

برنامج
الأغذية
العالمي



Programme
Alimentaire
Mondial

World
Food
Programme

Programa
Mundial
de Alimentos

Executive Board
Second Regular Session
Rome, 24 - 26 March 1997

COUNTRY STRATEGY OUTLINES

Agenda item 6



Distribution: GENERAL
WFP/EB.2/97/6/Add.2
22/11/01
ORIGINAL: ENGLISH

ZAMBIA - CSO

ABSTRACT

With a per capita gross domestic product (GDP) which over time has gone down steadily to the current level of 350 dollars, Zambia is classified as a least developed country. Although it is virtually self-sufficient in food in normal years, poverty and food insecurity are widespread, particularly in rural areas. While structural adjustment will foster economic growth, specific measures are needed before the benefits of growth and reform trickle down. The future Country Programme, which reflects the orientation of the United Nations Country Strategy (CSN), is intended to expand WFP assistance to rural areas. Specific targeting will be based on continued vulnerability analysis and mapping (VAM).

The Country Programme will include an expansion of the supplementary feeding component (benefiting women, children, and families affected by HIV/AIDS) and a gradual build-up of food for work (FFW) in the rural areas, implemented by District Councils and NGOs including the Programme Against Malnutrition (PAM), and identified by communities. Since for the next five years no growth is expected in urban employment levels, it is proposed to continue with urban FFW, albeit with major adjustments following the recommendations of a thematic evaluation and a management review mission.

Urban FFW activities will continue to be characterized by very high rates of female participation. As regards rural FFW activities, priority will be given to workers identified by women's groups and households headed by women.

This document is produced in a limited number of copies. Delegates and observers are kindly requested to bring it to the meetings and to refrain from asking for additional copies.

NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for review and comments.

Pursuant to the decisions taken on the methods of work by the Executive Board at its First Regular Session of 1996, the documentation prepared by the Secretariat for the Board has been kept brief and decision-oriented. The meetings of the Executive Board are to be conducted in a business-like manner, with increased dialogue and exchanges between delegations and the Secretariat. Efforts to promote these guiding principles will continue to be pursued by the Secretariat.

The Secretariat therefore invites members of the Board who may have questions of a technical nature with regard to this document, to contact the WFP staff member(s) listed below, preferably well in advance of the Board's meeting. This procedure is designed to facilitate the Board's consideration of the document in the plenary.

The WFP focal points for this document are:

Regional Director: M. Zejjari tel.: 5228-2201

Senior Desk Officer: N. Siwingwa tel.: 5228-2929

Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact the Documentation and Meetings Clerk (tel.: 5228-2641).



LIST OF ABBREVIATIONS

| | |
|---------|--|
| ACC/SCN | Administrative Coordinating Committee, Sub-Committee on Nutrition (UN) |
| AIDS | Acquired immuno-deficiency syndrome |
| ASIP | Agricultural Sector Investment Programme |
| CIDA | Canadian International Development Agency |
| COPR | Country office project report |
| CSO | Country Strategy Outline |
| CSN | Country Strategy Note |
| DMSP | Drought Recovery and Mitigation Sub-Programme |
| DSM | Dried skim milk |
| EMOP | Emergency operation |
| EWU | Early Warning Unit |
| FAO | Food and Agriculture Organization of the United Nations |
| FEWS | Famine Early Warning System |
| FFW | Food for work |
| FMU | Food Management Unit |
| GDP | Gross Domestic Product |
| GNP | Gross National Product |
| GIS | Global Information System |
| HBC | Home-Based Care |
| HEPS | High-energy protein supplement |
| HIV | Human immuno-deficiency virus |
| IFAD | International Fund for Agricultural Development |
| ILO | International Labour Organization |
| ITSH | Internal Transport, Storage and Handling |
| MAFF | Ministry of Agriculture, Fisheries and Food |
| NGO | Non-Governmental Organization |
| PAM | Programme Against Malnutrition |
| PLWA | People Living With AIDS |
| PS | Priority Survey |
| PUSH | Project Urban Self-Help |
| SDA | Social Dimensions of Adjustment |
| SRF | Social Recovery Fund |
| TB | Tuberculosis |



| | |
|--------|--|
| UNDP | United Nations Development Programme |
| UNESCO | United Nations Education, Scientific and Cultural Organization |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| WFP | World Food Programme |
| WHO | World Health Organization |



FOOD INSECURITY, POVERTY AND HUNGER

Food insecurity at the national level

1. Zambia is a large land-locked country with an area of 752,614 square kilometres. It has an estimated population of 9.6 million (1995) and an annual population growth rate of 3.2 percent. In 1963, roughly 20 percent of Zambia's population lived in urban areas. By 1990 this proportion had risen to 42 percent, making Zambia one of the most urbanized countries in Africa. From being one of the most prosperous countries in sub-Saharan Africa, Zambia has become one of the world's poorest countries, with low economic development, declining incomes, increasing poverty and alarmingly deteriorating social indicators. The decline in the standard of living was most pronounced in the eighties and was fuelled by declining copper prices, since copper accounts for 80-90+ percent of Zambia's export revenues. Inadequate macroeconomic policies and heavy public sector involvement in the economy led to slow adjustment and poor economic performance throughout the eighties. In 1987 the per capita GNP was only one-third of the peak in 1981, and real GNP per capita declined by 2.7 percent from 1965 to 1987. In 1994, per capita GNP dropped to 350 dollars¹ and was below the average of 508 dollars for sub-Saharan Africa (see Annex I).
2. Zambia has a good agricultural potential, but there are significant food insecurity problems in the country. Total production could be raised substantially under the right conditions. Zambia has never cultivated more than 1.2 million hectares, out of an estimated arable area of nine million hectares. Recurrent droughts, poor rural infrastructure, and low incomes and investments have contributed to a slow growth in agriculture and food production, particularly in drought-prone areas of the Western, and parts of the Southern and Eastern Provinces.
3. UNDP data show that in 1992 daily per capita caloric consumption was 1,931 calories. This has declined from a peak of over 2,300 calories in the mid-seventies, and is below the recommended daily average of approximately 2,300 calories. As long as population continues to grow at about three percent a year and per capita agricultural production grows at a lower rate, domestic per capita food availability will continue to decline.
4. Per capita cereal production has remained fairly constant since the early seventies (see Annex II), generally fluctuating between 140 and 190 kilograms, with major exceptions represented by the three bumper harvests in the late eighties, and the worst drought of the century in 1991/92. Imports as a proportion of consumption increased from one percent in 1960 to a peak of more than 23 percent in 1983. Since then, cereal imports have continually declined to near zero, with the exception of the recent drought, when more than 70 percent of cereal consumption was imported. If population continues to grow at the current rate, it is envisaged that the country's cereal demand will increase by 41 percent in 2006. A projection of current trends, however, indicates an increase in cereal production of only about three percent.
5. General social indicators for Zambia are poor. Life expectancy at birth is only 47 years (1994). Infant mortality (as of 1994) at 113 per thousand and under-five mortality rates at 202 per thousand (also 1994) appear to have deteriorated in the last decade (see Annex I). Adult

¹ All monetary values are expressed in United States dollars, unless otherwise stated. One United States dollar equalled 1,264 kwacha in November 1996.



illiteracy is somewhat better in comparison to similar countries; it stood at 22 percent, 29 percent for women and 14 percent for men, in 1995 (World Development Report, 1996).

