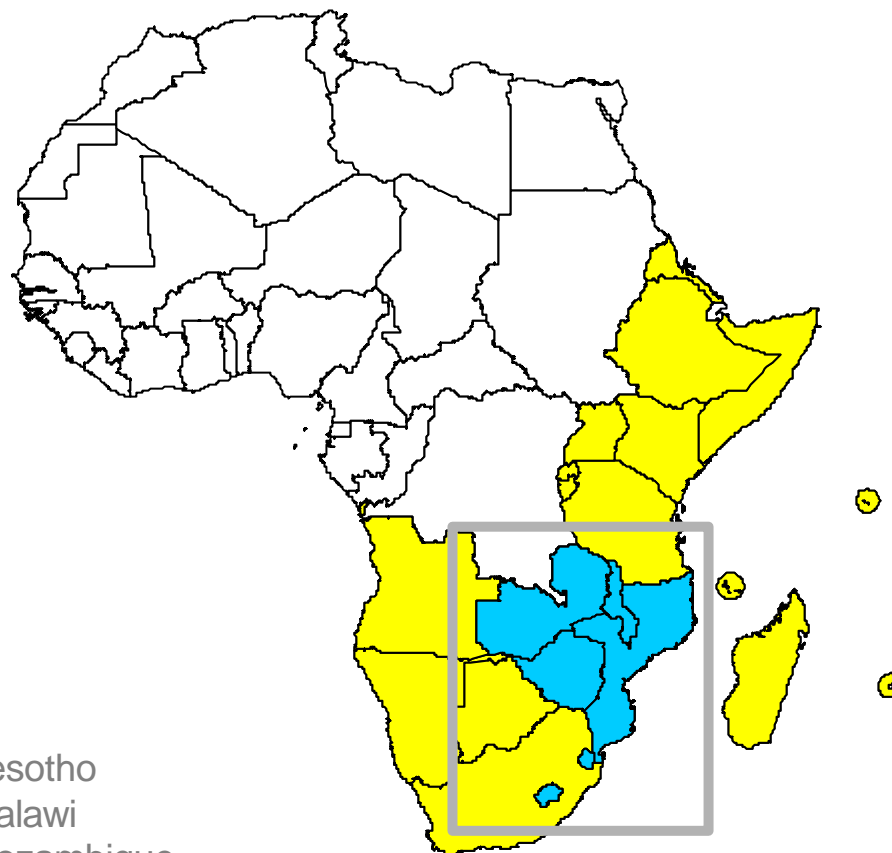


NUTRITION

SOUTHERN AFRICA HUMANITARIAN CRISIS



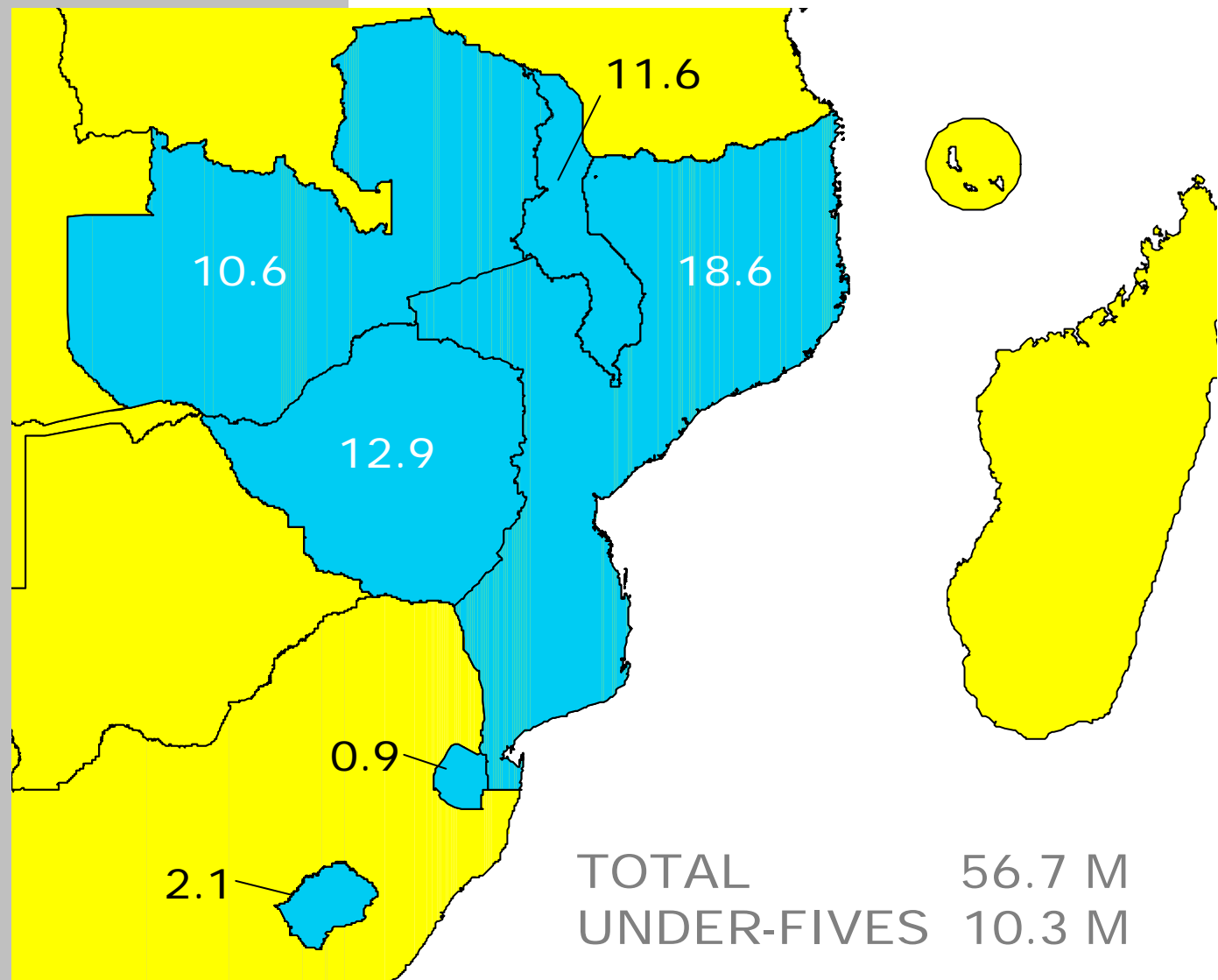
Lesotho
Malawi
Mozambique
Swaziland
Zambia
Zimbabwe

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



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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



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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

