Human capital – knowledge, skills, and good health – empowers people to achieve their potential and drives economic growth. This brief tracks progress by Zambia in building and using human capital. This page presents the Human Capital Index (HCI), its components parts, and relevant benchmarks. The HCI quantifies how underinvestment in education and health for today’s children reduces future incomes. Data are the most recently available as of 2020. The back page presents a set of Human Capital Complementary Indicators (HCCI) that shows progress at each stage of the lifecycle.

THE HUMAN CAPITAL INDEX

A child born in Zambia will be 40% as productive when she grows up as she could be if she enjoyed complete education and full health. This is similar to the average for the Sub-Saharan Africa region (40%) and lower than for Lower Middle Income countries (48%).

THE HUMAN CAPITAL INDEX COMPONENTS

- **Probability of Survival to Age 5.** Of every 100 children born in Zambia, 94 survive to age 5.

- **Expected Years of School.** In Zambia, a child who starts school at age 4 can expect to complete 8.8 years of school by her 18th birthday.

- **Learning-Adjusted Years of School.** Factoring in what children actually learn, expected years of school is 5 years.

- **Average Harmonized Test Scores.** Students in Zambia score 358 on a scale where 625 represents advanced attainment and 300 represents minimum attainment.

- **Adult Survival Rate.** Across Zambia, 73% of 15-year-olds survive until age 60.

- **Fraction of Children Under 5 Not Stunted.** Approximately 65 out of 100 children are not stunted. This means that 35 out of 100 children are at risk of cognitive and physical limitations that can last a lifetime.

UTILIZATION-ADJUSTED HUMAN CAPITAL INDEX

The Utilization-adjusted Human Capital Index (U-HCI) scales down the HCI by taking into account how many adults are not employed. The U-HCI for Zambia is 0.13. Thus, children born today will be 13% as productive in adulthood as they could have been if they had access to full health and education, and they became fully employed adults. Data are not available for producing gender disaggregated HCIs and U-HCIs.

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<thead>
<tr>
<th>Gender differences in Human Capital and Utilization</th>
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<tr>
<td>Boys Girls Overall</td>
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<tr>
<td>Human Capital Index</td>
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<td>Utilization-Adjusted HCI</td>
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Note: - represents no internationally comparable data available.

Note: Missing symbols indicate internationally comparable data are not available to generate the corresponding statistic.
The Human Capital Complementary Indicators (HCCIs) offer a snapshot of human capital investments at four stages of the lifecycle. The figures show the latest available data, benchmarked against regional averages. The figures also report progress over the previous 5 years.

**EARLY CHILDHOOD**

- **Neonatal mortality rate.** The neonatal mortality rate is 25 per 1,000 live births (2021), compared to 26 in 2016. The indicator is higher than the regional average.
- **Minimum meal frequency.** The share of children ages 0-23 months who regularly consume an age-appropriate meal is 41% (2018). The indicator is below the regional average.
- **DTP vaccination rate, third dose.** In 2022, 82% of infants received the third dose of the diphtheria, tetanus and pertussis vaccine, compared to 94% in 2017. The indicator is higher than the regional average.

**SCHOOL AGE**

- **Child mortality rate.** The mortality rate for children ages 5-14 is 10 per 1,000 children aged 5 (2021), compared to 12 in 2016. The indicator is lower than the regional average.
- **Minimum proficiency in reading, primary.** In 2021, 2% of children who completed primary school achieved the minimum learning outcomes in reading. This remains unchanged since 2016. The indicator is below the regional average.
- **Minimum proficiency in mathematics, primary.** In 2021, 2% of children who completed primary school achieved the minimum learning outcomes in mathematics, compared to 4% in 2016. The indicator is lower than the regional average.

**YOUTH**

- **Adolescent fertility rate.** The number of births for every 1,000 women ages 15-19 is 117 (2021), compared to 129 in 2016. The indicator is higher than the regional average.
- **Youth not in employment, education or training.** In 2021, 31% of youth (ages 15-24) were not in employment, education or training, compared to 43% in 2017. The indicator is similar to the regional average.
- **Youth literacy rate.** The share of youth (ages 15-24) who are literate is 93% (2020). The indicator is higher than the regional average.

**ADULTS & ELDERLY**

- **Life expectancy at birth.** Life expectancy at birth is 61 years (2021), compared to 62 in 2016. The indicator is lower than the regional average.
- **Female labor force participation rate.** Female labor force participation as a percentage of the female working-age population (ages 25+) is 61% (2022), compared to 58% in 2017. The indicator is above the regional average.
- **Adult unemployment rate.** Unemployed adults as a share of the adult labor force (ages +25) is 5% (2022), compared to 6% in 2017. The indicator is lower than the regional average.

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