6. Zambian households spend 69 percent of their total income on food. The proportion is higher in rural areas, where 75 percent of total expenditure is on food.¹ This has risen from 55 percent in 1985, and reaches 90 percent of total expenditure on food for the lowest expenditure decile.² Nutrition-related studies indicate that both weights and heights seem to have increased slightly for most age groups from 1970 to the mid-eighties. Most recent data show that malnutrition rates are increasing, and infant and child mortality rates have risen dramatically in the past 10 years. Priority Survey II (PSII), conducted in April-June 1993 by the Central Statistical Office, indicated that with respect to chronic malnutrition, 48.4 percent of children showed stunting. With respect to wasting, 25 percent were found to be acutely malnourished and 5.7 percent severely malnourished. These figures compare with respectively 41 percent chronic malnutrition, 23 percent acute malnutrition and seven percent severe malnutrition, found in Priority Survey I (PSI) (October-November 1991).
7. Since the first AIDS cases were diagnosed in Zambia in 1984, the cumulative total number of notified AIDS cases (including AIDS-related complex) has increased to 29,734, as at October 1994. As experienced in most countries, however, the notified cases reflect significant under-reporting. Zambia is the fourth worst-affected country in the world, and AIDS may account for some deterioration in infant mortality rates. A recent survey conducted in the antenatal clinic of the University Teaching Hospital in Lusaka found that 27 percent of expectant mothers were HIV-positive (ACC/SCN (1994)). A recent study on the effects of HIV/AIDS on rural agricultural production systems concludes that labour constraints will become more severe, diets will decrease in quality as a result of increased dependency ratios and lowered productivity, and women's time use will be increasingly burdened as they are the principal care takers of the sick. Furthermore, dislocation will increase due to inheritance practices which often take property from widows and matrilineal customs which frequently result in widows returning to their childhood villages.³

The hungry poor

8. Widespread and increasing poverty is a major problem in Zambia. The 1994 Zambia Poverty Assessment Study (World Bank) shows that 68 percent of Zambians are poor - this means seven out of every 10 Zambians. The poor are defined as those people for whom at least 70 percent of household expenditure is on the basic food basket while the core poor are defined as those whose household expenditure is less than that required for the basic food basket. The study also shows that 29 percent of urban and 76 percent of rural people are core poor. This pattern of widespread and increasing poverty and food insecurity was also confirmed by a recent report (Priority Survey III) by the Central Statistical Office in

¹Stampley et al. (1992), *Expenditure Patterns of Zambian Households: Evidence from the 1991 Zambian Household Expenditure and Incomes Survey*, Table 20 and 21. Ames, Iowa: Center for Agricultural and Rural Development, Iowa State University.

²World Bank (1994), *Zambia: Poverty Assessment*. report no. 12985 ZA Draft. Washington, DC: Population and Human Resources Division, Southern Africa Department.

³Drinkwater, Michael et al. (1993), *The Effects of HIV/AIDS on Agricultural Production Systems in Zambia: An analysis and field reports of case studies carried out in Mpongwe, Ndola Rural District and Teta, Serenje District*. A research study undertaken by the Adaptive Research Planning Team, Ministry of Agriculture, Food and Fisheries for UNFAO, Project number TSS-1 RAF/92/T01/A.



November 1995. Overall, 76 percent of households were found to be food-insecure in PSII (1993), compared with 61 percent in PSI (1991).

9. While the most significant food security and nutrition problems continue to exist in rural areas, recent anthropometric data show that food and nutrition insecurity was worsening in urban areas during the nineties at a similar rate to that of rural areas. UNICEF estimates that between 1992 and 1994 malnutrition among urban children increased from 39 percent to 44 percent, while during the same period the malnutrition rate in rural areas increased from 52 to 60 percent. In part, this may be a consequence of the current process of structural adjustment, as short-term negative impacts are felt primarily in urban areas, as a result of higher food prices and reduced levels of public employment.
10. The social implications of the HIV/AIDS epidemic are likely to worsen over the next several years. A geographically limited yet disturbing survey found that seven percent of all households are headed by children 14 years of age or younger (National AIDS Prevention and Control Programme, 1993). It is envisaged that the already low life expectancy of 45.5 years in 1992 will decrease to 38 because of AIDS (Office of the President, 1994). Approximately 40 percent of all households in Zambia have one or more orphans under their care. It is estimated that there are about 250,000 AIDS-orphaned children in the country. By the end of the decade, this figure is projected to rise to between 450,000 and 550,000. The situation requires programmes with a greater focus on the affected groups to help alleviate the resultant social problems (National AIDS/STD/TB and Leprosy Programme, Ministry of Health, 1994).

The situation of women

11. Women tend to be poorer and have less access to resources, in spite of the important role they play in the economy. A World Bank poverty survey in 1993 showed that 81 percent of women are extremely poor compared to 75 percent for men. The illiteracy rate in 1995 was higher for females (29 percent) than for males (14 percent). Women face major socio-cultural constraints that limit efforts to improve their welfare. Women have less access to land, credit and education. Annex III shows significant gaps in male and female access to agricultural resources.
12. Households headed by women are more likely to be poorer than those headed by men, and tend to be more vulnerable to food insecurity (World Bank (1994):1-5). In identifying the poorest households, those headed by women and located in remote rural areas head the list. In urban areas, households whose main earner is unemployed, or those headed by women whose main breadwinner died from AIDS, leaving several dependants to be looked after, are the most vulnerable.

Regional food security

13. A wide variety of studies in the past five years give a very good and largely consistent picture of the regional distribution of poverty and food insecurity in Zambia. The indicators used are broadly classified into three types: a) expenditure profiles; b) anthropometric indicators; and c) basic needs indicators; these are summarized in Annex IV. For nearly all indicators, the three central line-of-rail and more urbanized provinces, namely Lusaka, Copper Belt and Central, fare the best. The remote and peripheral provinces fare the worst. Severe rural poverty is greatest in the Western, and parts of Southern and Eastern Provinces, whereas for urban areas, 80 percent of the poorest are in the Copper Belt. The anthropometric indicators show a slightly different pattern, with Lusaka and Southern Provinces having the lowest number of stunted children, while Northern, Eastern and Luapula have the highest.