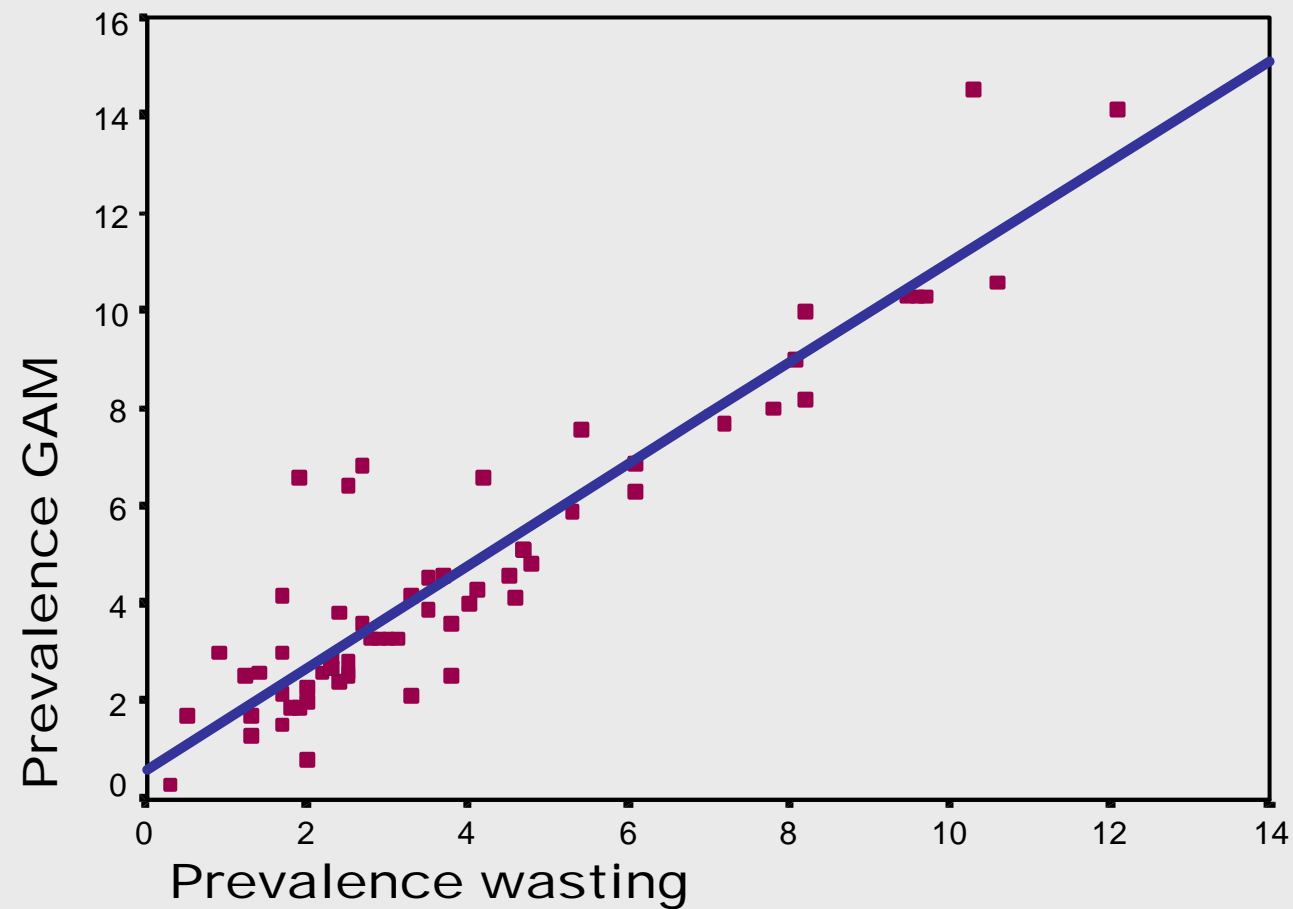
UNDERWEIGHT

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

GLOBAL ACUTE MALNUTRITION

Wasting + oedema

GAM & WASTING



SURVEY DIFFERENCES



Choice of indicators



Sampling methods



Age groups



Seasons



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VALIDATION OF SURVEYS



Correct sampling



Age heaping checks



Data range checks



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COMPARING

DIFFERENT SURVEYS



Different age-groups



Different years:
smoothing of data



Different geographic areas:
compare provinces, districts



Different seasons



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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

