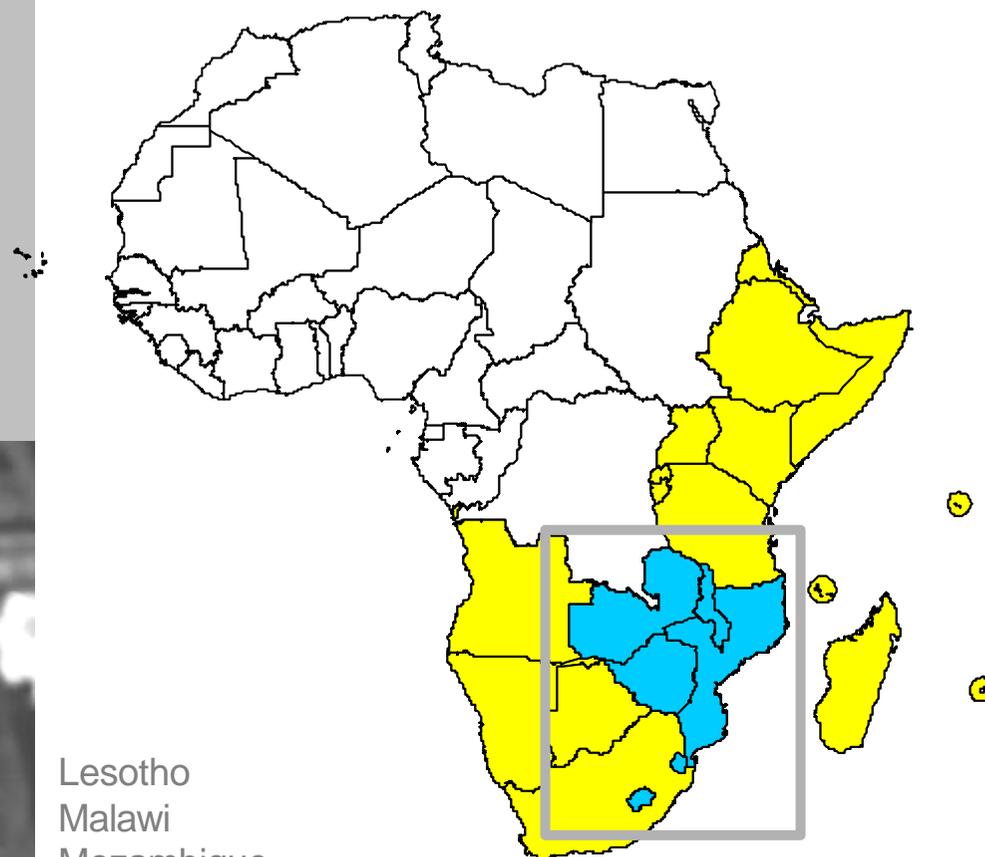


NUTRITION

SOUTHERN AFRICA HUMANITARIAN CRISIS



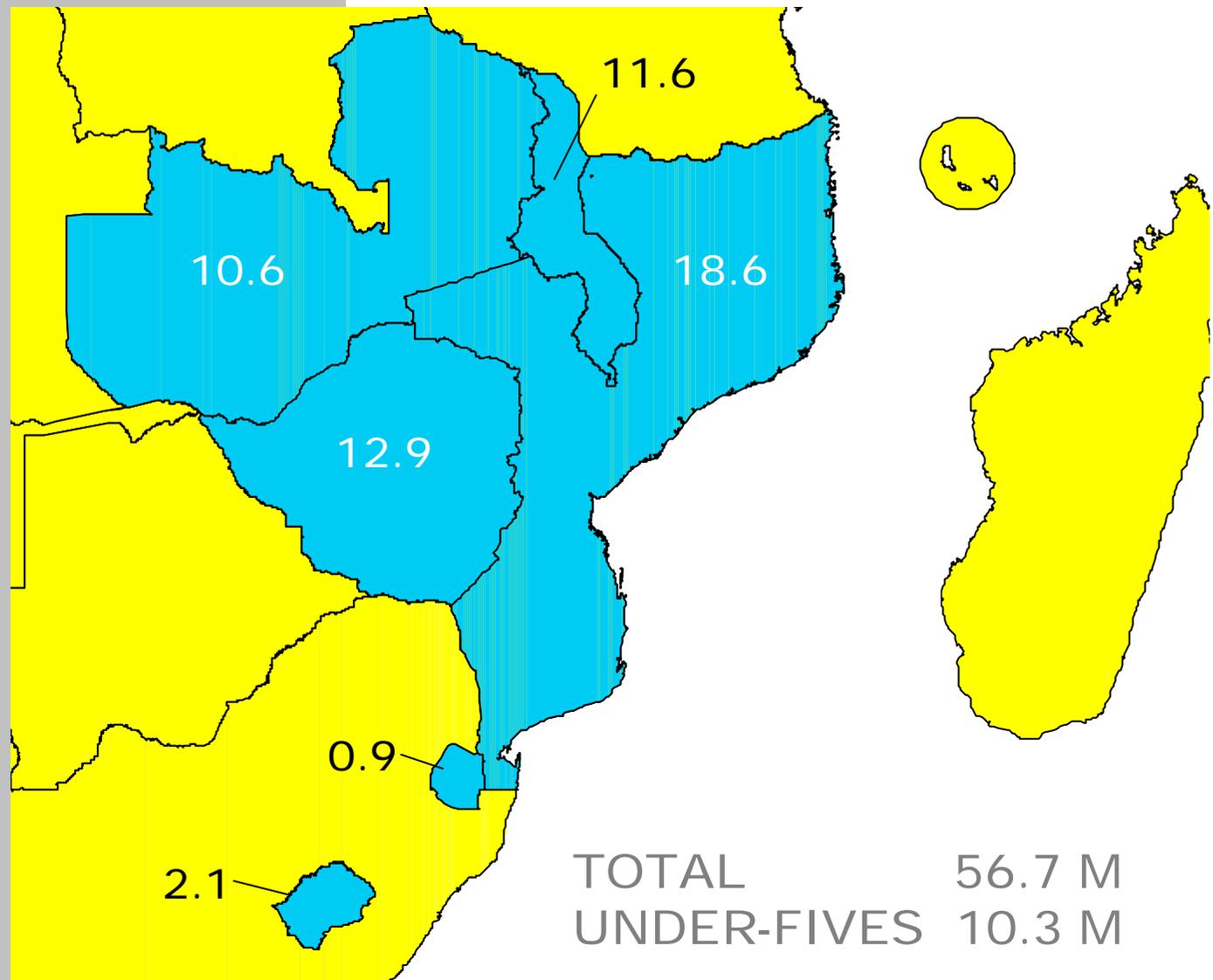
Lesotho
Malawi
Mozambique
Swaziland
Zambia
Zimbabwe

April 2003

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POPULATION



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DATA SOURCES

NNS National nutrition surveys

DHS Demographic and health surveys

MICS Multiple-indicator cluster surveys

VAC Vulnerability Assessment Committee surveys

OTHER District surveys



REVIEW OBJECTIVES

DATA VALIDATION

Validation of all nutrition surveys

STATUS & TRENDS

Best estimates of the nutrition situation

ANALYSIS

Changes in the nutrition situation relative to age-group, location & HIV/AIDS prevalence



SURVEYS REVIEWED

COUNTRY	NATIONAL	DISTRICT
LESOTHO	2	-
MALAWI	2	28
MOZAMBIQUE	3	-
SWAZILAND	1	1
ZAMBIA	4	17
ZIMBABWE	3	-
	15	46

NUTRITION INDICATORS

WASTING

Low **WEIGHT** for **HEIGHT**
compared to standard

STUNTING

Low **HEIGHT** for **AGE**
compared to standard

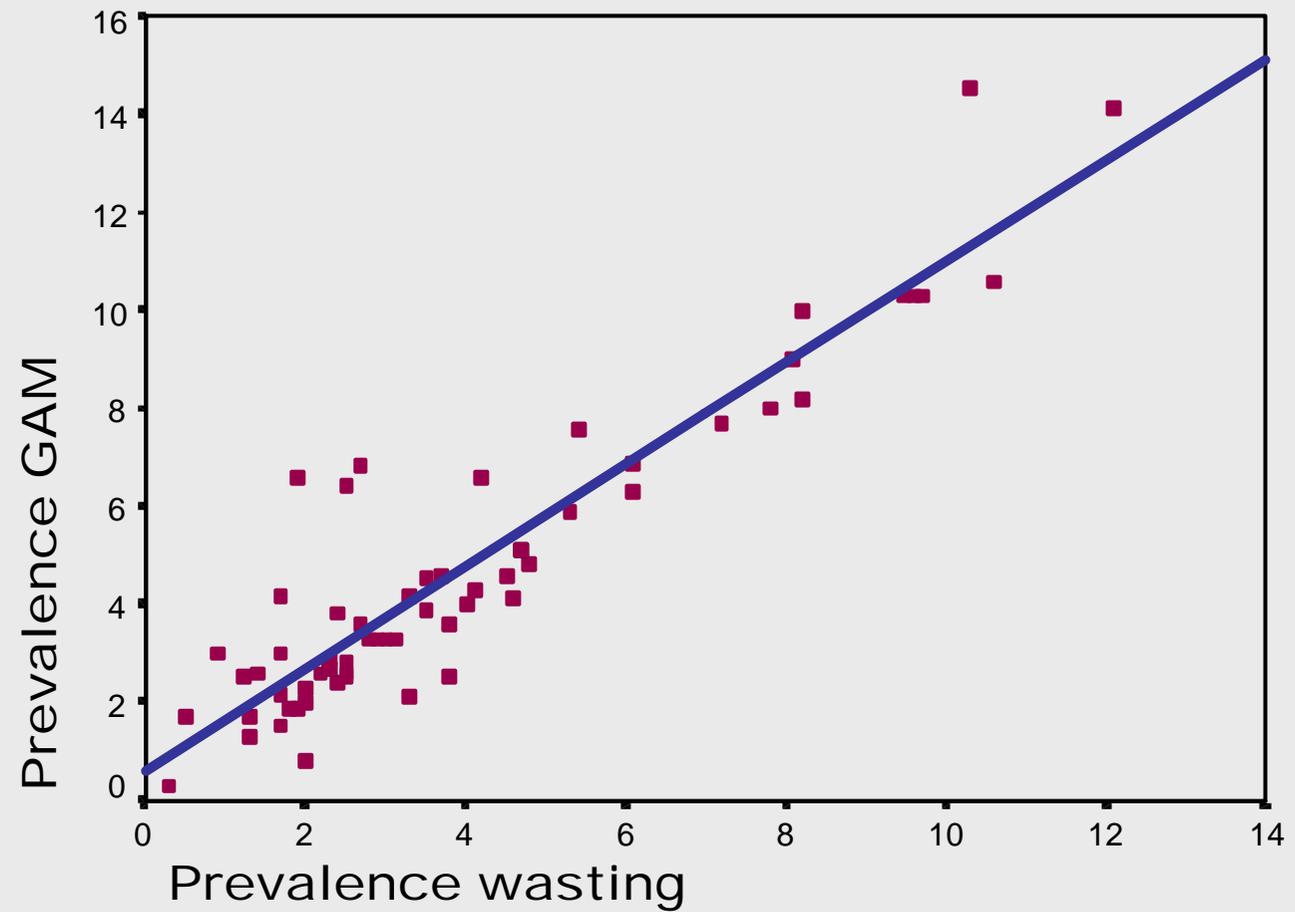
UNDERWEIGHT

Low **WEIGHT** for **AGE**
compared to standard

GLOBAL ACUTE
MALNUTRITION

Wasting + oedema

GAM & WASTING



SURVEY

DIFFERENCES



Choice of indicators



Sampling methods



Age groups



Seasons



VALIDATION OF SURVEYS



Correct sampling



Age heaping checks



Data range checks



COMPARING

DIFFERENT SURVEYS



Different age-groups



Different years:
smoothing of data



Different geographic areas:
compare provinces, districts



Different seasons



ANALYSIS OF SURVEY DATA



Test hypotheses explaining changes in nutritional status during the period 2001-2003