The deprivation index of the World Bank and the chronic vulnerability matrix derived by Caldwell indicate that Luapula, Northwestern and Western fare worst with regard to basic needs.

14. An extensive vulnerability analysis and mapping (VAM) was conducted during 1996 in all districts of Zambia under WFP and USAID sponsorship to generate more information and provide more precise tools for identifying areas that are vulnerable to food insecurity and are in need of assistance. VAM analysts defined vulnerability in terms of two principal components: the **risk** of a drought occurring (the most important shock to food security that Zambia has faced in recent years) and the **coping ability** of rural and urban Zambians in the event of a shock. Map I shows that the Western and the Southern regions of Zambia (including parts of Eastern Province) are very prone to a high risk of drought. The average Zambian's ability to cope with a hazard such as drought, as measured by total income, is normally lowest in Western, Northwestern, Luapula and Northern Provinces (see Map II). The convergence of a high risk of drought and low coping ability in Western Province thus makes it the most vulnerable to food insecurity in Zambia. However, the very low coping ability in Northwestern, Luapula and Northern Provinces indicates high rates of long-term structural poverty in those areas also. In 1996, per capita total income from all sources was below the estimated poverty line in 12 districts; all but two were in Western and Northern Provinces (see Map III). An almost equally high rate of poverty was found in most districts of Northern and Luapula Provinces and in two districts each of Eastern and Southern Provinces.

Government priorities and policies addressing poverty and food insecurity

15. The policy environment affecting food security and nutrition in Zambia has changed substantially since October 1991, when the country's first multi-party elections were held and a new government came into power. Although structural adjustment had been initiated by the previous government, the pace, scope and commitment have increased dramatically under the newly elected one. Two major areas of policy change include extensive liberalization of the economy, with agricultural liberalization being of particular importance. Decentralization and reforms in the health sector are also being implemented. The reforms are part of a structural adjustment programme. Measures adopted include: a) establishing a market-determined exchange rate, which has been relatively stable since 1994 after the dramatic depreciations in 1992 and 1993; b) establishing market-determined interest rates, which declined from 150 percent in 1993 to 49 percent in August 1994; c) removing price controls and subsidies; d) embarking upon an ambitious privatization programme; and e) reducing inflation from 91 percent in 1991 to 35 percent in 1994.

Agricultural liberalization

16. The Zambian Government is moving very quickly with an agricultural liberalization programme. The first attempt to operate a more liberalized marketing system was made in the 1993/94 season, after years of heavy control and subsidization. The first year of liberalization included the removal of direct maize production and marketing subsidies, legal domestic trade of crops with prices largely determined by market forces, government leasing of storage facilities, and a substantial expansion in small-scale milling.
17. The Agricultural Sector Investment Programme (ASIP) was initiated to rationalize government and donor investment in agriculture. This programme was developed largely by Zambian nationals in response to the proliferation of donor projects. In the early nineties, the Ministry of Agriculture was responsible for nearly 200 projects. It was felt that many of these projects reflected donor goals more than Zambian goals and that all donor support to the



agricultural sector should be consistent with the ASIP goals and objectives of improving household food security.

18. The liberalization process is likely to have a long-term positive impact upon food security and nutrition in rural Zambia. Staple food prices have risen substantially, altering the urban-rural terms of trade. Informal sector marketing activities have flourished, rapidly increasing employment opportunities, albeit at low incomes. More speculatively, increased agricultural exports are expected by the Government. Oil crop production has grown rapidly in the last decade, and South Africa offers a large market for Zambian vegetable oil. In the initial years, however, agricultural exports are more likely to benefit the larger and more organized farmers. Remote areas such as Western Province and other isolated areas that are not linked up with markets will take longer to benefit from the reforms and are in need of assistance to provide short-term employment and rural infrastructure during the reform process.

Reforms in the health sector

19. In recent years, the Government has also undertaken radical reforms in the health sector. The primary aim of these reforms is to decentralize the health sector, and to confer increased financial and management responsibility to individuals and communities. The Government is committed to an increased emphasis on primary health care, particularly through preventive and promotive health services. Management and financial responsibility for general and provincial hospitals has been placed in the hands of management boards. District health boards have been established to assume primary responsibility for health care within each district, and they have been granted broad authority. The decentralization of the health sector goes hand in hand with the promotion of increased individual, family and community participation, and of equity and self-reliance. Most districts, particularly those in poorer and food-insecure provinces, are already benefiting from such reforms.

Other reforms

20. The Public Welfare Assistance Scheme was established by the Government in 1992 as a targeted transfer programme for the ultra-poor and the disabled, and was budgeted one billion kwacha. This is managed by the Ministry of Community Development and Social Services, which has delegated much implementation authority to local committees. There has been much talk about this scheme, but less than one half of the money was disbursed in 1992, and the real budget was decreased in recent years.
21. At the request of the Government, a World Bank-sponsored Social Recovery Fund was initiated in 1993 to fund projects developed by communities and NGOs. This was modelled after, and integrated with, the successful European Union-funded micro-project programme. The purpose is to make small loans or grants to community-based organizations for social service and development projects that appear promising. Approximately six million dollars was disbursed in 1994, according to the World Bank. The programme appears successful and is expected to continue throughout the period of the planned Country Programme (1997-2001). WFP food assistance can improve the development impact through collaborating with SRF and similar community-based small projects.
22. Although there is no formal policy towards food aid, the Government recognizes and fully supports the safety net programmes which are partially funded by food aid. Following the minor drought of 1993/94, the Government actively encouraged private traders to import and store staple crops which could be used to offset national-level deficits. The successful use of



food aid in averting a major humanitarian disaster in 1992 and 1995 was highly praised by the Government and agencies such as IFAD and the World Bank.

ASSESSMENT OF WFP PERFORMANCE TO DATE

23. WFP has been assisting Zambia since 1964. In recent years, WFP activities focused on development, drought relief, and refugee assistance. Total approved assistance since 1992 amounted to 66 million dollars, 44 million dollars for two drought-related operations, five million dollars for assistance to refugees and 17 million dollars for development. Since 1992 the development aspects have been centralized under project Zambia 4756 - "Safety net for vulnerable groups under structural reform". Previously, assistance was given to malnourished pre-school children (from 1984 to 1992) for 4.1 million dollars through project 2710 - "Infant feeding and prevention of malnutrition". Low-income vulnerable groups living in urban and peri-urban areas were assisted since 1990 under project 4343/Q - "Urban self-help" at a cost of 1.5 million dollars. The previous administration of the Government of Zambia submitted a request for these projects to be combined and expanded under project 4756. In November 1991, a three-week WFP mission, with the participation of HABITAT, ILO, UNESCO and WHO evaluated this proposal and recommended that the projects be consolidated.