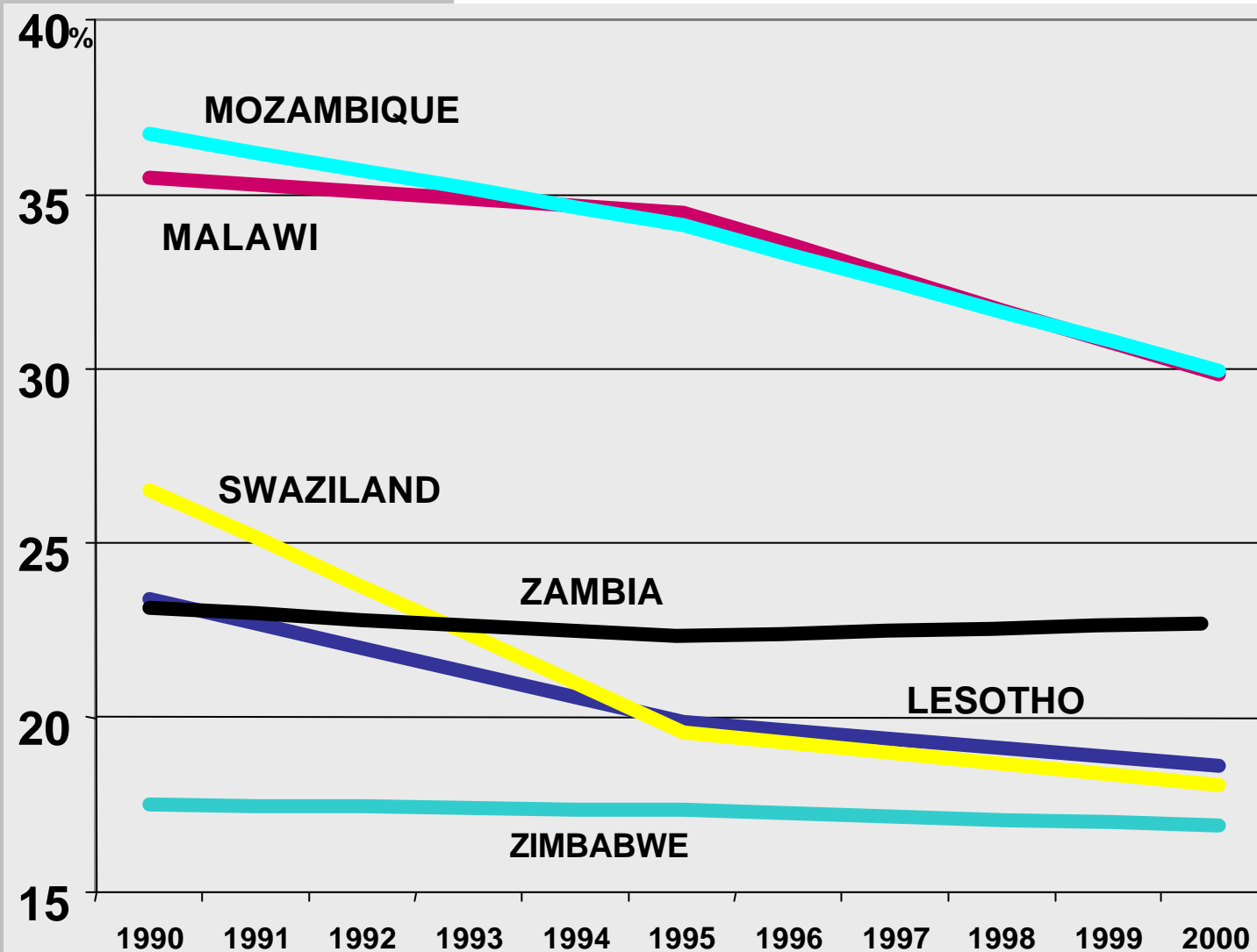


Need for standardisation of survey methods



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

LESOTHO
46 000

SWAZILAND
14 000

20

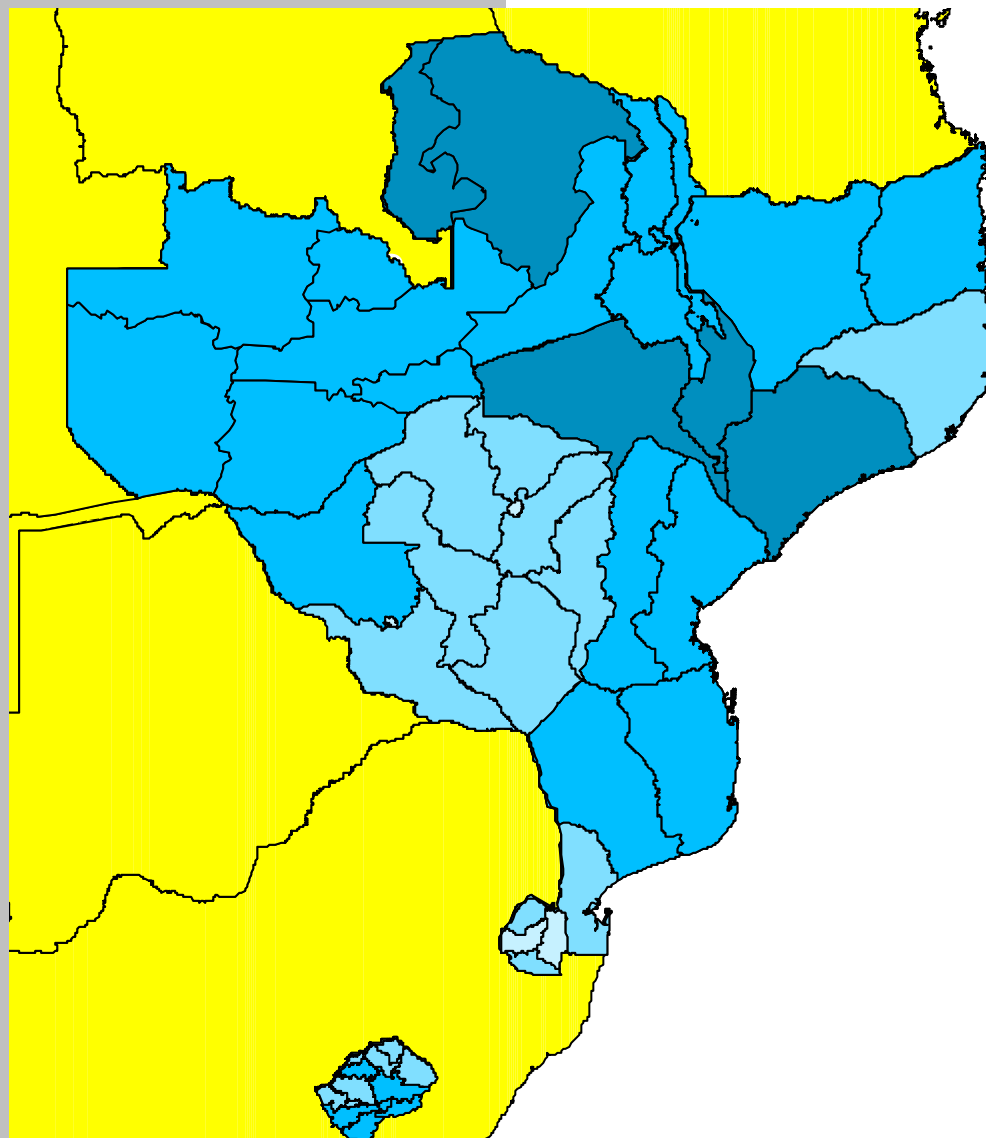
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UNDERWEIGHT

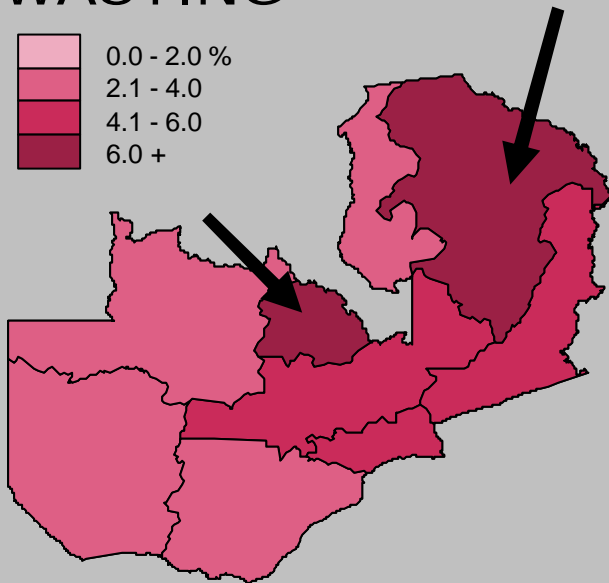
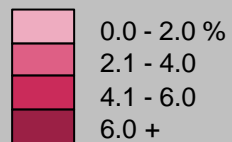


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ZAMBIA

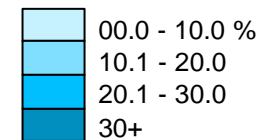
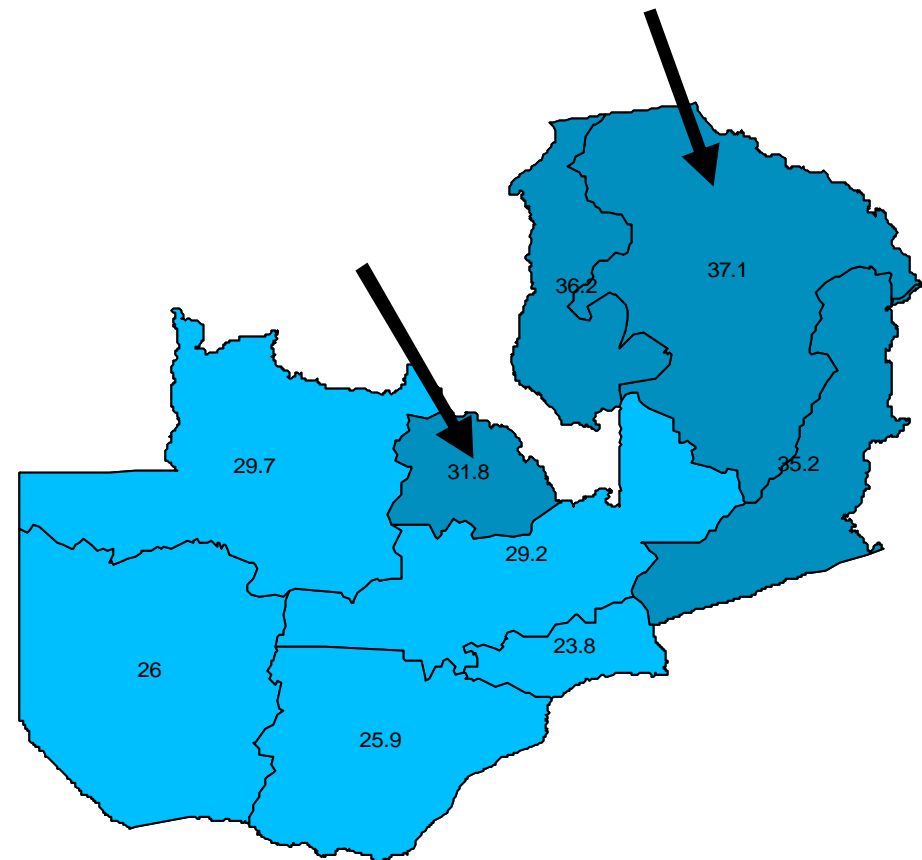