Test hypotheses explaining longer term changes



Examine changes in age-specific malnutrition rates



CONCLUSIONS OF SURVEY METHODOLOGY



Commendable efforts made to monitor nutrition during the crisis



High quality surveys

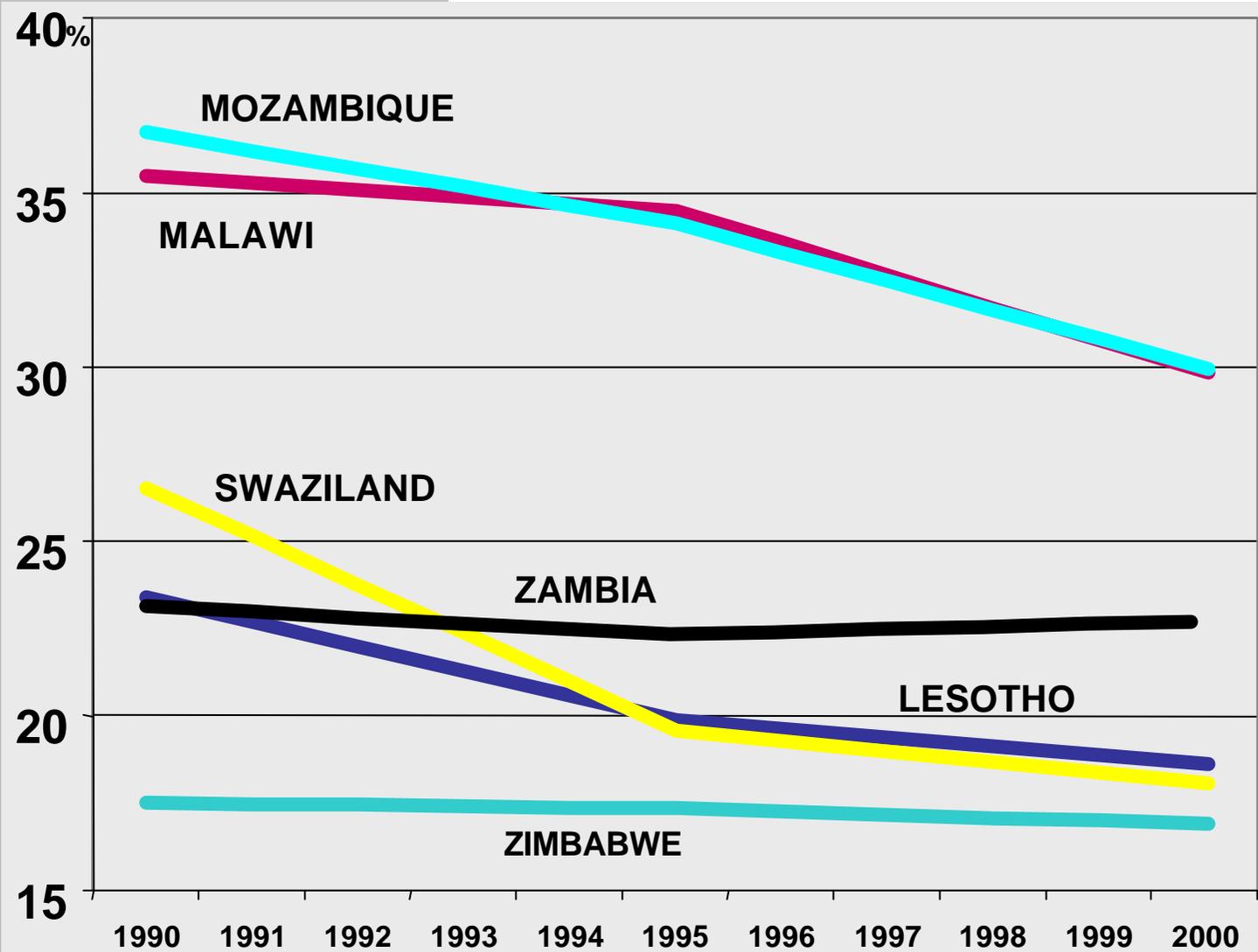


Need for standardisation of survey methods



UNDERWEIGHT TRENDS

1990-2000



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UNDERWEIGHT HOW MANY?

2001-2002

30%

ZAMBIA
541 000

MALAWI
532 000

2.3 MILLION CHILDREN

MOZAMBIQUE
702 000

ZIMBABWE
496 000

20

LESOTHO
46 000

10

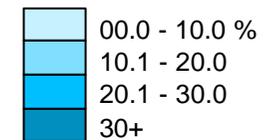
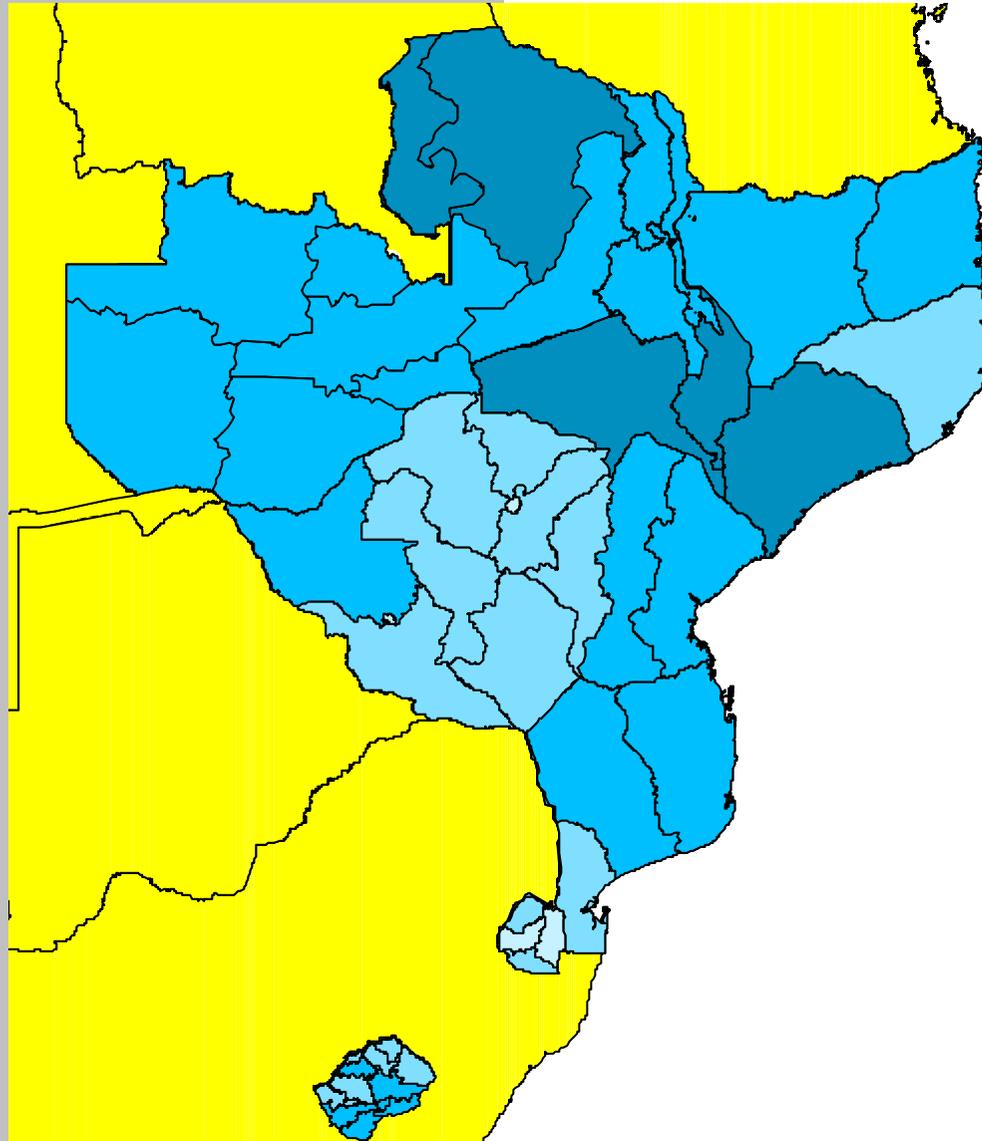
SWAZILAND
14 000

0

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UNDERWEIGHT



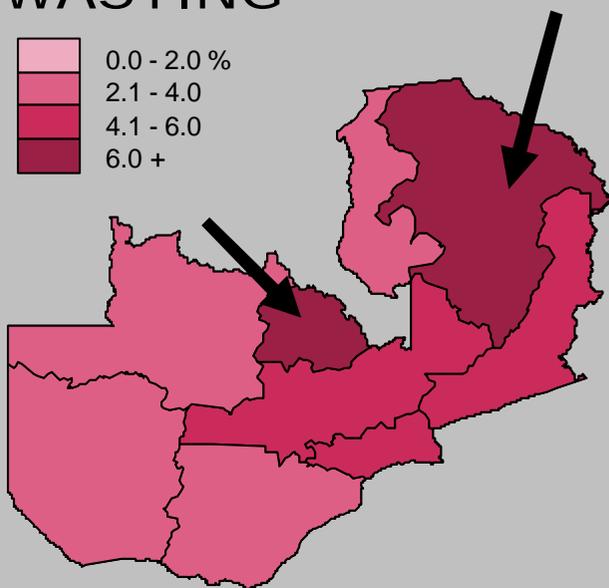
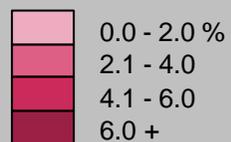
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ZAMBIA

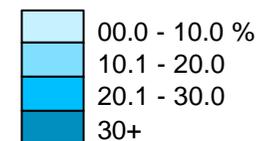
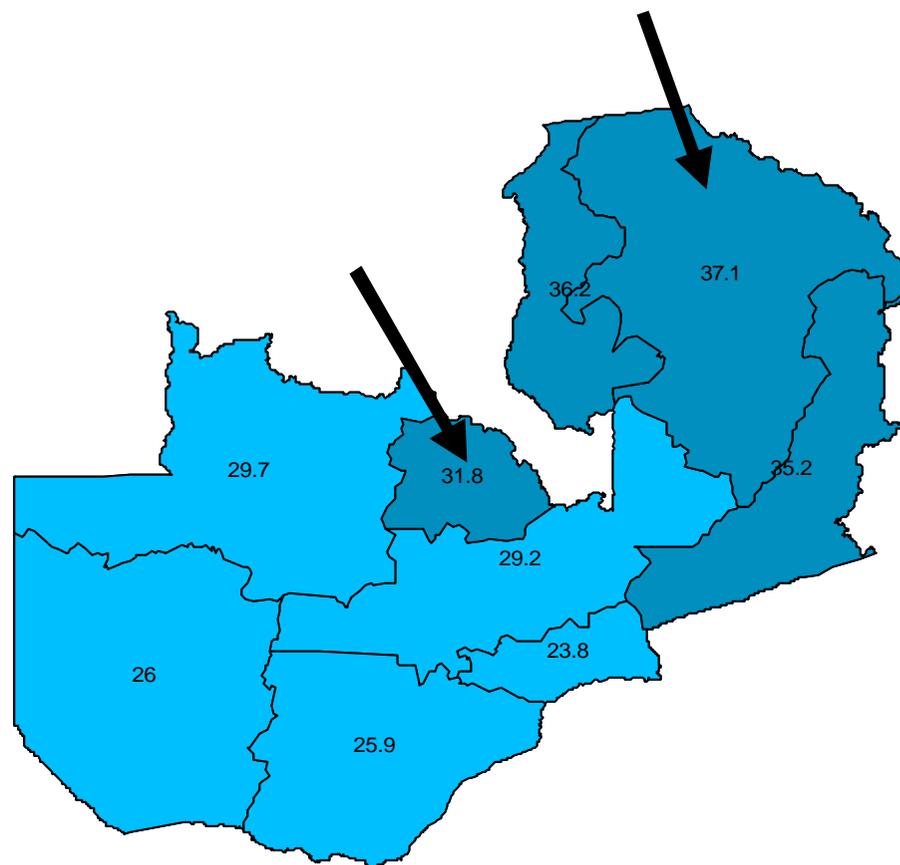