Development assistance

Zambia 4756 - "Safety net for vulnerable groups under structural reform"

24. This project was approved on 29 May 1992 as a five-year project, with a total WFP cost of 17.2 million dollars, and a government cost of 2.9 million dollars. The first distribution occurred on 1 August 1992. The project is aimed at providing a safety net to 41,000 of the most vulnerable people in urban and rural areas through temporary employment and supplementary food during the most critical period of the reform process. It is a component of the Government's Social Action Programme (SAP) under the World Bank Social Dimensions of Adjustment (SDA) initiative and is integrated with other donor support within the primary health care and food security programme. Nonetheless, as the Government continues to decentralize and liberalize both the economy and government operations, the project needs to be adapted to suit current concerns, as indicated in paragraph 44.
25. Project 4756 has four components: a) food for work (7.8 million dollars); b) direct feeding of severely malnourished children in rural clinics (8.5 million dollars); c) home-based care for households with terminally ill - principally AIDS-affected - patients (1.2 million dollars); and d) micro-projects (120,000 dollars).

Food for work (FFW)

26. The FFW component of the project was operationally designed to utilize the NGO Human Settlements of Zambia (HUZA) as an implementing partner for the establishment of project sites, but it became evident that HUZA did not have the capacity to implement a project the size of Zambia 4756. As a result, Project Urban Self-Help (PUSH) was established in 1993 with substantial financial and technical support from WFP. PUSH has been financially dependent upon WFP for transport and storage-related costs. Staff salaries and travel costs, supplies, office rental, utilities and communication expenses are covered by PUSH through government grants. While the amount of the grants has been adequate to cover these costs,



inordinate delays in the release of funds caused problems in the past, especially in 1994. Plans are being implemented to make PUSH a more service-oriented organization and to be more financially and operationally independent from WFP and the Government. CARE International, with funding from CIDA, is also an important implementing partner.

27. In the Zambian case, FFW schemes have two objectives: a) create temporary employment; and b) improve community infrastructure and sanitary conditions in low-income peri-urban areas (compounds). The FFW component is implemented in 22 compounds of five urban districts, including Lusaka, Ndola, the Copper Belt, Kabwe and Livingstone, with a little over 50 percent of the workers engaged in Lusaka. The project has clearly succeeded with the second goal, but has had limited success in establishing a safety net for the structural adjustment process. The FFW schemes have become permanent public employment schemes that benefit a small group of families, currently about 6,100 participants. Many participants have been involved for three years or more, since the programmes were initiated. The attrition rate is minimal for persons who remain healthy, suggesting that the returns to their labour may be higher than other alternatives, given the current ration value.
28. Peri-urban FFW is more effective in targeting the poor through the infrastructure improvements generated. These include construction of roads, drains, drifts and culverts, refuse clearance, and improvement of sanitation. These activities do improve the lives of peri-urban residents, in the selected poorest urban compounds. In May 1996 the component was reviewed by a management review mission. One of the findings of the mission was that outputs under the infrastructure component were significantly lower than had been programmed, while the collection of refuse and maintenance accounted for a substantially higher number of labour days.
29. Maintenance was not foreseen in the original plan of operations, but was *de facto* included given the difficult financial situation of the city/municipal councils involved. Although voluntary community participation seems to have increased somewhat, the lack of proper maintenance arrangements will have to be solved in discussions between city councils, communities, implementing NGOs and WFP. At the same time, more emphasis needs to be given to community participation to ensure that not only the actual beneficiaries but also the communities as a whole own the project and determine which activities should be undertaken. Moreover, it has been noted that more workers have been employed in Lusaka than in the other peri-urban areas together and that the project has not yet rotated from one compound to another.

Supplementary feeding

30. The supplementary feeding component has been accomplished by the distribution of High-Energy Protein Supplement (HEPS) blended food. It is composed of 70 percent maize, 20 percent soya and 10 percent sugar. Take-home rations are provided for acutely by malnourished children at rural health clinics (RHCs) and hospital-based wet-feeding for severely malnourished children. Approximately 35,100 acutely malnourished children and 2,000 severely malnourished ones are reached by this component. A targeting exercise was conducted in March 1995 to streamline the operation, since the number of institutions supported was too large, resulting in irregular deliveries and less impact. Under the revised targeting system, districts supported have under-five acute malnutrition rates that exceed 30 percent. The number of districts has been reduced to 29 out of 61.
31. HEPS is an effective formula for the rehabilitation of moderately malnourished children. As the current HEPS formula does not include milk, DSM is given to severely malnourished children at clinics as part of their supplementation basket for their initial recuperation. To



enhance its effectiveness, suppliers are now obliged to fortify all HEPS formulae with micronutrients. Furthermore, the distribution of HEPS provides an incentive for mothers to attend clinics and receive other health care services. This potentially positive effect would be greater if women were provided a full health package.

Home-Based care (HBC) of People Living With Aids (PLWA)

32. Food is supplied on a pilot basis to 1,200 families for the care of PLWA. Although originally of lesser scope, the HBC component is undergoing fundamental changes within the current programme framework. The new approach focuses on enhancing the capacities of participants in order to enable them to become more self-reliant. The combination of limited resources, absence of criteria, and magnitude of the AIDS problem in Zambia has created a unique situation in the HBC component. Under their initiative, NGOs have developed their own criteria, and select households that are the most vulnerable to food insecurity.
33. Although the programme has been effective in reaching a limited number of AIDS-affected families, more effort is needed to support the education of children. Current HBC designs do not foster sustainability as they cater for the sick only. Investing in the surviving members of the household so that they can become more self-reliant after the death of the breadwinner is vital. However, the magnitude of the problem gives reason for serious concern. Many survivors are orphaned children. It has been estimated that there are already more than 250,000 orphans due to AIDS, and that by the year 2000 this figure could reach 550,000.

Micro-projects

34. The original design of project 4756 included a separate micro-projects component, and is implemented by NGOs. The objective was to enable a degree of future self-sufficiency among the FFW participants, once their temporary employment had come to an end. Its immediate objective is to support small-scale vocational training, non-formal education activities and training in income-earning activities, including bookkeeping and participation in savings schemes. The annual number of beneficiaries under this component had been estimated to be around 500, but recently the number of participants has dropped somewhat.
35. Reporting for this component has been poor. This is also related to the fact that in some districts training activities have been undertaken as part of the regular FFW component. In any case, and for the future, it is realized that more systematic attention needs to be given to the training of people once FFW-provided employment starts to rotate.

