



Experience in Setting National Nutrition Targets and Commitments to Actions:

The Case for Zambia

Methods of Establishing National Nutrition Targets

Introduction

- Stakeholder consultation on nutrition priorities, Indicators & Coverage
- Select priority interventions, Problems affecting Scaling up, Program goals, Objectives, Activities
- Focus on what the program should achieve & develop M&E System

Factors to Consider When Setting Targets

- Global targets,
- Research findings,
- Baseline levels,
- Past trends,
- Needs & gaps in services
- capacity & logistics

Approaches to Setting Targets

- Establish final target then plan progress in between
- Establish annual/intermediate targets
- Assess progress in attaining targets and readjust, if necessary

Targets for Core Indicators

LEVEL AND OBJECTIVE	CORE INDICATORS	TARGET (By 2018)
	IMPACT INDICATORS	
Improved Health and nutrition status of children under 5 years	1. Prevalence of stunting (low height-for-age) in children under 5 years of age	35%
Nutrition governance and coordination of the first 1000 MCDP strengthened	2. % increase of national budget allocated to nutrition (<i>SDG, Goal 2, Target 2.2</i>)	20% annually (as recommended by CSO-SUN)
Maternal nutrition (micro and macro) during pregnancy and lactation Improved	3. % of pregnant women with low haemoglobin level (<12gμ/dl) (<i>or with anaemia, SDG, Goal2, Target2.2, Goal 3, Target 3.1</i>)	30%
Improved nutrition in children 0-6 months and 6-23 months	4. % of infants less than 6 mon Exclusively Breastfed (<i>SDG, Goal2, Target2.2, Goal 3, Target 3.2</i>)	80%
	5. % of children age 6-23 mon (both B/F and non-B/F) who are introduced to complimentary foods at an appropriate time	90%

Targets for Core Indicators

LEVEL AND OBJECTIVE	CORE INDICATORS	TARGET (By 2018)
More than 50% of households with improved dietary score above 5.0	6.% of households with dietary score above 5.0	75%
Early detection and management of Acute Malnutrition	7.Cure rate for severe malnutrition	75%
Expanded Community led access to household water, sanitation and hygiene supply	8.% of population using an improved water source (within 500 meters)	75%
	10.Proportion of population with access to an improved sanitation facility	TBD

Link between WHA & National Nutrition Targets

WHA Targets (2025)	Zambia Targets (2018)	Baseline	6 th NDP (2011-16)	First 1000 MCDP & NFNSP
1. 40% reduction of the global number of children under five who are stunted	35%	45% (ZDHS, 2007)	30%	30%
2. 50% reduction of anemia in women of reproductive age	30%	39%		
3. 30% reduction of low birth weight	5%	11% (ZDHS, 2007)		6%
4. Increase the rate of exclusive breastfeeding in the first six months up to at least 50%	90%	61% (ZDHS, 2007)		80%
5. Reduce and maintain childhood wasting to less than 5%	< 5%	6% (ZDHS, 2007)		< 5%
6. No increase in childhood overweight	<1%	1% (ZDHS, 2007)		

How Targets and Commitments Link to the National Planning and Budgeting Cycle for Nutrition?

There is a strong link between targets and commitments

- Zambia Revised 6th National Development Plan contains nutrition targets and commitments
- National Food and Nutrition Strategic Plan is aligned with the 6th RNDP
- Scale up Plan of the First 1000 Most Critical Days Programme for the country is aligned to the NFNSP
- Country's Medium Term Expenditure Frameworks also shows proposed funding to nutrition programmes

but linkage with national planning and budget cycle remains weak;

- Targets and commitments are not reflected in the various budget cycle processes e.g. **DRAFTING STAGE** ('call circular') to controlling officers to provide general economic policy guideline & expenditure ceilings on which the budget for the following year is to be based.
- Emphasis in the national plan is focused on capital projects and emoluments at the expense of cross cutting issues like nutrition

Commitments to Actions Triggered following the Agreement on the National Nutrition Targets

Commitment1: Government with support from partners to scale Up well proven, effective and low cost food and nutrition interventions from current 14 districts to 45 districts by 2018.

SPECIFIC	MEASUREABLE	ACHIEVABLE	RELEVANT	TIME BOUND
Yes	Yes	Yes	Yes	Yes
The “who” and the action are identified.	The baseline coverage is listed and can be tracked to see if coverage increases over a period of three years.	Other countries have shown that it is possible to have an effective, multi-sectoral strategy in place to combat stunting	Stunting is significant issue.	Very concrete time frame is included.

END

THANK YOU