WASTING



UNDERWEIGHT

2001



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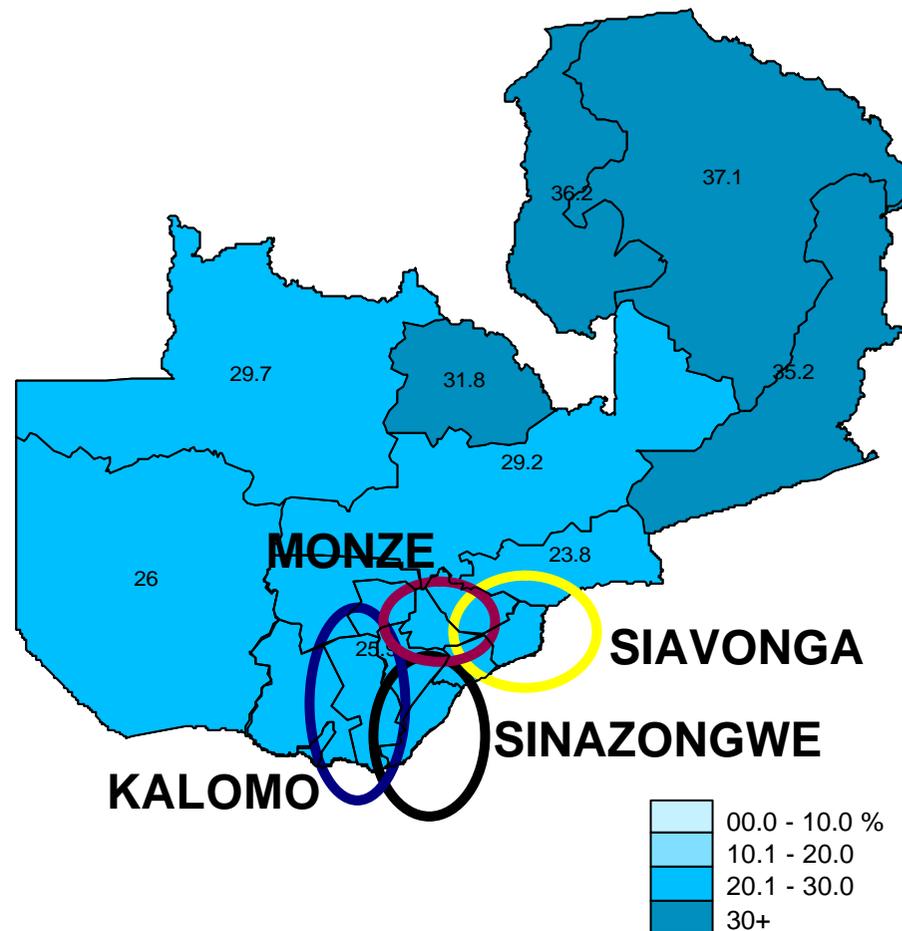
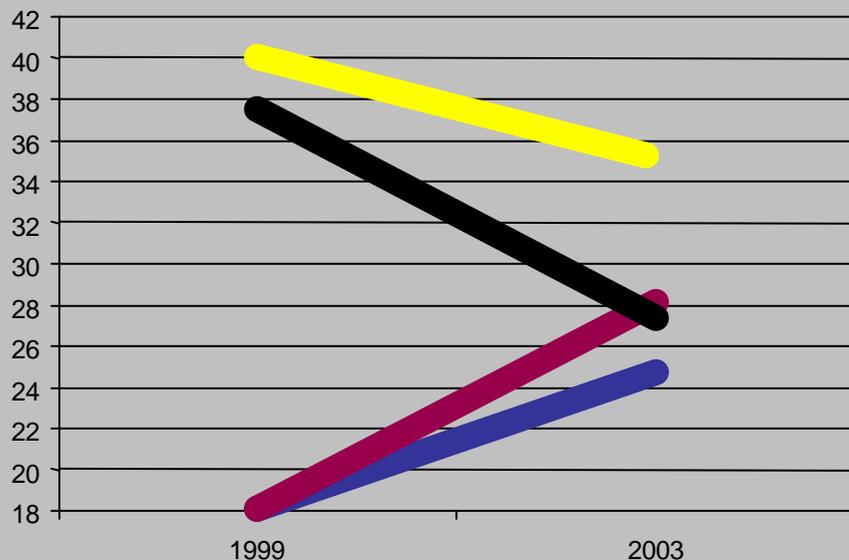
ZAMBIA



UNDERWEIGHT

2001

TRENDS 1999-2003



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ZAMBIA FINDINGS



The trend of increasing prevalence of malnutrition since 1999 continued during 2001-2003



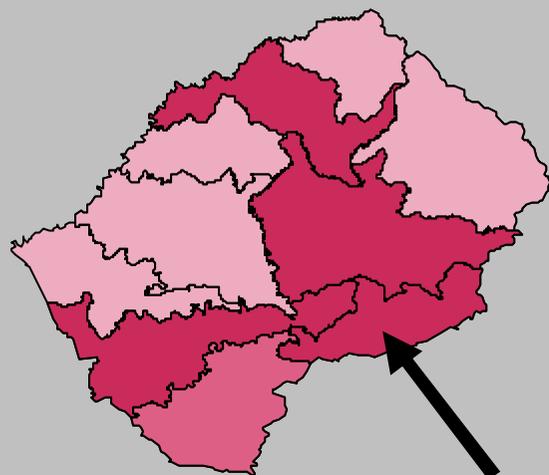
Provinces with lowest prevalence deteriorated most



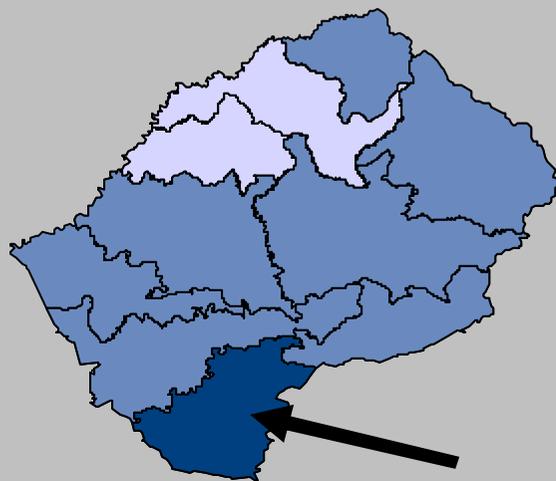
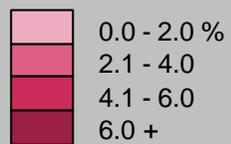
The age-group 12-23 months is the most severely affected



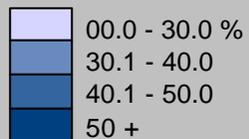
LESOTHO



WASTING

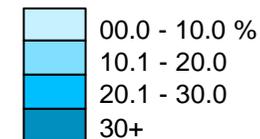
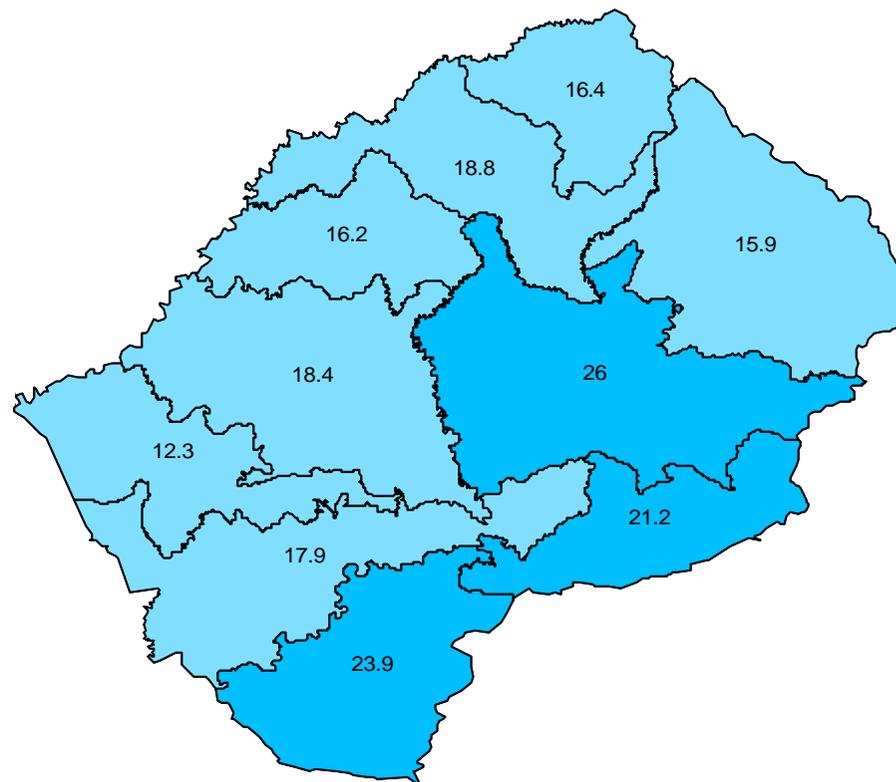


STUNTING



UNDERWEIGHT

2002



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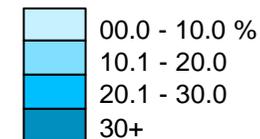
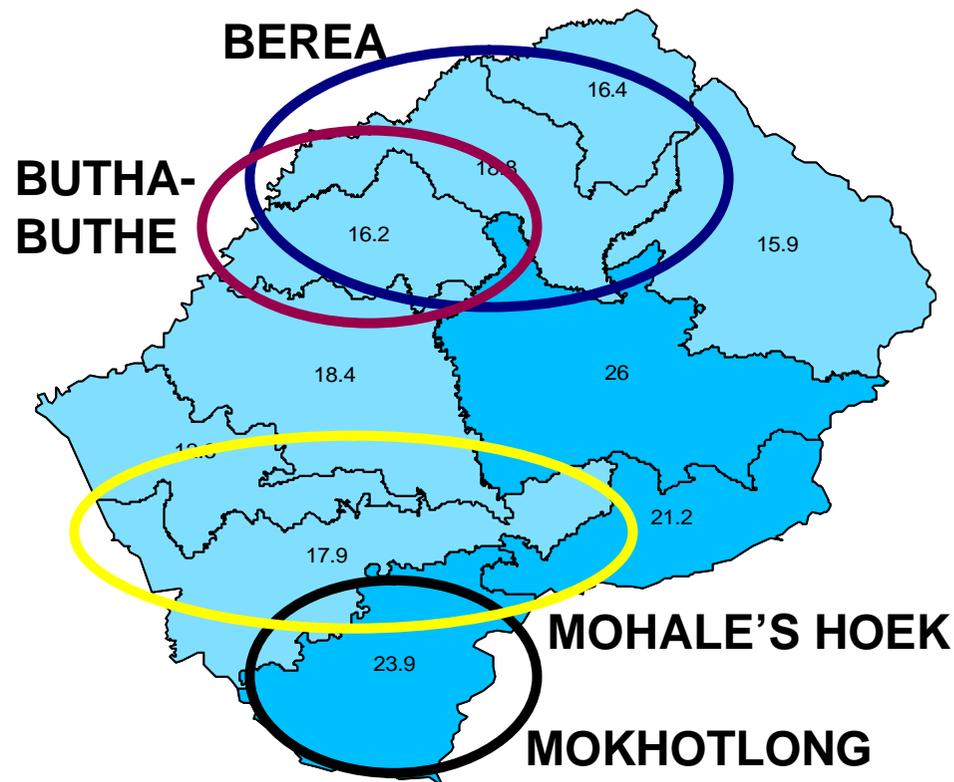
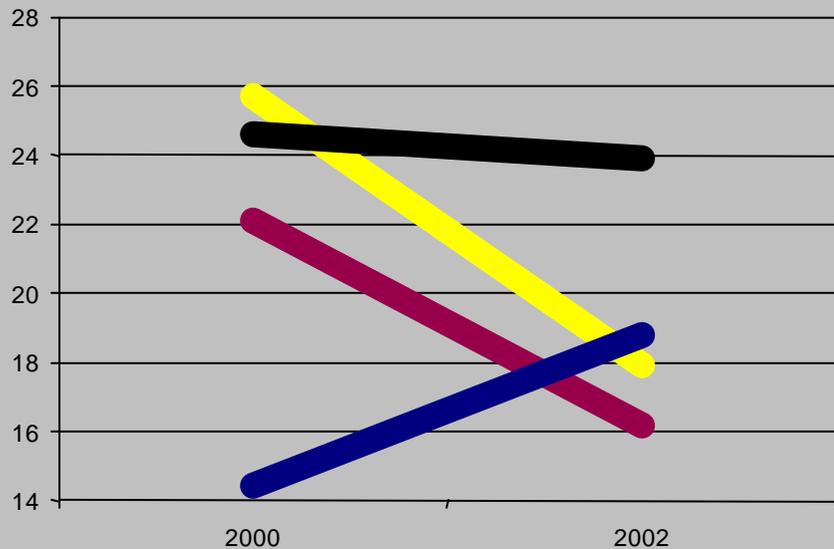
LESOTHO



UNDERWEIGHT

2002

TRENDS 2000 - 2002



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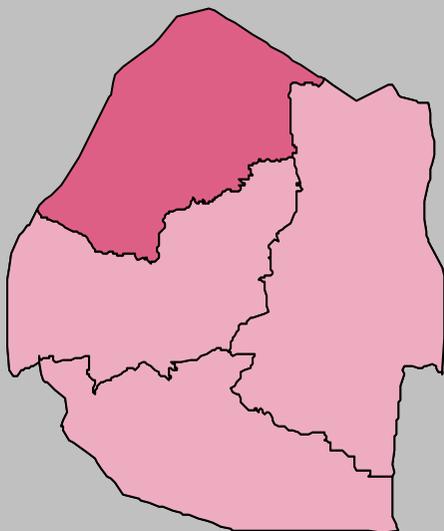
LESOTHO FINDINGS



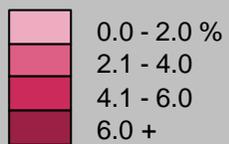
- ⊕ Nutrition improved slightly from 2000 to 2002
- ⊕ Wasting was reduced or did not worsen in any district
- ⊕ The age-group 12-23 months appears to have improved more than other age groups