Emergency operations

Zambia 5428 (Exp.2) - "Assistance to Angolan and Zairian refugees"

36. WFP currently collaborates with the Government, UNHCR and NGOs in providing assistance to 6,500 Zairian and Angolan refugees. Zambia has been remarkably beneficent to refugees from neighbouring countries, hosting hundreds of thousands since independence. Many of these have since returned to their home countries, but many have remained on two-acre plots of land provided by the Government to refugee families. These refugees have generally received some form of food assistance for the first two years, after which they were expected to be self-sufficient.
37. Since the Mozambique peace accords, all of the 25,000 refugees in Ukwimi, in Eastern Province, have returned to Mozambique. In 1994, food aid assistance worth 1.7 million dollars was provided to 36,000 Angolans, Zairians and Somalis. Food was procured largely



through local purchases, and is provided in conjunction with excellent government cooperation and contributions. Given the increasing stability in the region, refugee programmes will hopefully decline in importance in Zambia. However, sustaining support to the Government of Zambia in this capacity is essential, and will ensure the Government's ability to maintain its generosity.

Zambia 5637 - "Assistance to the drought-affected"

38. The WFP country office in Zambia was heavily involved in the response to the drought of 1991/92, when 70 percent of cereal requirements was imported. This was a logistical nightmare that was creatively managed in conjunction with the Government, other donors, NGOs, local communities, and regional institutions. Although another drought of this magnitude is unlikely, drought will recur in Zambia, as was the case in 1995 when 80,000 tons of maize was distributed. Part of the food distributed was through FFW implemented through the PAM/NGO umbrella; part was relief food and a relatively small part was sold in the market. The operation has been successful: it reached two million people, and prevented starvation and death. Total food provided by WFP amounted to 42,214 tons, 80 percent of which was distributed through community-based FFW activities. Therefore, maintaining the institutional memory and human capital to enable an effective response to drought is an important role for the Government and WFP.

Strengths and weaknesses in implementation

39. A unique achievement of project 4756 is the consistent involvement of women as direct beneficiaries. This has contributed to the empowerment of women participants in these compounds. An innovative approach has been to make use of participants' attendance to impart additional vocational skills and training in income-generating activities. This has led to a greater capacity for many women in self-reliance, increased self-esteem and quality of life. The project set out an ambitious target of reaching 90 percent women through FFW. Recent COPRs and the thematic evaluation mission in April 1996 confirmed that the target has been met. The evaluation mission confirmed that very poor compounds are being covered, and that FFW forces do represent the poorest of the fit and willing poor. However, with continued structural adjustment, much increased food prices and persisting urban unemployment, the value of the food ration relative to other incomes has increased. Such hardships have made the activity considerably more attractive, even with the elimination of sugar from the food basket.
40. The original design of the FFW component in project 4756 did not include special criteria in targeting by strata of poverty. WFP relied instead primarily on the assumption that FFW would be self-targeting to those sufficiently poor, fit, willing and available for jobs. When the project began, payment in food was regarded as inferior to cash and somehow demeaning. This gave some additional validity to the self-targeting assumption. However, targeting has been improved and plans are under way to rotate FFW participants so as to create a broader safety net. As noted earlier, while the objective was to create temporary employment, most of the participants have been working for a few years rather than for a few months. This has prevented a much wider sharing of employment and direct benefits among the large number of urban poor. Some steps to limit the duration of employment have already been taken and will be further pursued across all work sites, in line with a more systematic approach to train the participants for the future after their term of work has ended.
41. Sustainability of the supplementary feeding component is linked to obtaining support from the Government, donors, and from other agencies such as UNICEF in the rehabilitation of



under-five-year-olds. The Government of the Netherlands has shown interest in the regional purchase of HEPS. The limited infrastructure, lack of transport, and the insufficient budget allocated by the Ministry of Health to deliver commodities from the district stores to the RHCs have minimized the delivery of HEPS to rural households where the need is greatest. At the household level, intra-family sharing has reduced the capacity of feeding moderately malnourished children at home. It must also be emphasized that the underlying causes of maternal and child malnutrition are broad and HEPS can only alleviate some of the symptoms. HEPS does have a significant role to play, and although beneficiaries are very appreciative of supplementary feeding, the eradication of malnutrition clearly needs a much larger and more integrated approach which includes nutrition and health education and poverty reduction strategies.

42. The monitoring and evaluation systems are oriented towards financial accountability and the tracking of beneficiaries and project outputs. These systems are effective for this purpose. However, several improvements are required to enable tracking the effectiveness of WFP projects in Zambia, in terms of impact, achievement of goals and long-term contributions to sustainable human development. The Country Programme will therefore develop a stronger monitoring and evaluation system so as to continuously assess the impact of WFP interventions to targeted beneficiaries and the wider economy.

Impacts on markets and domestic production

43. With the exception of DSM, food aid to Zambia is supplied through local purchases and therefore can only benefit local production. Local purchases have two effects on the economy: in procurement and in distribution. Procurement currently supports a very small number of capital-intensive businesses including a few large transporters, with a significant remainder of large-scale, mechanized commercial farmers. A reorientation to support small-scale producers, processors and traders would have a very significant and positive impact on employment and the reduction of poverty. It would also facilitate the liberalization process encouraged by government policies. However, the practical and economic feasibility of this will remain somewhat limited since the food rations under the present programme are processed, (e.g., HEPS and maize meal), and procurement is linked to the existence of processing firms.

FUTURE ORIENTATION OF WFP ASSISTANCE - 1997-2001

44. There is little disagreement within Zambia on the extent of the deterioration in living standards of the majority of the population over the last two decades, leading to the present 'social crisis'. WFP's future strategy is to continue supporting appropriate safety net mechanisms that address the needs of vulnerable groups in urban, and increasingly in rural, areas. Government policies and indicated priorities, backed up by appraisals such as the World Bank's Poverty Assessment, the United Nations Country Strategy Note (CSN), and various situation analyses, will form the basis of a WFP Country Programme for 1997-2001. The Programme will be fully integrated with that of the Government and sister United Nations agencies. Assistance for the next five years will cost approximately 10 million dollars for improving food security through FFW, and 15 million dollars for human development such as supplementary feeding for malnourished children and orphans. A contingency of four million dollars will be required to feed a possible influx of 80,000 refugees, given the political uncertainty in Zaire; and 100,000 dollars for disaster mitigation activities. The Country Programme's principal focus is to work towards the following goals:



- a) providing a safety net through short-term employment, asset creation and training in income-generating activities for poor households, specially those headed by women, using FFW activities;
- b) improving food access through supplementary feeding of malnourished children and undernourished nursing mothers;
- c) providing food assistance to both preventive and coping programmes with the aim of mitigating the current and future impact of HIV/AIDS on household food security, including assistance to orphans; and
- d) assisting the Government in maintaining an emergency response capacity for recurrent droughts, and in providing assistance to refugees.