WASTING



UNDERWEIGHT

2001



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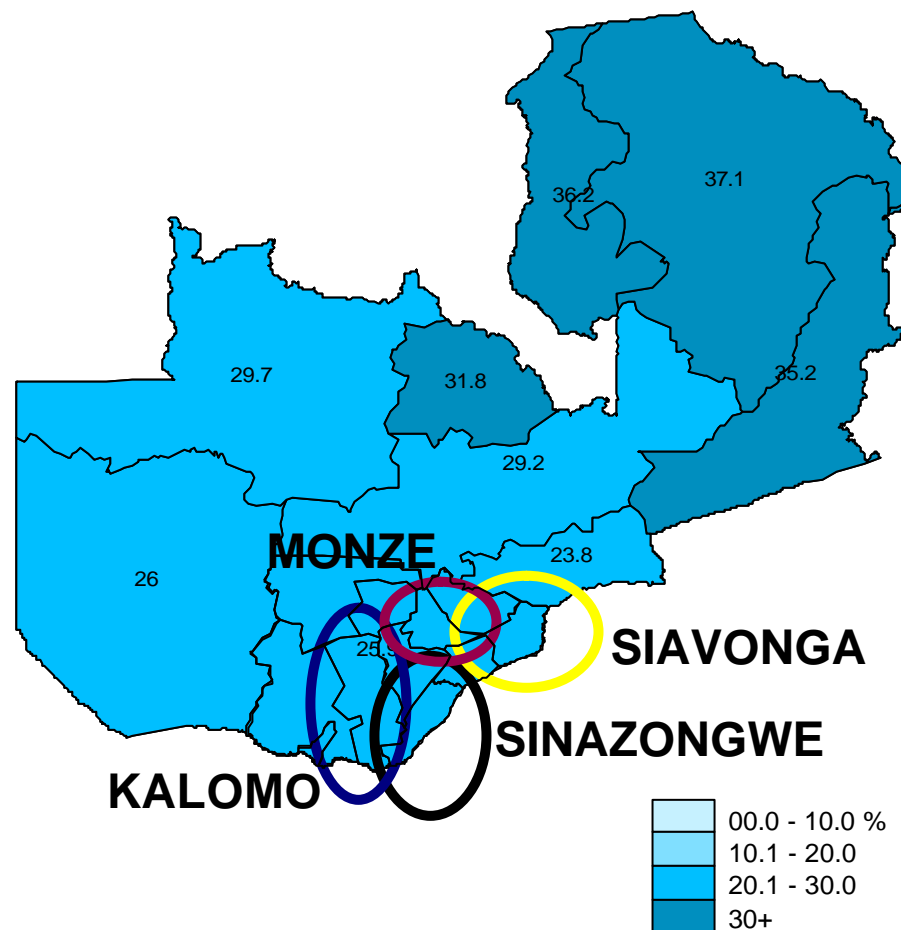
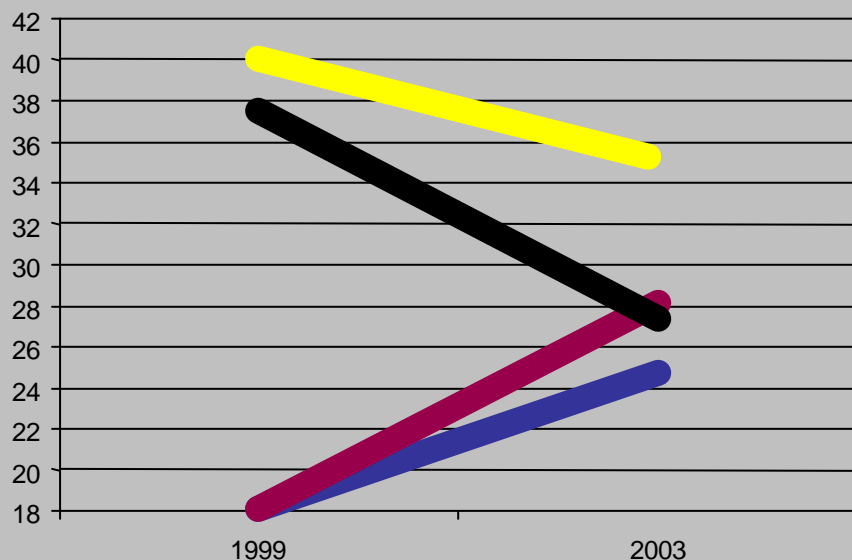


ZAMBIA UNDERWEIGHT

2001



TRENDS 1999-2003



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ZAMBIA FINDINGS



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



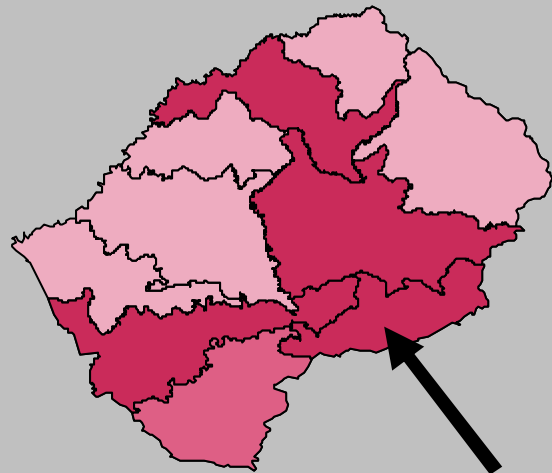
Provinces with lowest prevalence deteriorated most



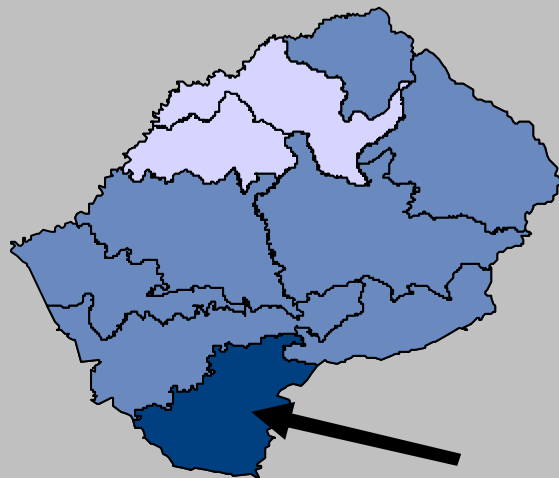
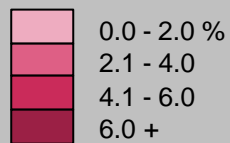
The age-group 12-23 months is the most severely affected



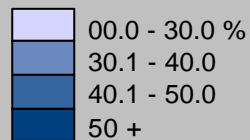
LESOTHO



WASTING

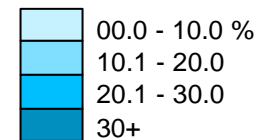
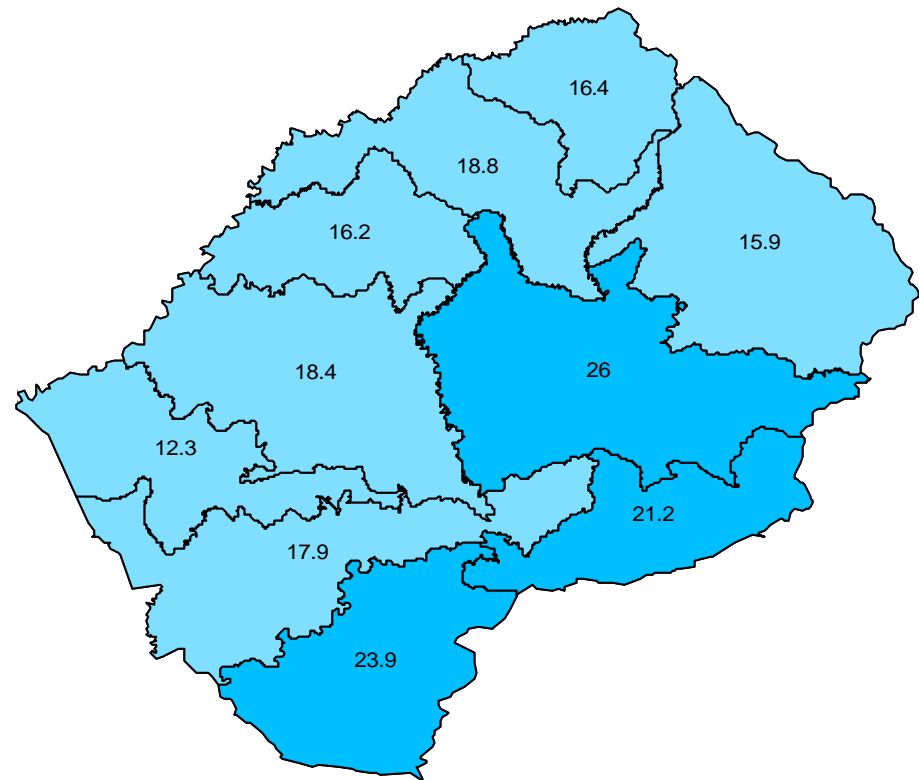