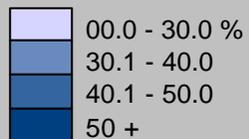
SWAZILAND



WASTING

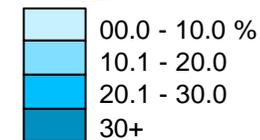
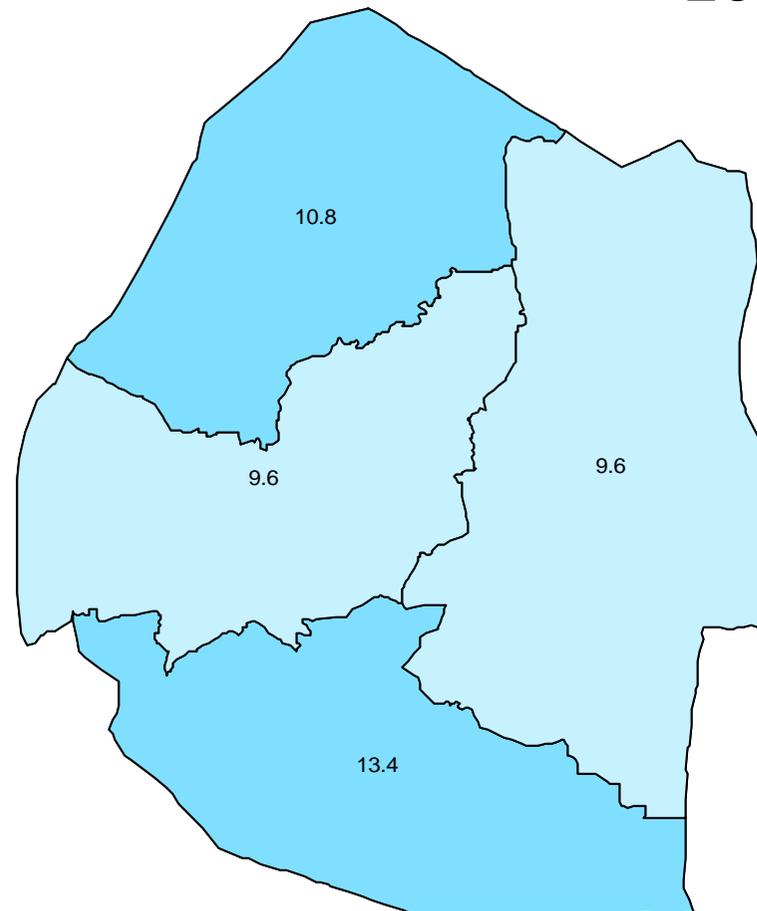


STUNTING



UNDERWEIGHT

2000



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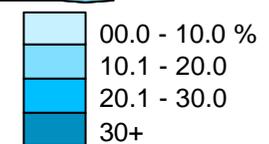
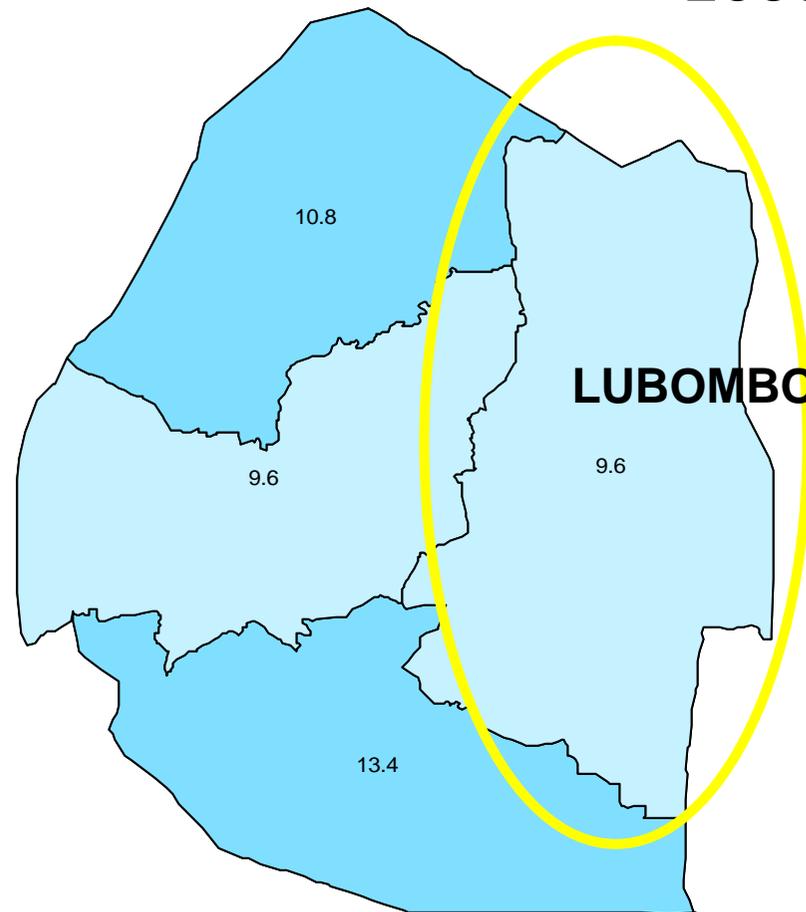
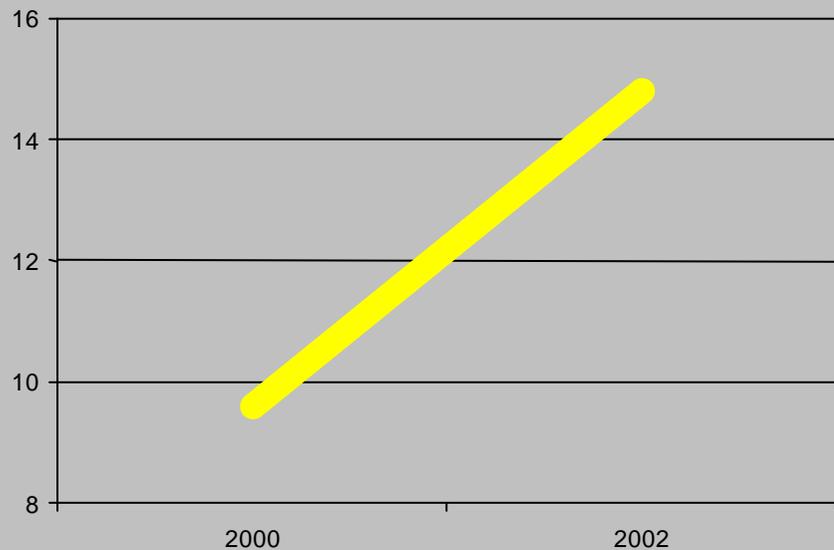
SWAZILAND



UNDERWEIGHT

2000

TRENDS 2000-2002



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SWAZILAND FINDINGS



Swaziland has had one of the lowest rates of malnutrition in the region



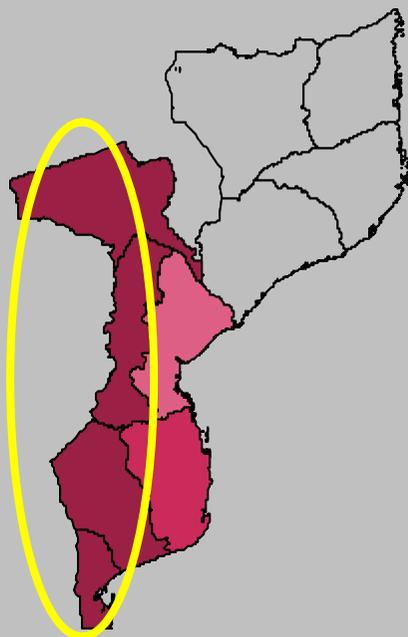
Lubombo, the only region for which trend data exist, shows a significant increase in malnutrition



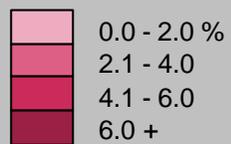
The age-group 12-23 months is the most severely affected



MOZAMBIQUE

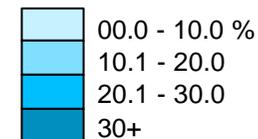
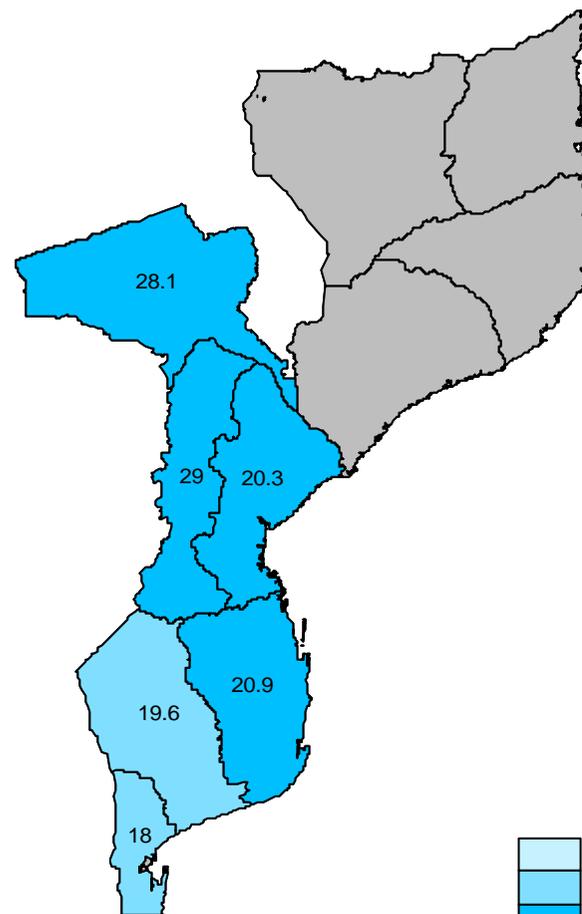


WASTING



UNDERWEIGHT

2002



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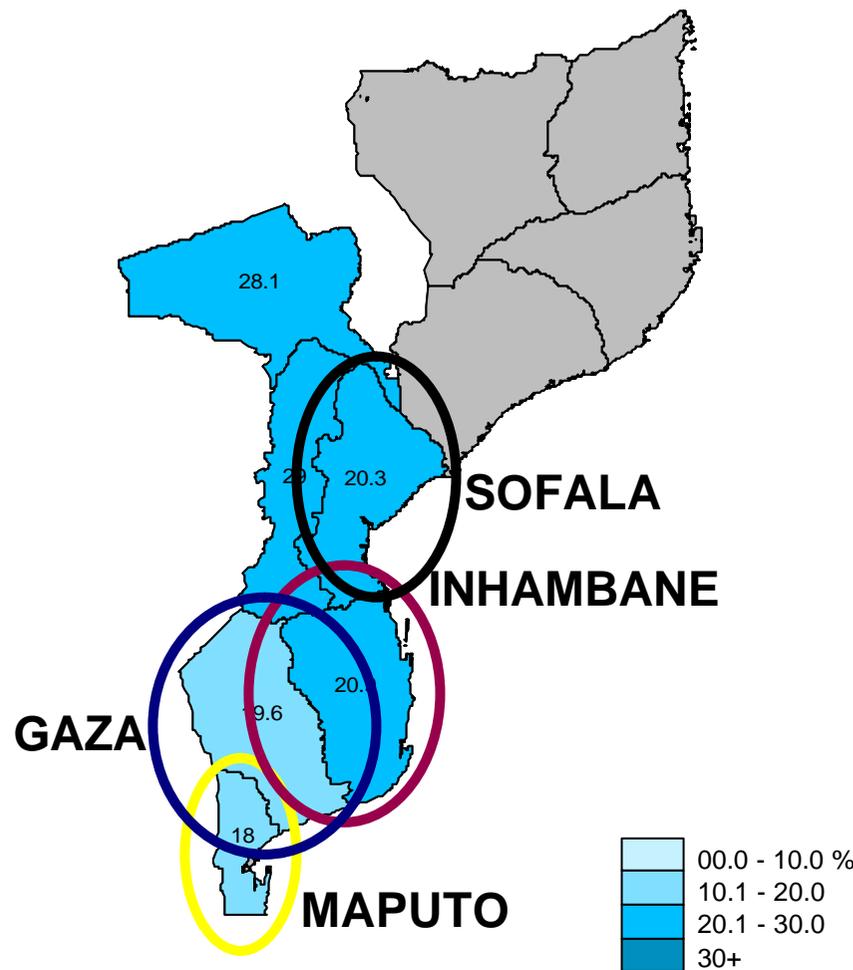
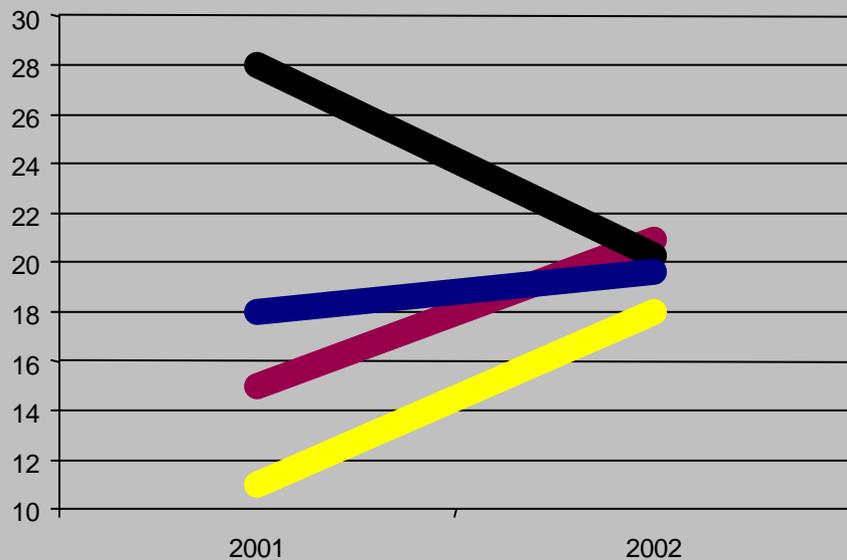
MOZAMBIQUE