Target groups and geographical targeting

45. It is estimated that 68 percent of an estimated population 8.9 million people suffer from poverty and that 76 percent are food-insecure in Zambia (World Bank, 1994). The main target for food aid will be the poorest families, including women and children in the areas most at risk of food insecurity as well as those low-income families affected by the HIV/AIDS epidemic in both rural and urban areas. Among these people, the poorest and most food-insecure groups that the WFP programme can realistically expect to reach are:
- a) small and marginal farming households in remote rural areas;
 - b) the unemployed and underemployed in low-income urban areas;
 - c) children in rural areas suffering from severe and acute malnutrition;
 - d) low-income families with PLWA; and
 - e) TB patients and orphans.
46. WFP will focus on the areas identified by various socio-economic surveys, including the VAM report, and also recognized by the Government as having the greatest incidence of poverty. Based on the extent of the incidence of poverty, the areas of greatest need are:
- a) remote and peripheral districts in Western, North-western and Luapula Provinces which account for the majority of the rural ultra-poor, and other rural districts which have pockets of ultra-poor;
 - b) Lusaka, Central, and Copper Belt, where over 80 percent of the ultra-poor in low-income urban areas are located; and
 - c) areas seriously affected by the HIV/AIDS epidemic, such as those near main long-distance transport routes such as Livingston and Lusaka, and those near the border with neighbouring Zaire.

Enhanced food security through food for work

47. Since the prevalence of and severity of poverty are still greatest in rural areas, it is intended to gradually build up a FFW programme which will target rural communities, especially those in remote areas. The VAM jointly funded by USAID and WFP gives an indication of the relative vulnerability of each district to food insecurity, of which the top 15 are also drought-prone. Priority would be given to high-risk districts where problems of access are a major factor contributing to food insecurity.
48. A decentralized, community-based approach would be promoted for implementation of FFW schemes where local communities and districts would actively participate in all aspects



of project design and implementation. Local bodies (e.g., development committees) would be responsible for selecting beneficiaries using agreed criteria. NGOs such as the Programme Against Malnutrition (PAM) will assist communities through training for efficient project implementation and sustainable management of outputs. Priority will be given to workers identified by women's groups and households headed by women. For reasons of cost-efficiency, rations will not include maize meal as was the case under a pilot phase. Maize will be purchased locally as close to the targeted district as possible.

49. Although conditions in rural areas have consistently been worse than in urban areas, the gap is narrowing and the plight of the peri-urban compound dweller is not improving, either. Massive redundancies, increasing mealie prices, relative drops in salaries and poor employment prospects have meant that millions of people living in main urban areas are forced into a marginal existence. An urban FFW programme will target those towns suffering from the highest number of redundancies. Within towns, the various civic authorities will select compounds on the basis of agreed criteria. Within compounds, resident development committees will assist in the selection of beneficiaries. Food aid will help provide temporary employment. Building on the strength of the current development project, selected participants will undertake infrastructure improvements. Main activities will be the construction of roads, drains, pit latrines, boreholes and shallow wells, and the clearance of refuse. Literacy and vocational training will be provided to interested participants with the active participation of council departments and NGOs. This component, which aims at helping people to prepare for the future, will need to be strengthened.

Human development

50. Supplementary feeding of malnourished children will be continued and expanded to include undernourished expectant mother in-patients during the next five years. However, improving targeting and using VAM in addition to clinical malnutrition data would help to concentrate assistance to most vulnerable areas with a high incidence of child malnutrition. The HEPS formula is now fortified with vitamins and minerals for improved nutritional impact. The current ration is 1.25 kilograms a week, based upon the nutritional status (weight for age) of the child. It is not convenient for households located further away who must sacrifice a day's labour to collect such a small quantity. It would be far more efficient to give monthly rations together with health education, although this obviously depends upon local circumstances and the discretion of health/clinic staff.
51. The HIV/AIDS epidemic in Zambia is such a serious problem that WFP should clearly articulate its future intervention strategies. Four ways of assisting PLWA and their families are outlined below. Studies are currently being undertaken to assess the feasibility of the various options.
- a) Assistance to PLWA must be integrated with existing WFP activities such as food for work. This implies that targeting criteria will be modified to include households that are food-insecure and negatively affected through loss or a major illness of the key breadwinner. AIDS-related mortalities reduce household resources and increase the number of dependents per worker.
 - b) WFP would continue supporting programmes related to mitigating the economic impact of AIDS; these are jointly identified and funded by the Ministry of Health and other specialized agencies and NGOs. The home-based component will be expanded to assist more PLWA and their families. Through this mechanism, WFP food will complement the non-food input from other agencies. Such interventions are proving



effective in minimizing the impact of HIV/AIDS, and in preventing new cases through better education and training.

- c) WFP would work with the Ministry of Health and NGOs to provide food aid assistance through hospitals and clinics to TB patients, 60 percent of whom are infected with HIV. TB patients are a particular risk to society at large, given the ease with which the disease could be transmitted. Giving take-home rations to TB patients at clinics would encourage attendance and treatment.
- d) The situation of orphans—mainly as a result of their parents dying from AIDS—is serious. There are already 250,000 orphans in the country and by the year 2000 the figure is expected to reach at least 450,000. Most orphans are either living with other family members or are in special institutions run by charities or religious bodies. WFP assistance for this sector is very small and could be expanded to include supporting orphans in institutions, and in specific cases providing take-home rations for children of AIDS-affected families.

Disaster prevention and linking relief and development

- 52. Food aid targeted through FFW to the drought-affected areas of Western and Southern Regions of Zambia (including parts of Eastern Province) will help improve the food security and coping ability of affected populations through short-term employment and generation of assets such as feeder roads and storage facilities. The Government of Zambia recently prepared a Drought Recovery and Mitigation Sub-Programme (DMSP) under the Agricultural Sector Investment Programme (ASIP) to assist drought-affected areas with a potential food deficit problem. It focuses on crop diversification, research, livestock stabilization and protection, water-supply development, infrastructure development, and land management, at an estimated cost of 41 million dollars in four years, from 1997 to 2000. Other donors such as IFAD are expected to contribute. WFP assistance through collaboration with PAM and associated NGOs, as successfully experienced in previous years, will support FFW and infrastructure programmes such as feeder roads to minimize the negative impact of drought and improve household food security.
- 53. The linkage between early warning and vulnerability analysis on the one hand, and appropriate and timely action on the other, must be strengthened. The ability of detecting changes in food insecurity and that of responding in a timely manner are investments which would reduce considerably the cost of responding to a full-blown emergency. Through its first phase of VAM activities, WFP has worked with the Government, other United Nations and donor agencies, and NGOs to enhance capacity in Vulnerability Analysis and Mapping and Drought Preparedness.
- 54. In a second phase of VAM activities, to begin in 1997, additional assistance can be provided to the Government as WFP-Zambia strengthens its own capacity in these areas. In close collaboration with four main bodies - the MAFF EWU, the Zambia Meteorological Department, The Central Statistical Office/FAO/UNICEF Food, Health and Nutrition Information System (FHANIS) project, and the USAID FEWS project - the following activities will be undertaken: a) refinement of Zambia VAM methodology as a tool of disaster preparedness and development project planning; b) integration of VAM in WFP-Zambia's decision-making and programmes; c) improved use of existing monitoring systems (agricultural prices, meteorological data, nutrition and health); d) increased use of GIS spatial analysis and map products; and e) technical assistance to the Office of the Vice President's Disaster Preparedness Unit.