STUNTING



UNDERWEIGHT

2002



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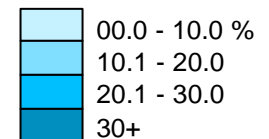
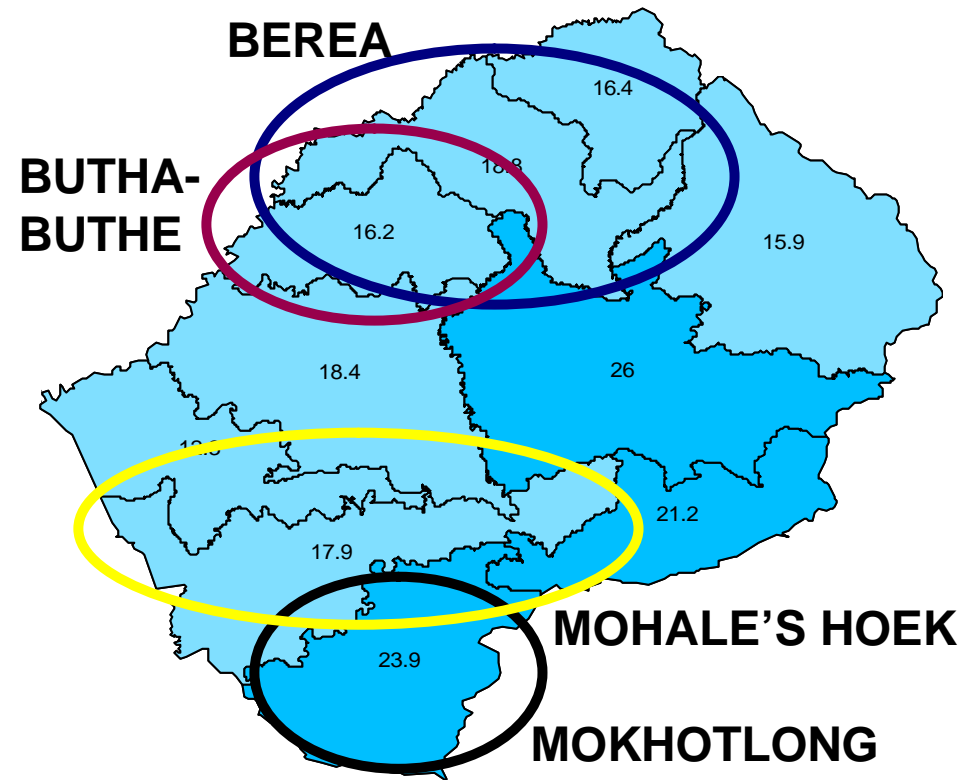
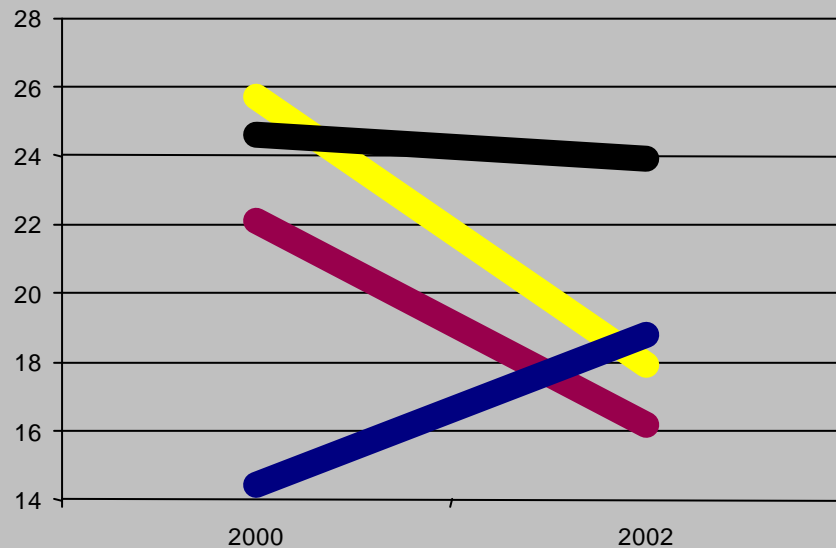
LESOTHO



UNDERWEIGHT

2002

TRENDS 2000 - 2002



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LESOTHO FINDINGS



Nutrition improved slightly from 2000 to 2002



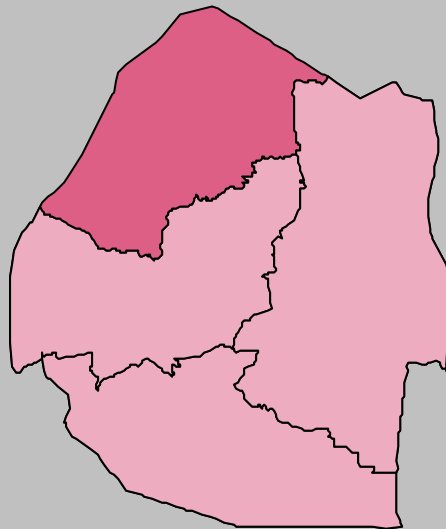
Wasting was reduced or did not worsen in any district



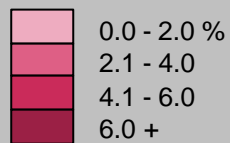
The age-group 12-23 months appears to have improved more than other age groups



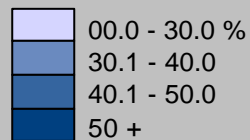
SWAZILAND



WASTING

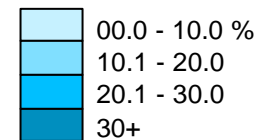
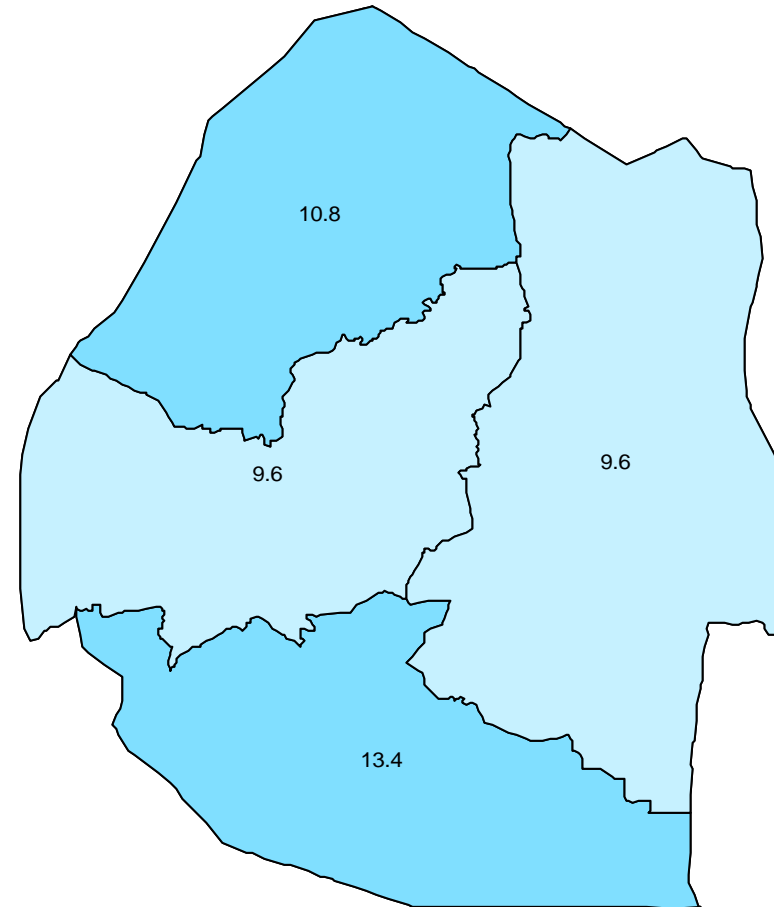