UNDERWEIGHT

2002

TRENDS 2001-2002



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MOZAMBIQUE FINDINGS

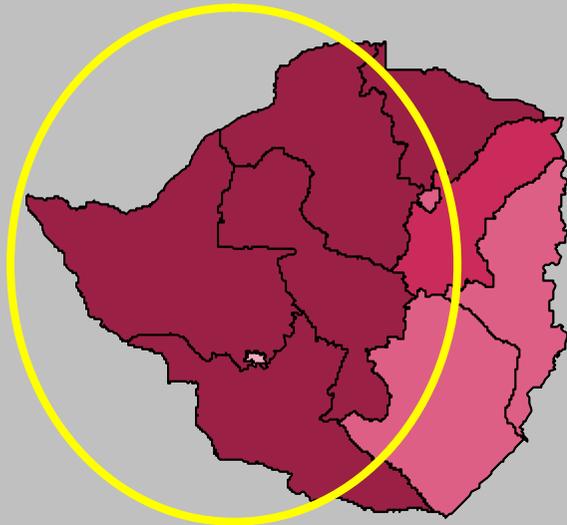


- ⊕ Malnutrition increased in Inhambane, Gaza & Maputo provinces
- ⊕ High rates of wasting, particularly in Gaza province
- ⊕ The age-group 12-23 months is the most severely affected

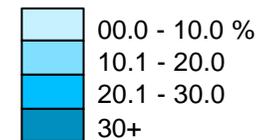
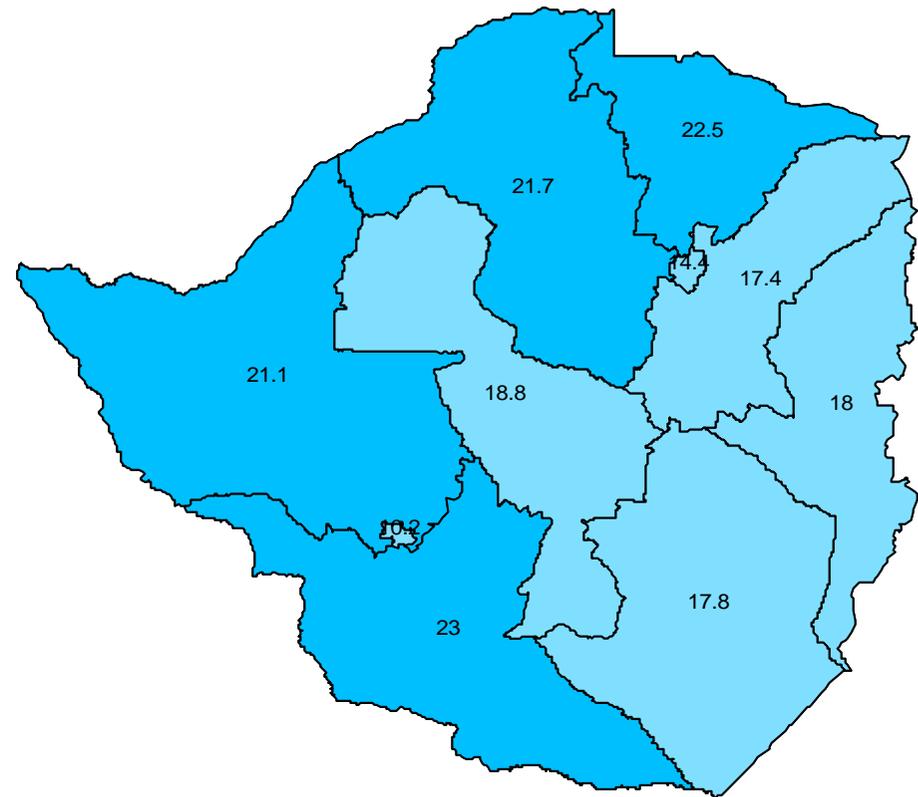
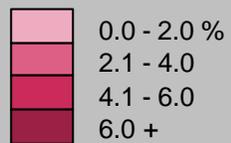


ZIMBABWE UNDERWEIGHT

2002



WASTING



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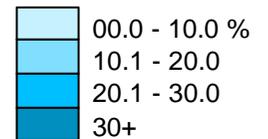
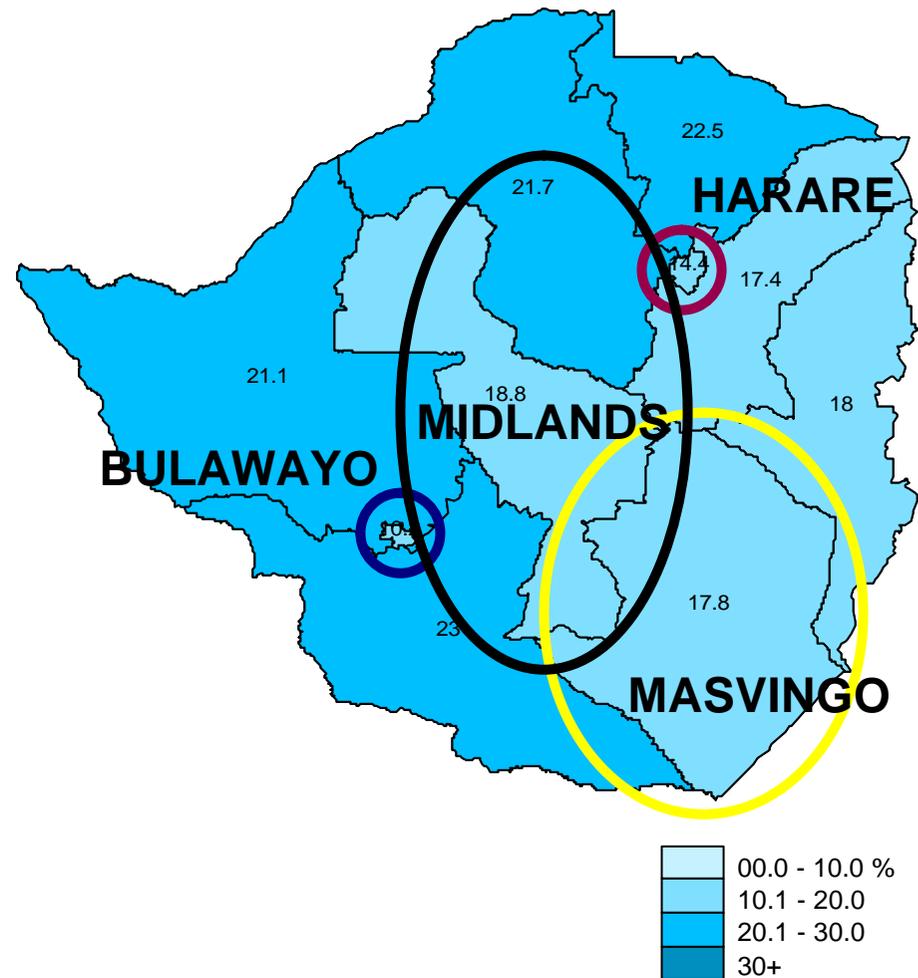
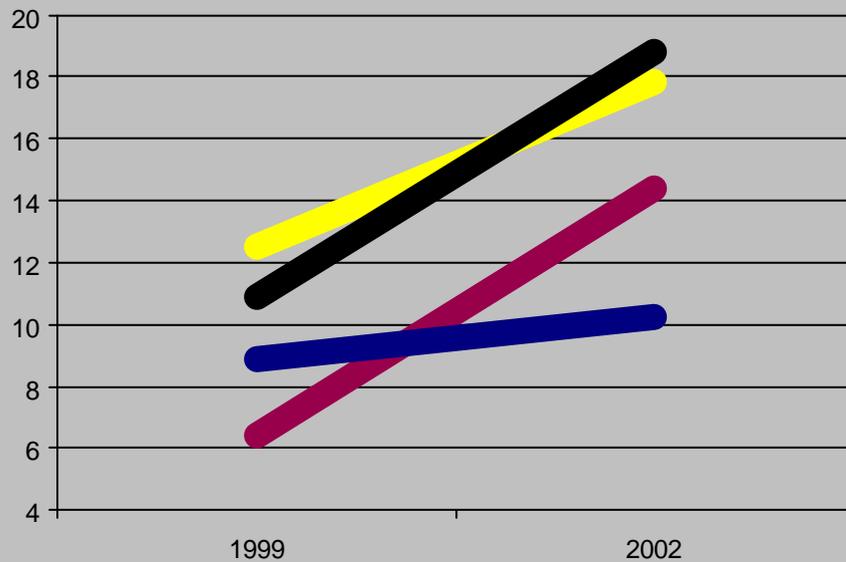


ZIMBABWE UNDERWEIGHT

2002



TRENDS 1999 - 2002



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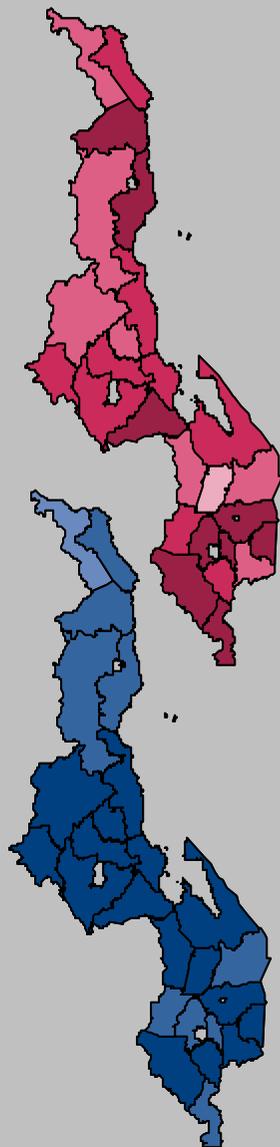
ZIMBABWE FINDINGS



- ⊕ The nutrition situation improved slightly 1994-1999, then deteriorated through 2003
- ⊕ Districts with lower prevalence deteriorated the most
- ⊕ The age-group 12-23 months is the most severely affected



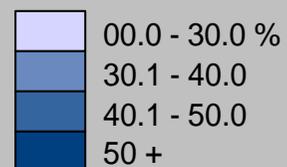
MALAWI



WASTING

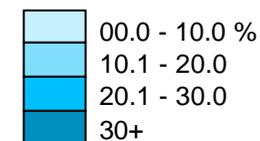
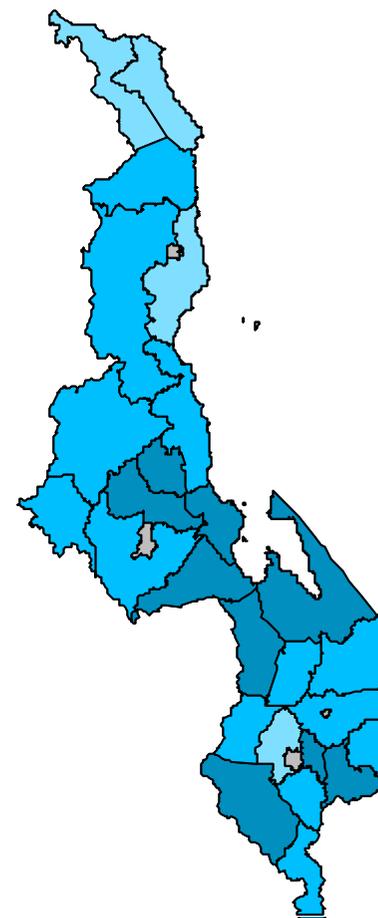