Operational implications

55. This CSO was discussed with the Government, which fully supports the new orientation for food aid in Zambia. With the current development project phasing out, the timing is ideal to move to a programme approach for WFP assistance to Zambia, which is in line with the programming cycle of other United Nations agencies. The adoption of the programme approach in Zambia will require greater efforts, and reinforced links with government institutions, United Nations agencies, bilateral donors and NGOs. Practical and concrete mechanisms of collaboration will be identified when preparing the Country Programme. This also implies careful selection of appropriate staff for the country office.
56. Discussions with the Government regarding the future of the Food Management Unit (FMU) will continue, although the transition process will take several months. FMU is currently operated by the Government to store food and non-food items and is subsidized by WFP through ITSH. Consultations will continue with implementing partners on methods of changing the incentive system of FFW projects. The value of food rations, especially the cost-efficiency of expansion into rural areas, will be monitored regularly. Other participation criteria, such as maximum length of time that a person may participate in FFW projects, will be established and regularly reviewed.

KEY ISSUES AND RISKS

57. The CSO is based upon the adjustment process currently under way in Zambia. Although a reversal of the current policy is unlikely, adjustment is never smooth. While decentralization involves a greater transfer of decision-making to communities and districts, this has to be matched with local capacities, which partly depend on the availability of decentralized budgets. The CSO is largely based on a safety net concept which in itself is not sustainable in the absence of economic growth.



ANNEX I

| ECONOMIC AND SOCIAL INDICATORS | | | | | | | |
|---|--------|-------|--------|--------|------|------|-------------------------|
| Description | 1980 | 1985 | 1990 | 1992 | 1993 | 1994 | sub-Saharan Africa 1992 |
| Basic Human Development Indicators | | | | | | | |
| Human Development (human development index) | 0.342 | ... | ... | 0.352 | ... | ... | 0.357 |
| Under-five mortality (per 1000) | 152 | ... | 191 | 202 | ... | ... | 181 |
| Infant mortality (per 1000) | 105 | 107 | 107 | 107 | ... | 113 | 111 |
| Per capita GDP (dollars) | 650 | 283 | 420 | 290 | ... | ... | 504 |
| Life expectancy at birth (years) | 48.3 | 52 | 54 | 45 | ... | 48 | 51 |
| Health | | | | | | | |
| Access to health services (%) | ... | 70 | 75 | ... | ... | ... | 56 |
| Health centres and clinics (No.) | ... | ... | 942 | 1 037 | ... | ... | ... |
| Beds and cots in hospitals (No.) | 15 326 | ... | 19 921 | 17 507 | ... | ... | ... |
| Beds and cots in health centres (No.) | 5 931 | ... | 7 651 | 8 195 | ... | ... | ... |
| Child immunization (measles: % of under-fives) | 49 | 68 | 89 | 63 | ... | ... | ... |
| Education | | | | | | | |
| No. of primary schools pupils ('000) | 1 042 | 1 378 | 1 461 | 1 534 | ... | ... | ... |
| No. of secondary school pupils ('000) | 95 | 147 | ... | 207 | ... | ... | ... |
| Nutrition | | | | | | | |
| Underweight, moderate and severe (% of under-fives) | ... | 27 | ... | 25 | ... | ... | 31 |
| Water and Sanitation | | | | | | | |
| Access to safe water (%) | ... | 45 | 57 | 49 | ... | ... | 42 |
| Access to sanitation (%) | ... | 52 | 52 | 52 | ... | ... | 36 |
| Demography | | | | | | | |
| Population (millions) | 5.6 | 6.8 | 7.4 | 7.8 | ... | 8.2 | 533 |
| Population growth rate (%) | 2.7 | 2.7 | 2.7 | 2.7 | ... | 2.7 | 3 |
| Total fertility rate (births per female) | 7.2 | ... | ... | 6.5 | ... | 7.2 | 6.4 |
| Poverty | | | | | | | |
| Formal sector employment ('000) | 368 | 360 | 377 | 510 | ... | ... | ... |
| Incidence of poverty (% below poverty line) | ... | 49 | ... | 68 | ... | 77 | 54 |
| Economic indicators | | | | | | | |
| Real GDP at 1977 prices (Kwacha) | 2 154 | 2 041 | 2 213 | 2 136 | ... | 2 16 | ... |
| Real GDP growth rate (%) | 0.1 | 0.8 | -0.5 | -3.4 | ... | -6.6 | ... |
| Inflation (composite group annual average) | 15.2 | 20 | 109.5 | 1 913 | ... | 533 | ... |
| Current account balance (million dollars) | -49.3 | ... | ... | -247 | ... | -501 | ... |