STUNTING



UNDERWEIGHT

2000



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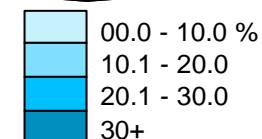
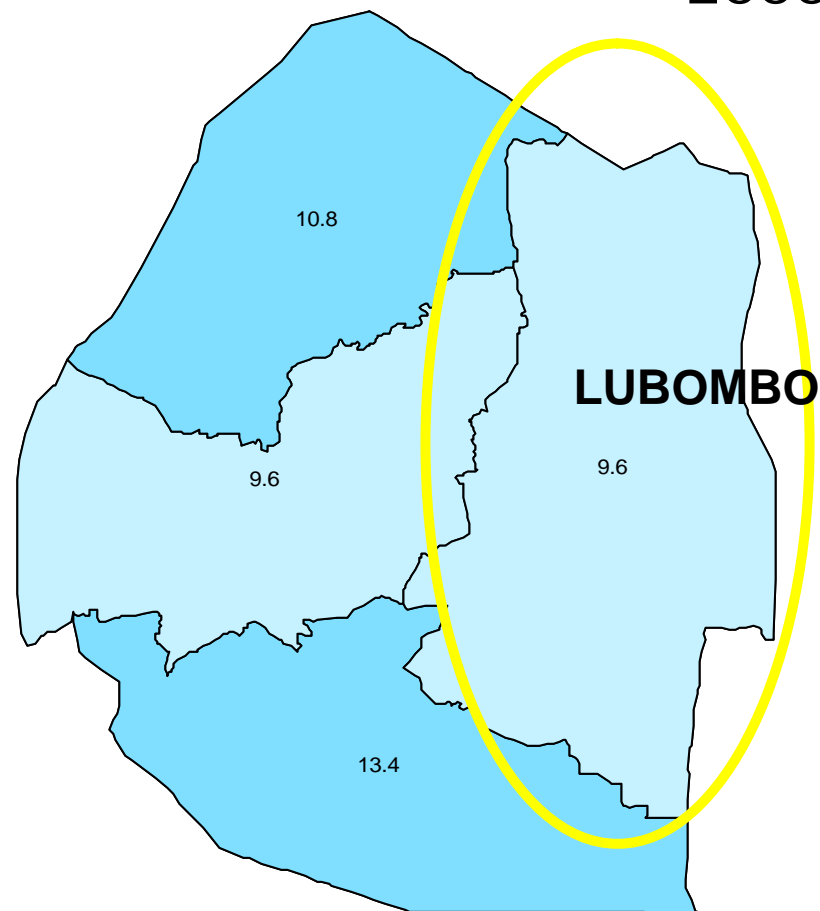
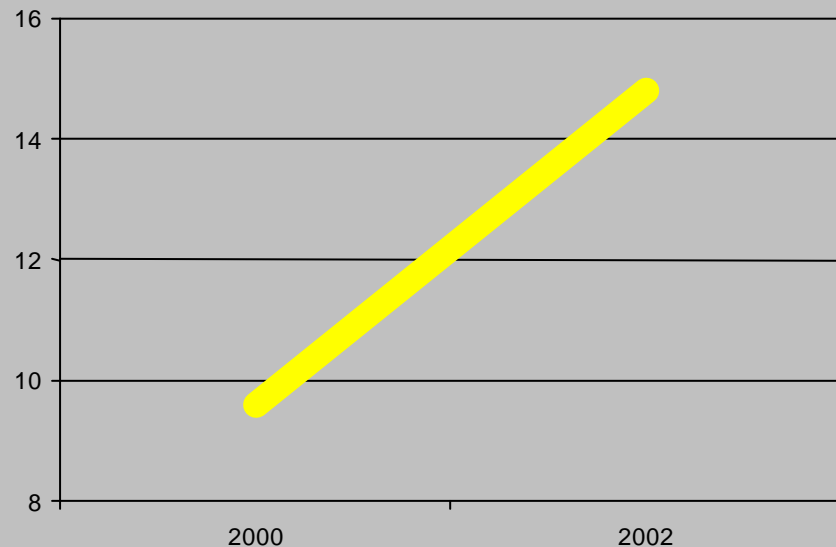


SWAZILAND UNDERWEIGHT

2000



TRENDS 2000-2002



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SWAZILAND FINDINGS



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



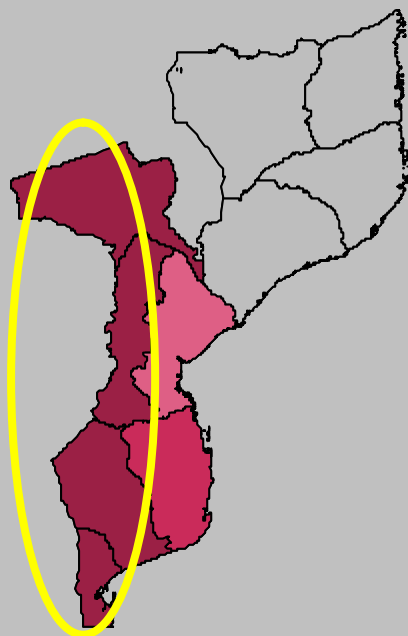
Lubombo, the only region for which trend data exist, shows a significant increase in malnutrition



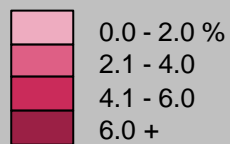
The age-group 12-23 months is the most severely affected



MOZAMBIQUE

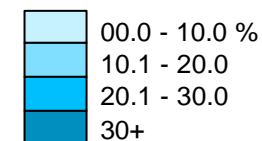
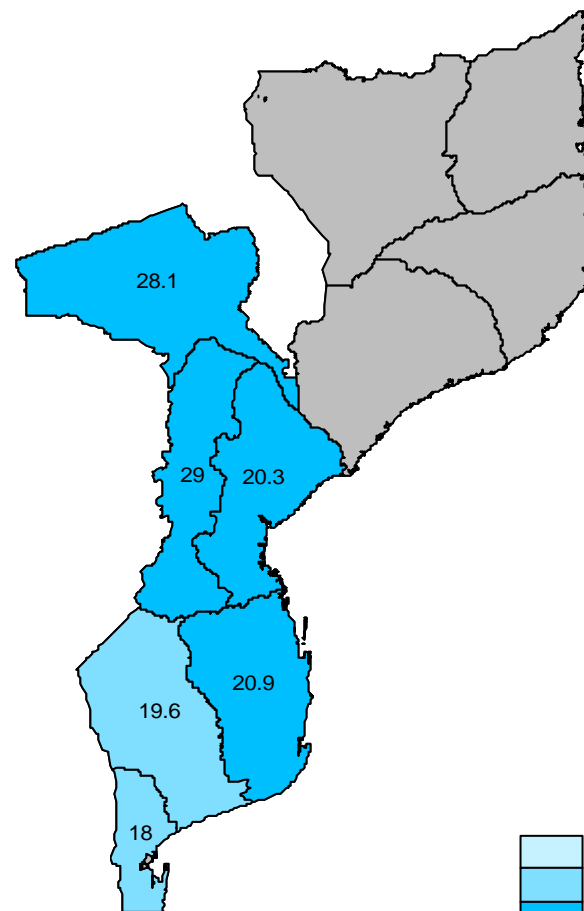