STUNTING



UNDERWEIGHT

2000



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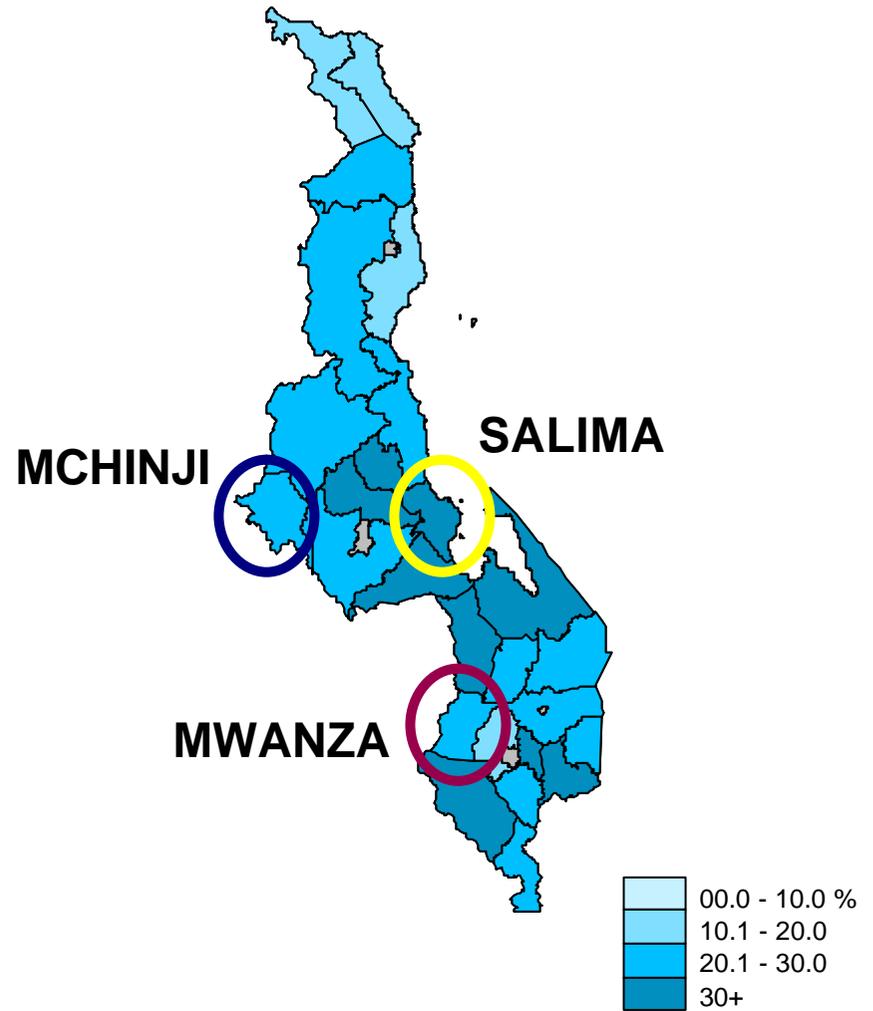
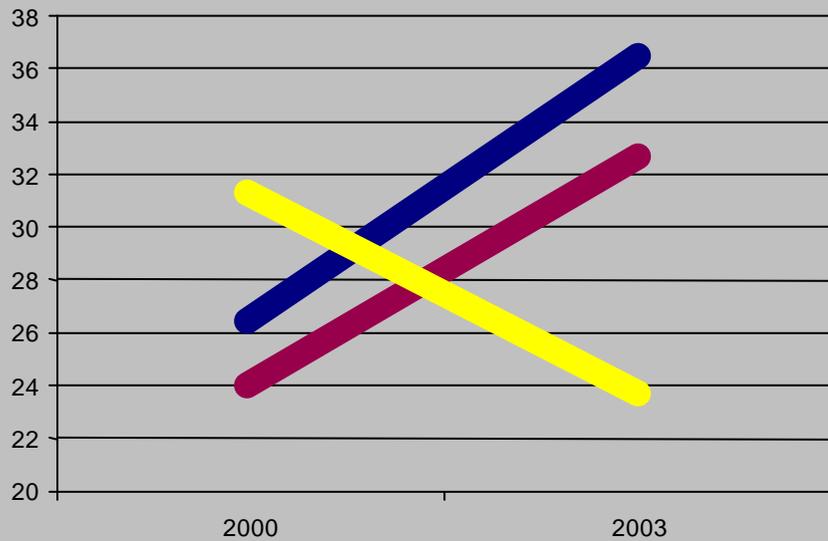
MALAWI



UNDERWEIGHT

2000

TRENDS 2000-2003



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MALAWI FINDINGS



- ⊕ Prevalence of malnutrition did not change significantly except in 8 districts
- ⊕ Districts with lower prevalence of malnutrition tended to be those that deteriorated most
- ⊕ Wasting remained low in all districts
- ⊕ Salima district improved significantly



MALAWI CASE STUDY



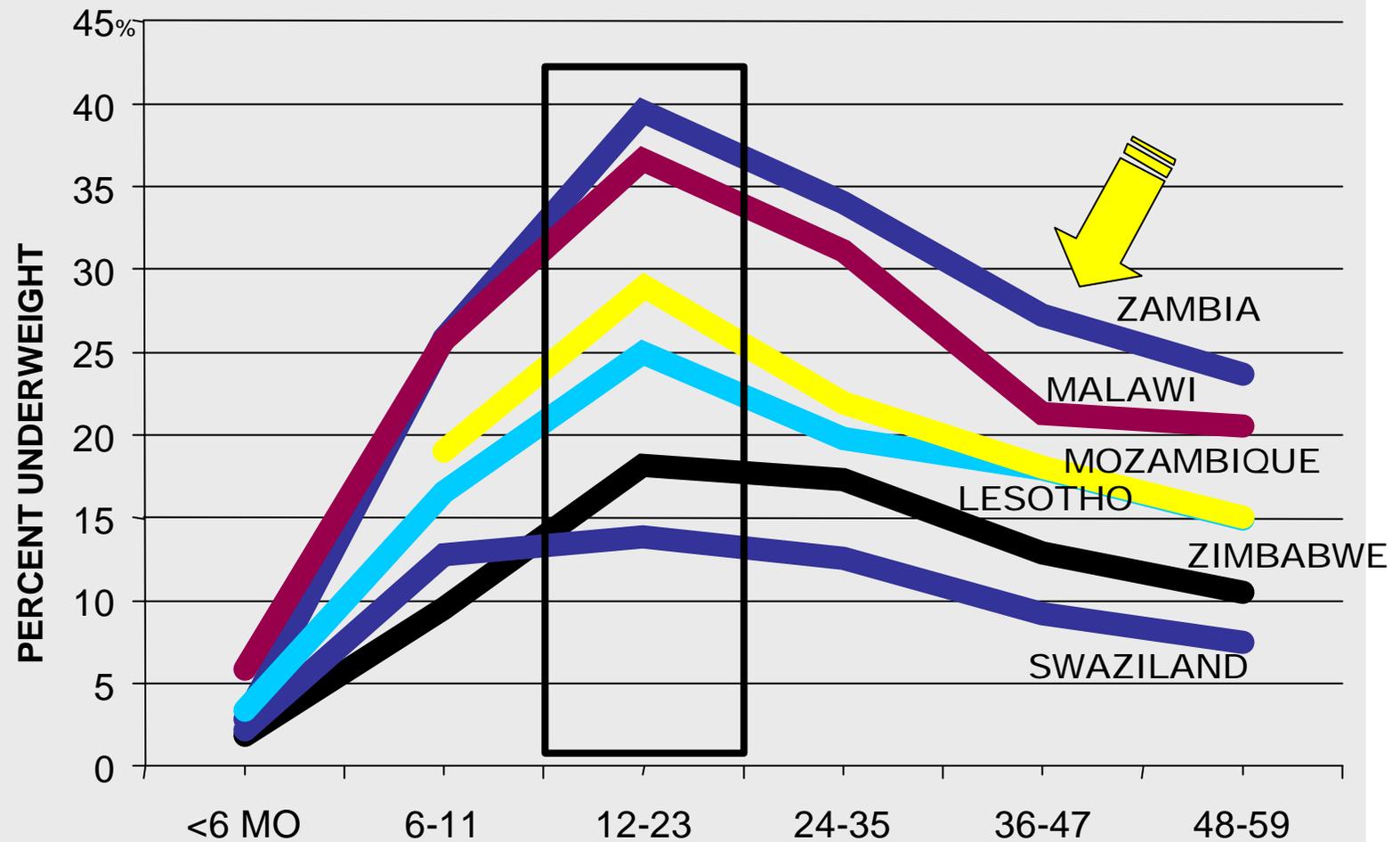
Video on response
in Salima district



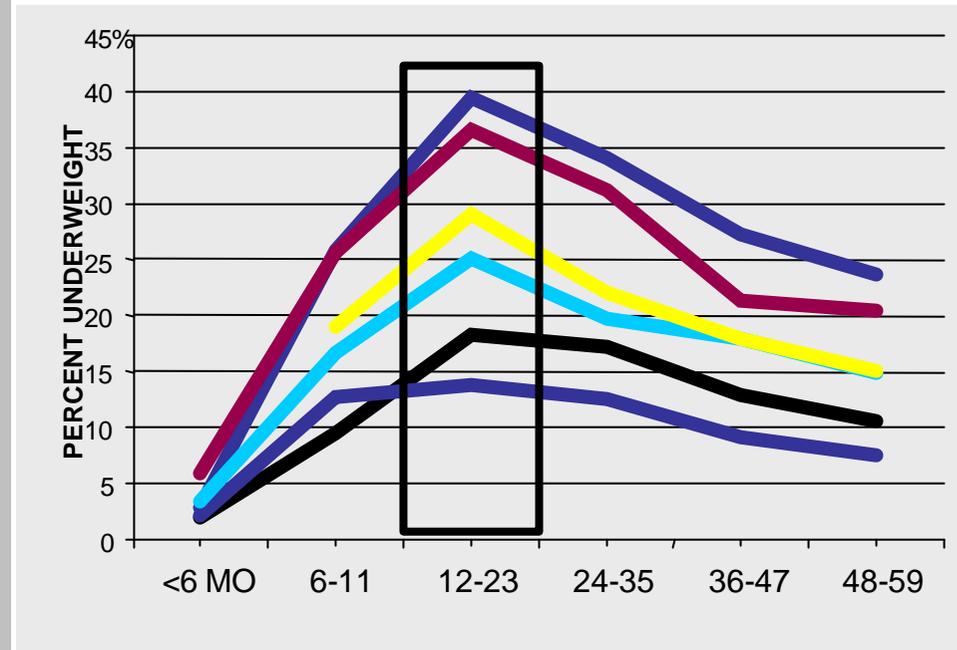
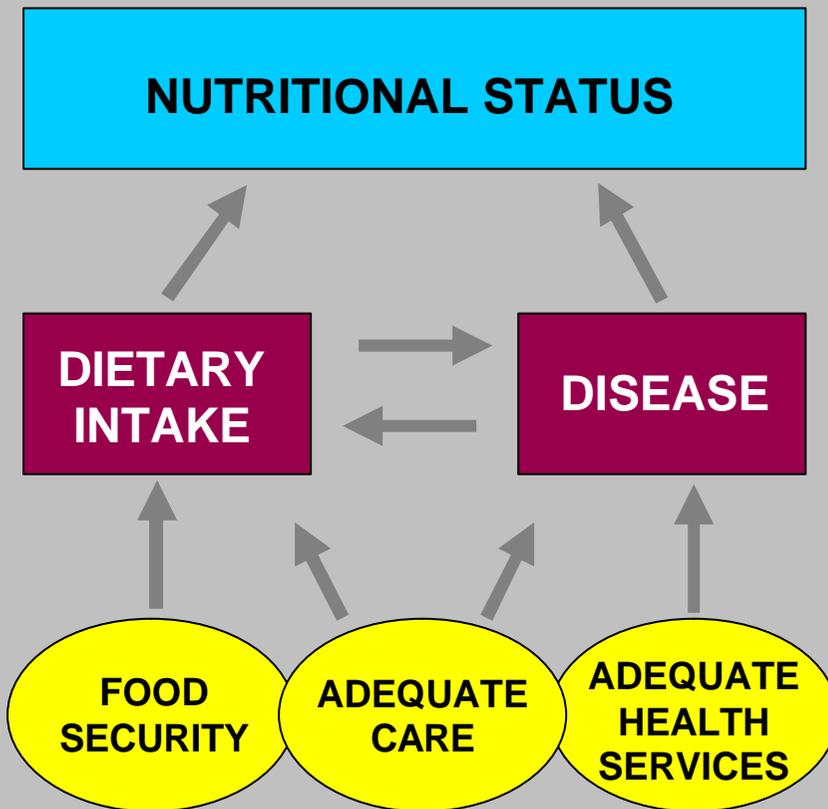
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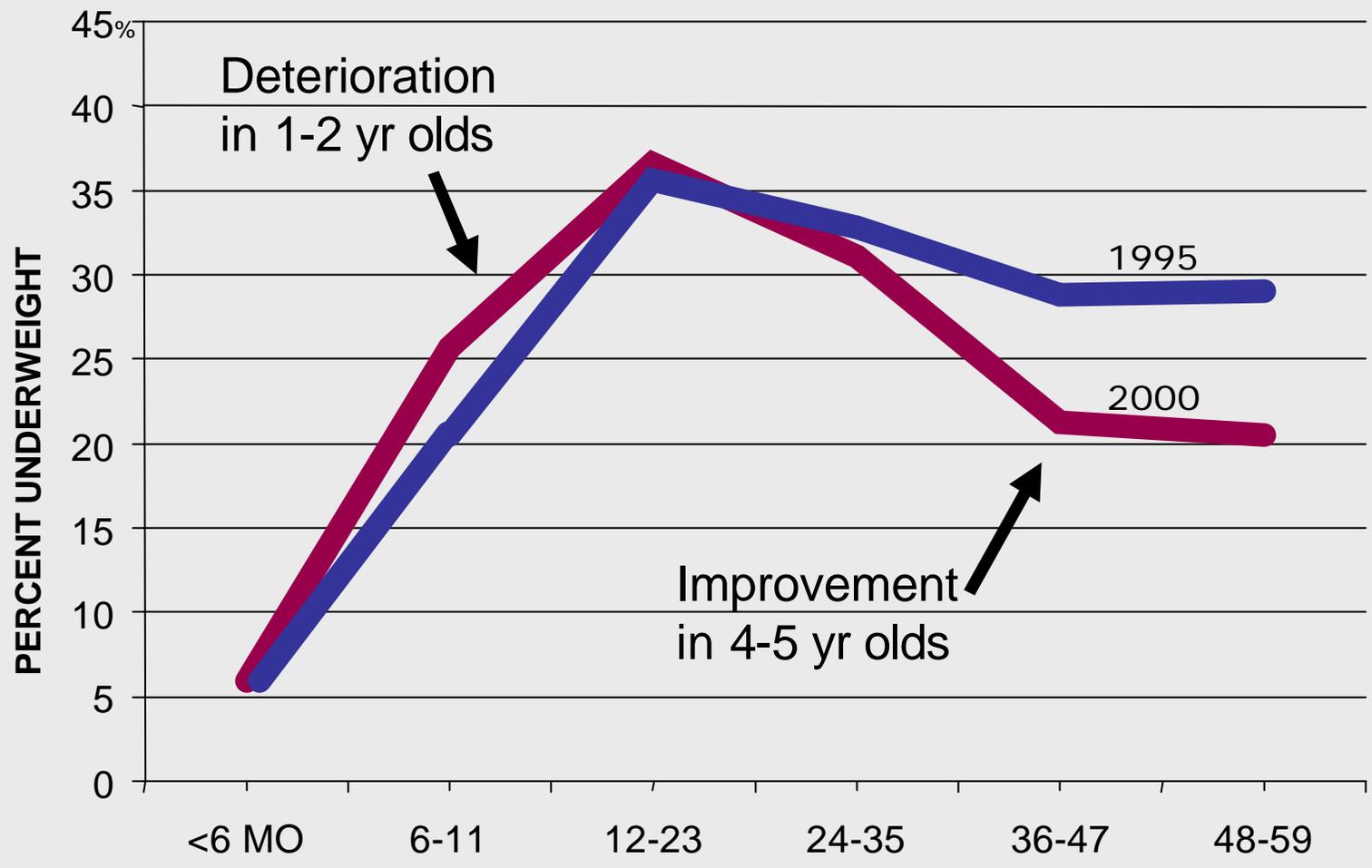
AGE-SPECIFIC UNDERWEIGHT