ANNEX II

| |
|--|
| PRODUCTION, CONSUMPTION AND TRADE OF CEREALS IN ZAMBIA 1961-1994 ('000) |
|--|

| Year | Area (ha) | Yield | Production | Imports | Exports (tons) | Consumption | Ending Stocks | Imports | Consumption per capita (kg) |
|------|-----------|-------|------------|---------|----------------|-------------|---------------|---------|-----------------------------|
| 1961 | 620 | 1.24 | 770 | 8 | 1 | 777 | 0 | 1.03 | 241 |
| 1962 | 620 | 1.24 | 770 | 8 | 1 | 777 | 0 | 1.03 | 234 |
| 1963 | 585 | 1.26 | 735 | 18 | 1 | 740 | 12 | 2.43 | 217 |
| 1964 | 368 | 1.79 | 660 | 43 | 0 | 702 | 13 | 6.13 | 200 |
| 1965 | 560 | 1.36 | 764 | 46 | 24 | 741 | 58 | 6.21 | 205 |
| 1966 | 529 | 1.66 | 880 | 63 | 44 | 904 | 53 | 6.97 | 243 |
| 1967 | 554 | 1.81 | 1 005 | 58 | 119 | 783 | 214 | 7.41 | 204 |
| 1968 | 601 | 1.73 | 1 040 | 49 | 127 | 1 136 | 40 | 4.31 | 287 |
| 1969 | 546 | 1.59 | 870 | 98 | 30 | 956 | 22 | 10.25 | 235 |
| 1970 | 571 | 1.6 | 913 | 171 | 0 | 1 047 | 59 | 16.33 | 250 |
| 1971 | 591 | 1.36 | 801 | 142 | 0 | 650 | 352 | 21.85 | 151 |
| 1972 | 592 | 1.1 | 652 | 99 | 9 | 833 | 261 | 11.88 | 188 |
| 1973 | 597 | 1.46 | 869 | 107 | 39 | 815 | 383 | 13.13 | 179 |
| 1974 | 415 | 1.18 | 491 | 135 | 111 | 730 | 168 | 18.49 | 155 |
| 1975 | 419 | 1.65 | 690 | 131 | 30 | 807 | 152 | 16.23 | 167 |
| 1976 | 818 | 0.97 | 796 | 131 | 0 | 890 | 189 | 14.72 | 178 |
| 1977 | 918 | 0.97 | 892 | 149 | 0 | 908 | 322 | 16.41 | 176 |
| 1978 | 816 | 0.93 | 758 | 134 | 30 | 961 | 223 | 13.94 | 180 |
| 1979 | 1 1 | 0.72 | 798 | 204 | 0 | 1 199 | 26 | 17.01 | 271 |
| 1980 | 1 0 | 1.03 | 1 049 | 101 | 0 | 1 153 | 23 | 8.76 | 201 |
| 1981 | 1 2 | 1.09 | 1 321 | 172 | 0 | 1 487 | 29 | 11.57 | 249 |
| 1982 | 765 | 1.37 | 1 051 | 305 | 0 | 1 362 | 21 | 22.39 | 219 |
| 1983 | 738 | 1.35 | 999 | 341 | 0 | 1 341 | 20 | 25.43 | 207 |
| 1984 | 821 | 1.52 | 1 248 | 160 | 0 | 1 412 | 16 | 11.33 | 210 |
| 1985 | 714 | 1.83 | 1 307 | 164 | 0 | 1 387 | 100 | 11.82 | 198 |
| 1986 | 852 | 2.38 | 2 028 | 83 | 0 | 2 011 | 200 | 4.13 | 276 |
| 1987 | 1 1 | 1.74 | 1 997 | 86 | 0 | 1 583 | 700 | 5.43 | 209 |
| 1988 | 1 0 | 1.76 | 1 797 | 47 | 50 | 1 794 | 700 | 2.62 | 229 |
| 1989 | 872 | 1.37 | 1 195 | 0 | 70 | 1 525 | 300 | 0 | 187 |
| 1990 | 739 | 1.77 | 1 309 | 50 | 0 | 1 609 | 50 | 3.11 | 190 |
| 1991 | 691 | 0.85 | 584 | 1210 | 0 | 1 694 | 150 | 71.43 | 193 |
| 1992 | 870 | 2 | 1 741 | 20 | 100 | 1 661 | 150 | 1.2 | 182 |
| 1993 | 825 | 1.85 | 1 528 | 10 | 0 | 1 638 | 50 | 0.61 | 173 |
| 1994 | 815 | 1.74 | 1 418 | 120 | 0 | 1 588 | 0 | 7.56 | 162 |

Source: USDA PSD database; FAO Agrostat PC database.



ANNEX III



ANNEX IV

RURAL-URBAN DIFFERENCES IN FOOD SECURITY AND NUTRITION

| Indicator | Urban | Rural | Source |
|---|----------|-----------|---|
| Infant mortality rate (per 1,000) | 78.0 | 115.8 | Gaisie et al. (1993):82 |
| Height-for-age < -3SD | 10.5 | 19.2 | Gaisie et al. (1993):117 |
| Height-for-age < -2 SD | 32.5 | 46.0 | Gaisie et al. (1993):117 |
| Weight-for-height | 1.2 | 1.0 | Gaisie et al. (1993): 177 |
| Weight-for-height < -2 SD | 5.4 | 5.0 | Gaisie et al. (1993):177 |
| Weight-for-age < -3SD | 3.9 | 7.3 | Gaisie et al. (1993):117 |
| Weight-for-age < -2SD | 20.8 | 29.0 | Gaisie et al. (1993):117 |
| Percent women < 18.5 BMI | 8.3 | 12.2 | Gaisie et al. (1993):120 |
| Percent of population classified as core poor | 29 | 76 | World Bank (1994b), Volume :31 |
| Average annual household expenditure (kwacha) | 91 029.5 | 42 539.93 | Stampley et al. (1992): Tables 21 and 22 |
| Food as percentage of total expenditure | 61.13 | 74.95 | Stampley et al. (1992): Tables 21 and 22 |
| Starchy staples expenditure as percentage of food expenditure | 19.20 | 38.73 | Stampley et al. (1992): Tables 21 and 22 |
| Percentage of children fully vaccinated (12-23 months old) | 74.4 | 60.0 | Gaisie et al. (1993):98 |
| Birth delivery at home (percent) | 20.9 | 72.7 | Gaisie et al. (1993):93 |
| Percentage of children with cough (two weeks prior to survey) | 10.2 | 15.0 | Gaisie et al. (1993):101 |
| Percentage with fever | 34.0 | 52.4 | Gaisie et al. (1993):103 |
| Percentage with diarrhoea | 20.0 | 25.3 | Gaisie et al. (1993):104 |

Sources:

- Gaisie, Kwesi, Anne R. Cross, Geoffrey Nsemukila (1993).

Zambia Demographic and Health Survey, 1992

Lusaka, Zambia: University of Zambia, Central Statistics Office, Columbia, Maryland, Marco International Inc.

- Stampley et al. (1992), op cit; World Bank (1994), op. cit.



MAP 1



MAP 2



MAP 3



GENDER GAPS IN ACCESS TO RESOURCES

| Indicator | Past | | | Present | | | SI | | |
|--|--------------------|-----------------|-------------------------------------|---------------------------------------|-----------------|--|----|---|----|
| | F/M | GG (percent) | Source | F/M | GG (percent) | Source | M | F | SI |
| Number of agricultural extension staff | (1980) 5:95 | 90 | Kasuta/Siamwiza, 1992 records at | (1980) 15:65 | 70 | Kasuta and Siamwiza, 1992 | 3 | 0 | 3 |
| Number of community development staff | (1993) 31:69 | 38 | community development | (1995) 43:57 | 14 | | 1 | 0 | 1 |
| Obtaining title deeds to land | (1980) 11:89 | 78 | Deeds Registry | (1993) 19:81 | 5. | Deeds Registry | 3 | 0 | 3 |
| Registering new business | (1985) 11:49 | 78 | Registry, Ministry of Commerce | (1993) 13:87 | 74 | Registry, Ministry of Commerce | 3 | 1 | 4 |
| Female entrepreneurs funded by SIDO | N/A | | | (1990–93) 17:83 | 54 | SIDO | 1 | 1 | 4 |
| Amount of agricultural credit (Lima Bank Special Women's Fund against mainstream credit of the Zambia Cooperative Federation) | (1981–88) 21:79 | 58 | World Bank, 1994 | (1988–89) 12:88 (1993) 0:100 | 76 100 | World Bank, 1994 Mwanza, et.al., 1994 | 3 | 2 | 5 |

F/M = Female/Male Ratio

GG = Gender Gap

SI = Seriousness Index