WASTING



UNDERWEIGHT

2002



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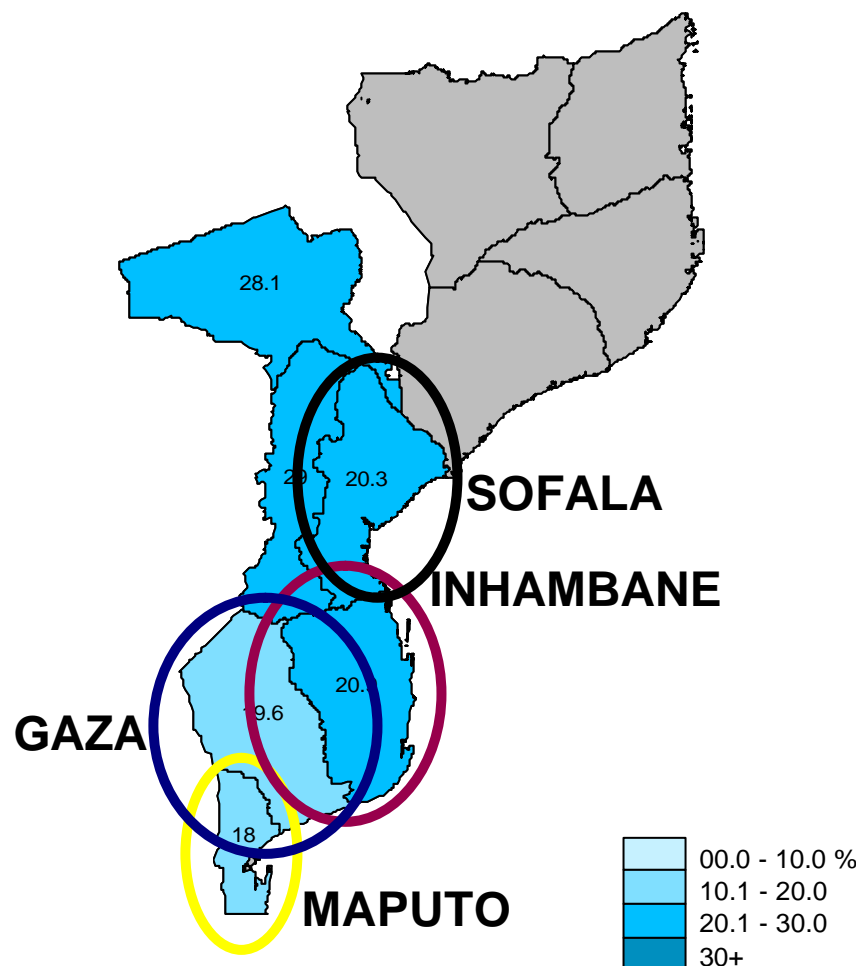
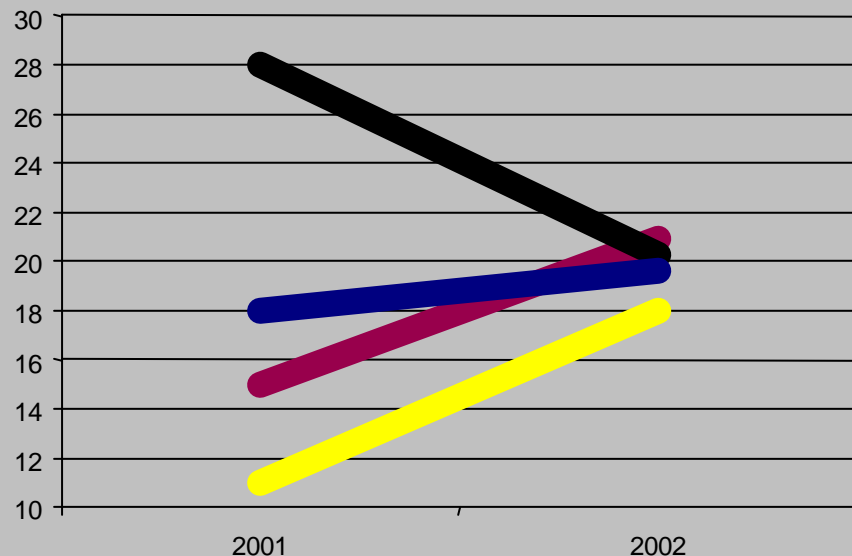


MOZAMBIQUE UNDERWEIGHT

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

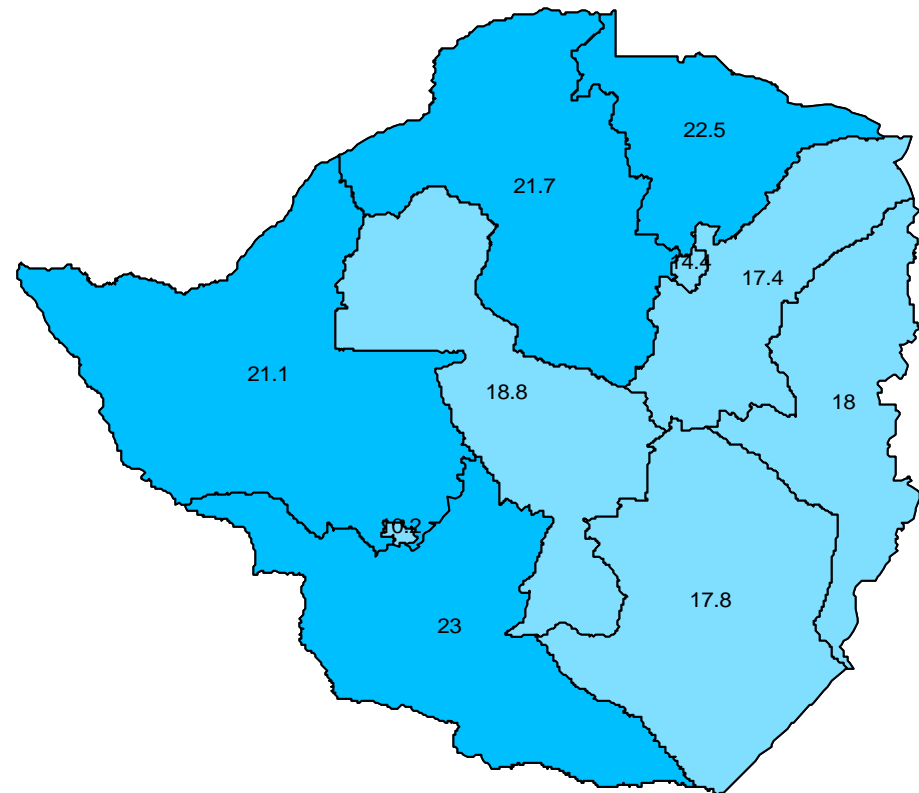
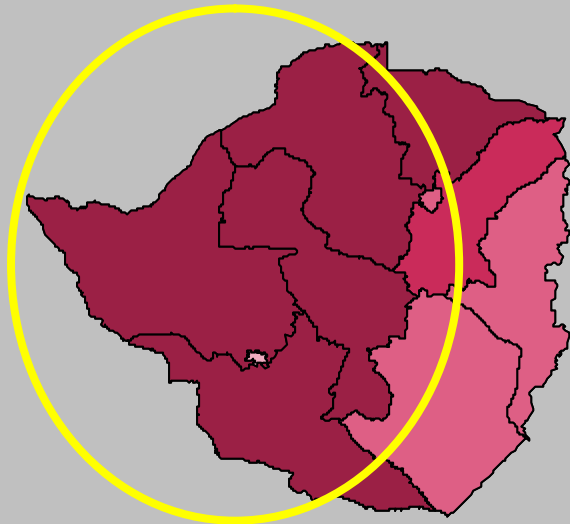


The age-group 12-23 months is the most severely affected



ZIMBABWE UNDERWEIGHT

2002



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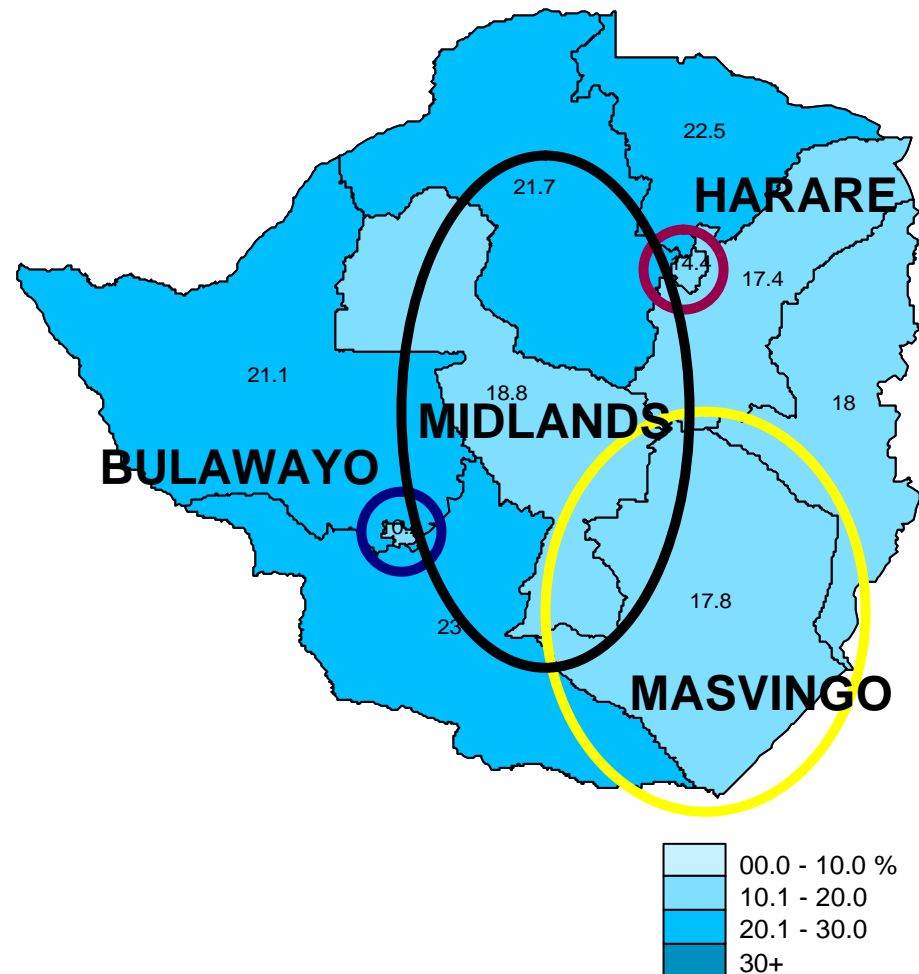
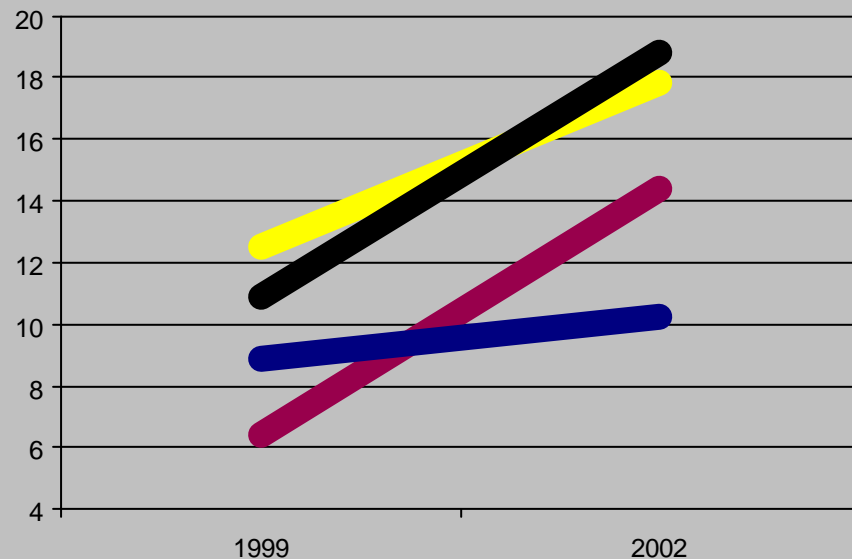