CONCEPTUAL FRAMEWORK



CHANGES IN AGE-SPECIFIC UNDERWEIGHT MALAWI

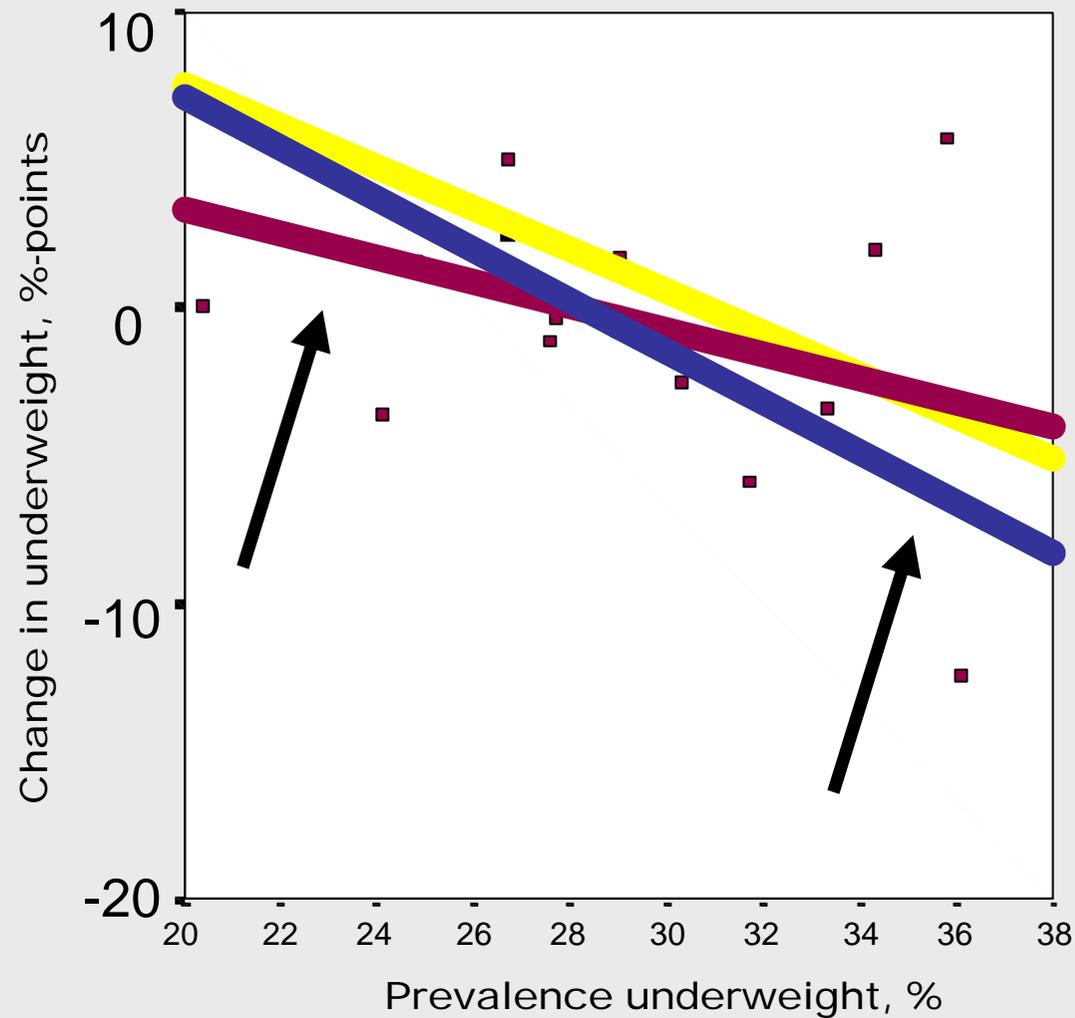


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CHANGES IN UNDERWEIGHT

2000-2003

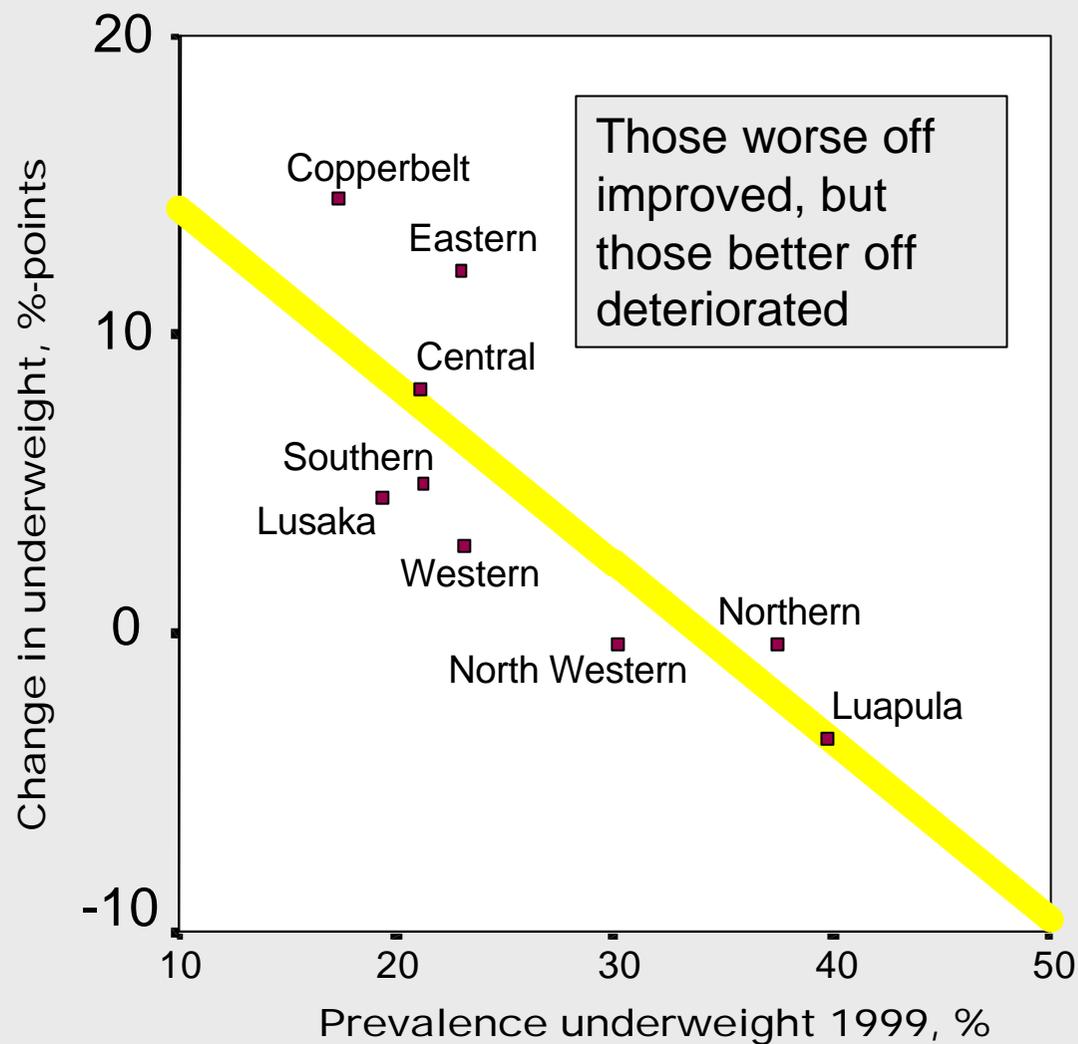


CHANGES IN UNDERWEIGHT

ZAMBIA



1999-2001

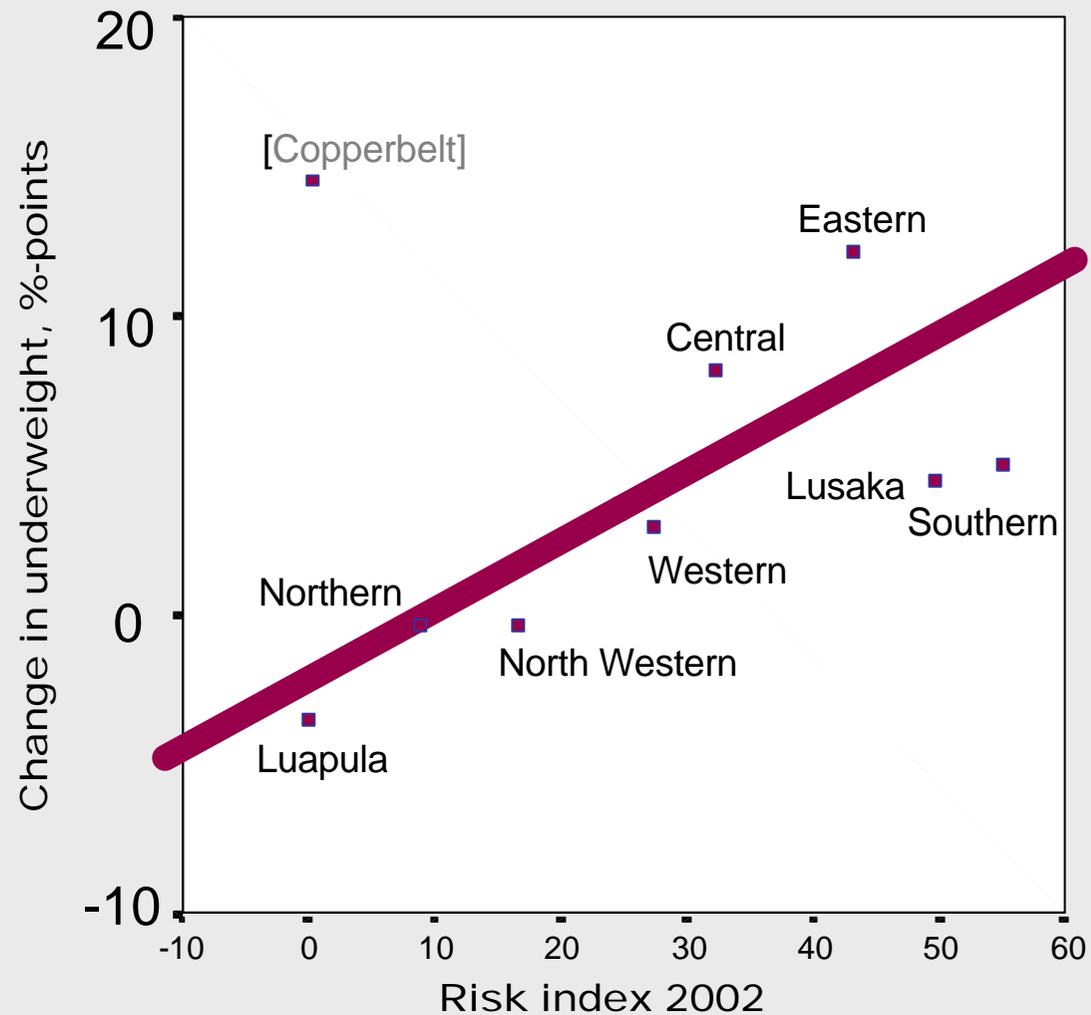


RISK INDEX & UNDERWEIGHT

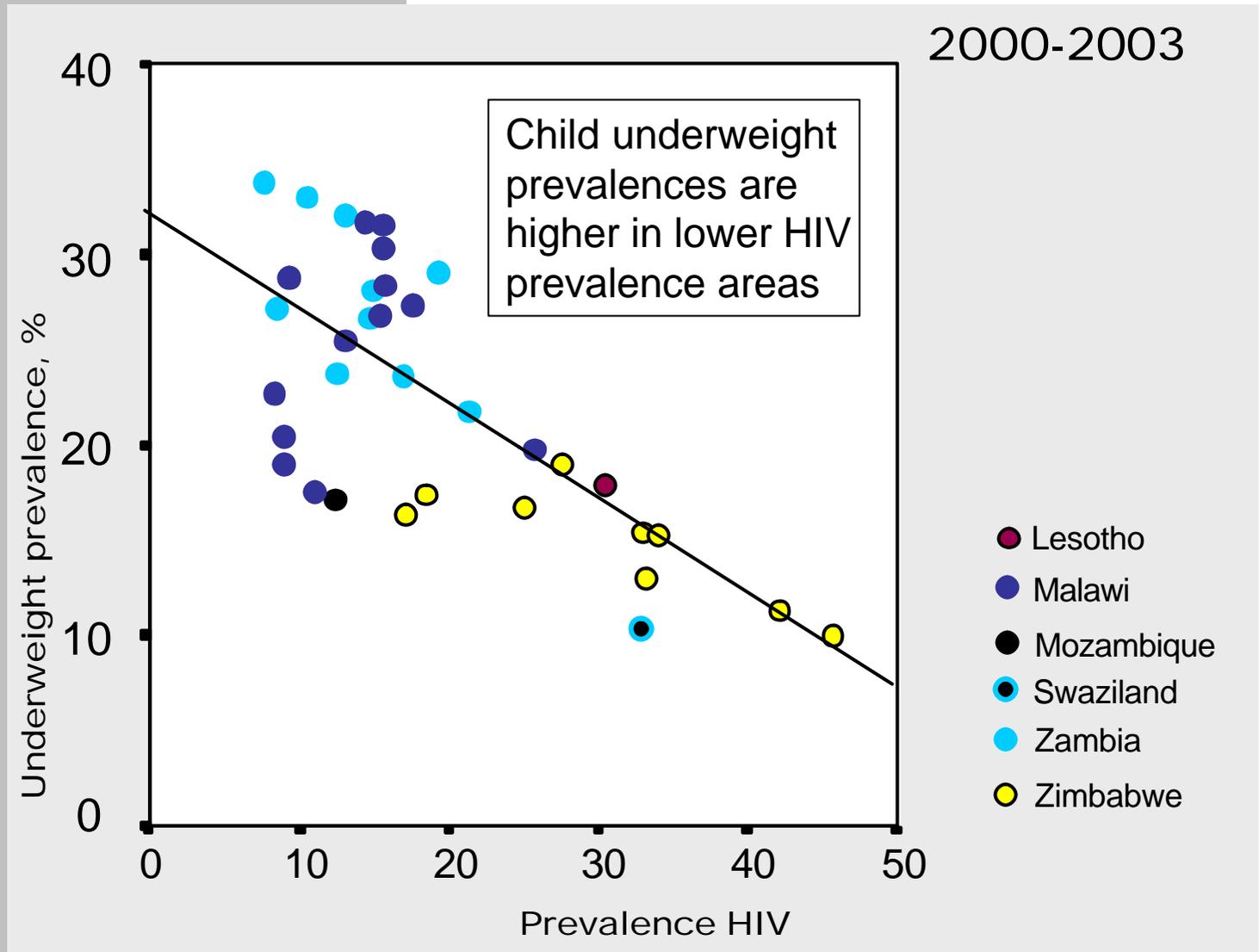
ZAMBIA



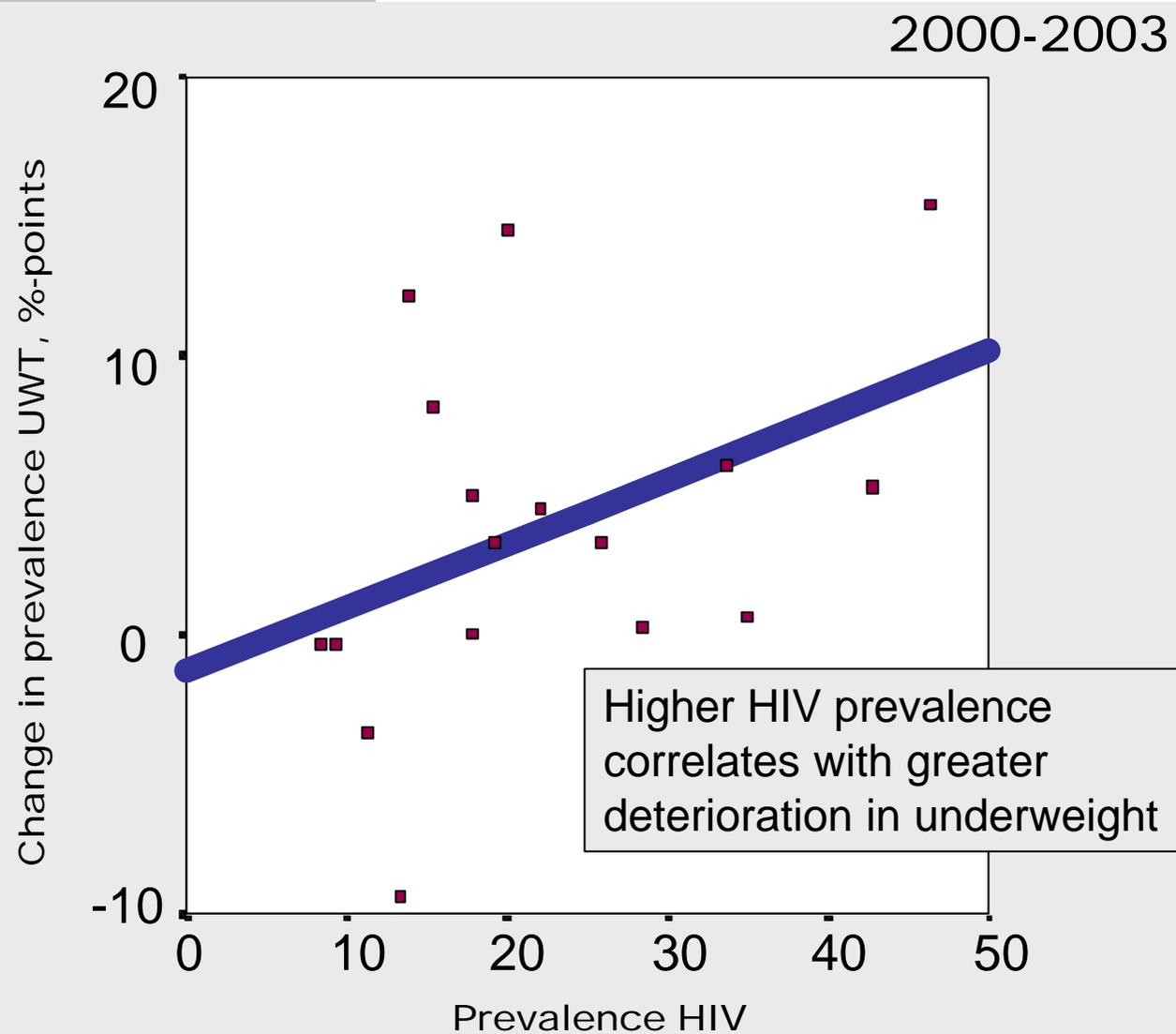
1999-2001



HIV/AIDS & UNDERWEIGHT



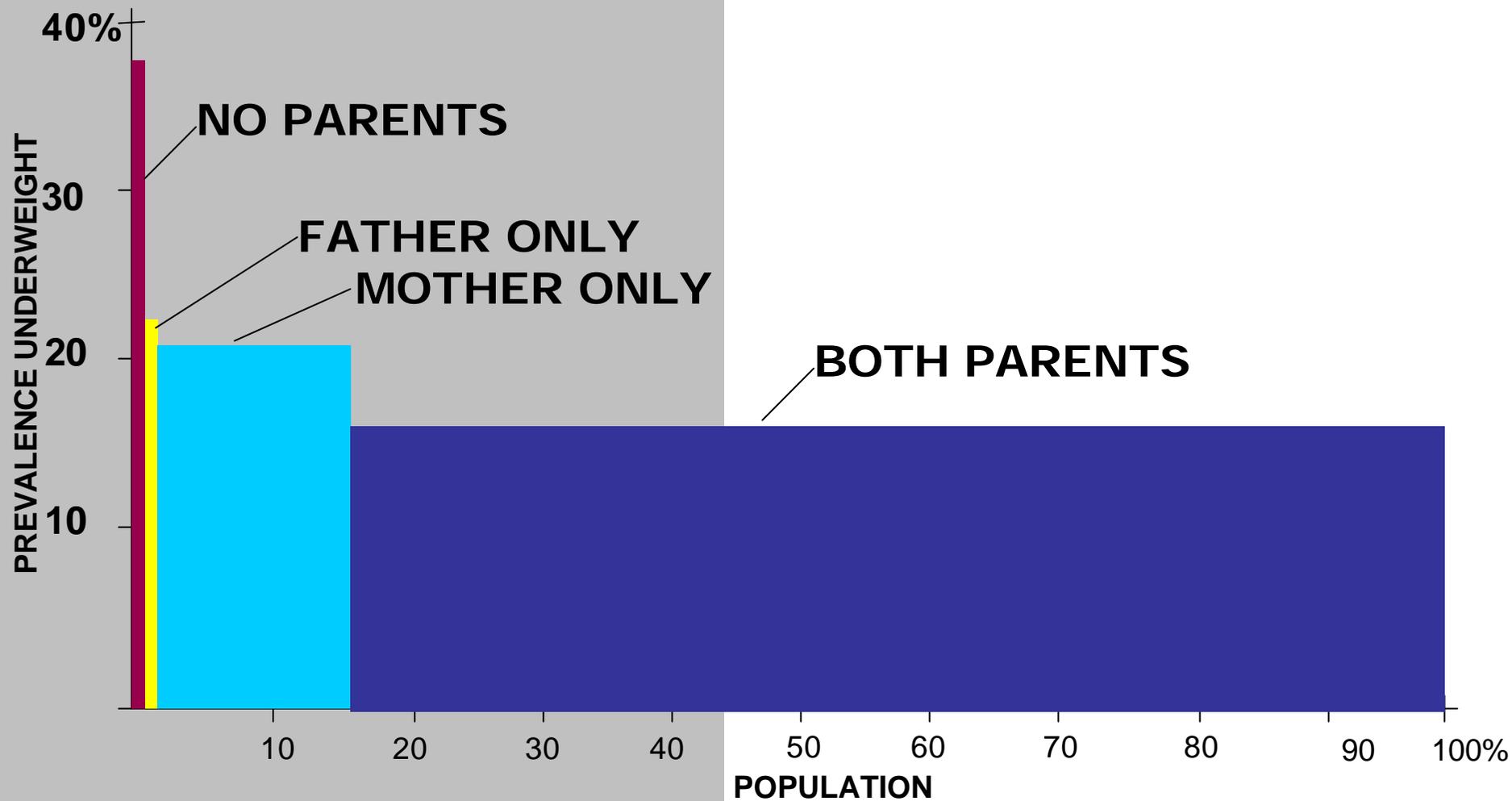
HIV/AIDS & UNDERWEIGHT



ORPHANS &

UNDERWEIGHT

LESOTHO



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MAJOR CONCLUSIONS

- 1 Zambia, Malawi and Mozambique continue to have unacceptably high rates of malnutrition
- 2 The slow national trend of improvement in the 1990s ceased, except for Lesotho; Zimbabwe and Zambia showed a deterioration in 2001-2003
- 3 National averages hide large sub-national differences, with some districts showing significant improvement, while others have deteriorated



MAJOR CONCLUSIONS

4

The nutritional status has deteriorated in areas with originally better nutrition and improved in areas with originally worse nutrition

5

Younger children show deterioration, while older children show apparent improvement

6

HIV/AIDS correlates negatively with nutritional status, but positively with the deterioration of nutritional status

✍ Rate of deterioration is higher in urban/peri-urban areas than in rural areas



