes the tracking of financial commitments a challenge.
- The increased domestic financing of the nutrition budget is good for sustainability, especially owing to the fact that external financing, which is mostly loans, places a huge burden on Zambia’s public finances.





NUTRITION POLICY AND OTHER STRUCTURAL ISSUES

Despite progress made in reducing malnutrition and stunting over the last decade, Zambia still has one of the highest rates of malnutrition and stunting levels in sub-Saharan Africa. Malnutrition in childhood and pregnancy has many adverse consequences for child survival in Zambia and for long-term well-being. It also has far-reaching consequences for human capital, economic productivity, maternal and child health.

Food unaffordability is a major barrier to the consumption of several nutrients among children of complementary feeding age in Zambia. The unaffordability of nutritious foods stems from low agricultural productivity and limited crop diversity. According to GAIN and UNICEF (2021)¹¹, between 30 percent and 80 percent of households in Zambia cannot affordably fill their young children's requirements from complementary feeding of zinc, calcium, iron, animal-source protein, and folate. Several nutrients, particularly zinc, as well as calcium and iron, are so unaffordable that small declines in prices or increases in income are unlikely to impact nutrient gaps. For these nutrients, reducing gaps in consumption will likely require alternative approaches, such as supplementation, fortification, or biofortification, or safety net programmes that provide these foods for free or with substantial subsidies.

¹¹ Source: Global Alliance for Improved Nutrition (GAIN) and United Nations Children's Fund (UNICEF). *Affordability of nutritious foods for complementary feeding in Zambia*. Geneva: GAIN, 2021.

Given the deterioration of some of the nutrition indicators, it is difficult to track the spending on these interventions. For example, the decrease in the rate of exclusive breastfeeding in the first 6 months from 73 percent in 2014 to 70 percent in 2018 is a cause for concern as it could lead to a reversal in the decrease in child mortality rates. Being masked under Primary Health Services under the budget, it is a challenge to track the exact spending that has gone towards exclusive breastfeeding promotion by the Ministry of Health.

The limited impact of nutrition activities points to weak and fragmented institutional framework and coordination mechanisms, making it difficult to accelerate progress to reduce malnutrition and stunting. There is a coordination structure for multi-sectoral programming, but this is only focused on stunting reduction and the 1,000 days households, not the entire population. Moreover, the overall coordination structure is weak with little investment from the government to ensure effective coordination. The interconnected nature of nutrition interventions across various institutions (government, cooperating partners, civil society and advocacy groups) calls for stronger intersectoral coordination mechanisms especially at the local level where implementation actually occurs. Given its cross-cutting nature, the leading agency for nutrition should be elevated to the Office of the Vice President from the Ministry of Health, with greater effort focused on engaging districts, wards and communities in planning and monitoring nutrition interventions.



Zambia

This budget brief has been developed by the UNICEF Zambia Social Policy team.

Special thanks to Claude Kasonka, Daniel Kumitz, Bob Muchabaiwa and Penelope Campbell for technical guidance and editorial support.

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UNITED NATIONS CHILDREN'S FUND
United Nations House, Alick Nkhata Rd, Longacres
P.O. Box 33610 Lusaka 10101, Zambia
Telephone: +260-211-374200

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