MAJOR CONCLUSIONS

7

Nutritional status is worse among children who are orphaned

8

The current HIV/AIDS pandemic will directly and indirectly increase young child malnutrition



RECOMMENDATIONS

NUTRITION INFORMATION SYSTEM

1

Continue with the district surveys twice a year

2

Strengthen nutrition surveillance systems in all SADC countries

3

Increase monitoring of micro-nutrient deficiencies

4

Continue to standardise survey methodology, including selection of age-groups



RECOMMENDATIONS

RESEARCH STUDIES

1

Study the efficiency and effectiveness of the response in 2001-2003

2

Study the relative importance of food, health and care in contributing to young child malnutrition

3

Study the relationship between young child malnutrition and HIV/AIDS affected households and communities



RECOMMENDATIONS

ACTION

1

Emergency and development response simultaneously and within a human rights perspective

2

The humanitarian response should be targeted to HIV/AIDS affected areas and families

3

Continued and strengthened UN coordinated response to the Southern Africa Humanitarian Crisis



NUTRITION

SOUTHERN AFRICA
HUMANITARIAN CRISIS



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Andrea Kendle

Betty Mukiibi

Lesotho

Lesotho

Malawi

Malawi

Mozambique

Mozambique

Swaziland

Swaziland

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April 2003

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