ZIMBABWE UNDERWEIGHT

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



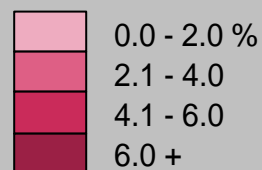
The age-group 12-23 months is the most severely affected



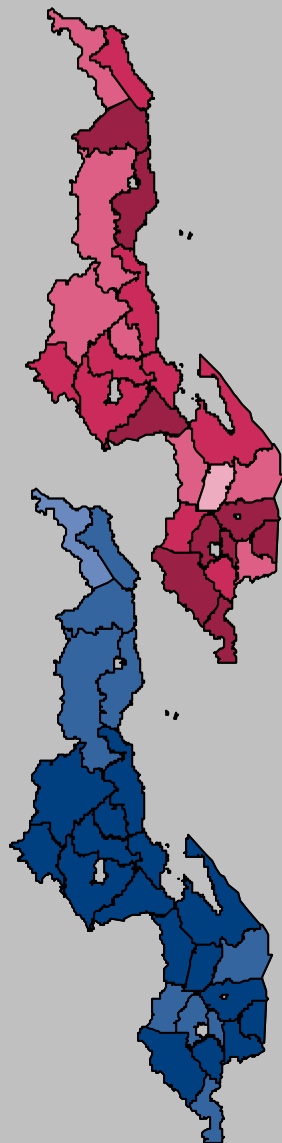
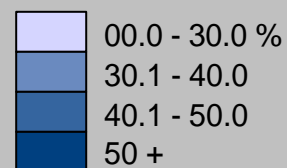
MALAWI



WASTING

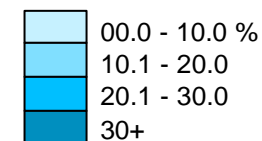
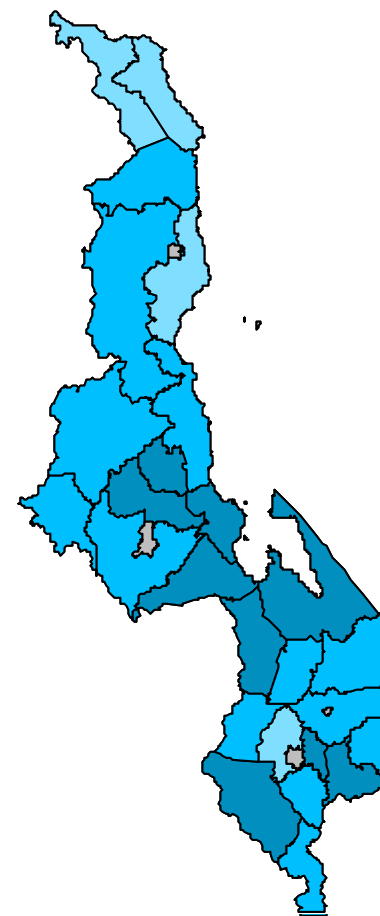


STUNTING



UNDERWEIGHT

2000



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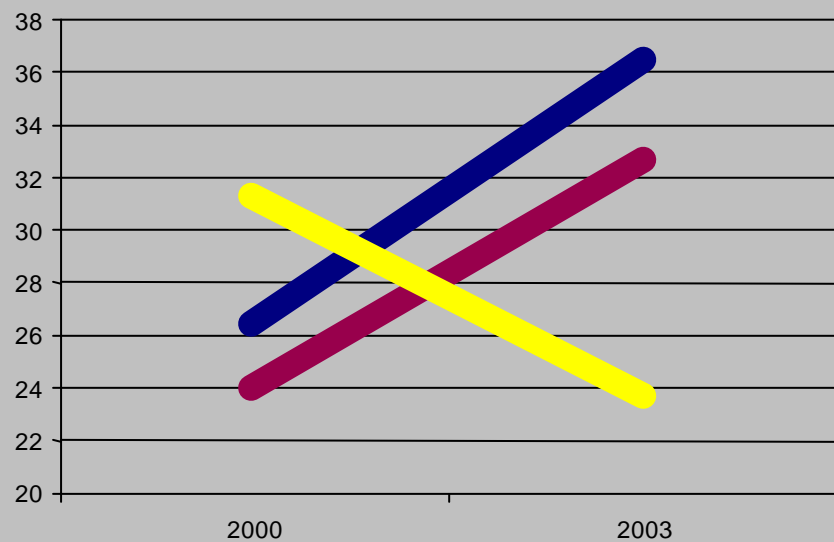
MALAWI



UNDERWEIGHT

2000

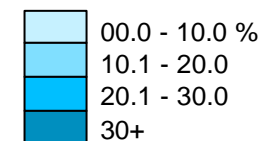
TRENDS 2000-2003



MCHINJI

SALIMA

MWANZA



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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



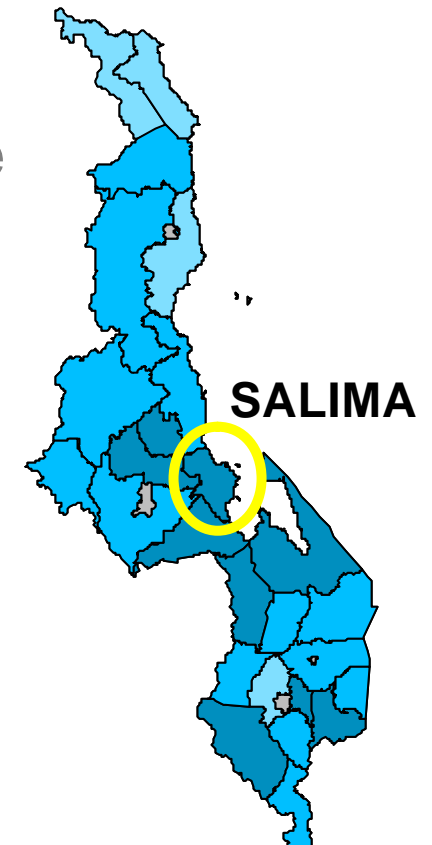
Salima district improved significantly



MALAWI CASE STUDY



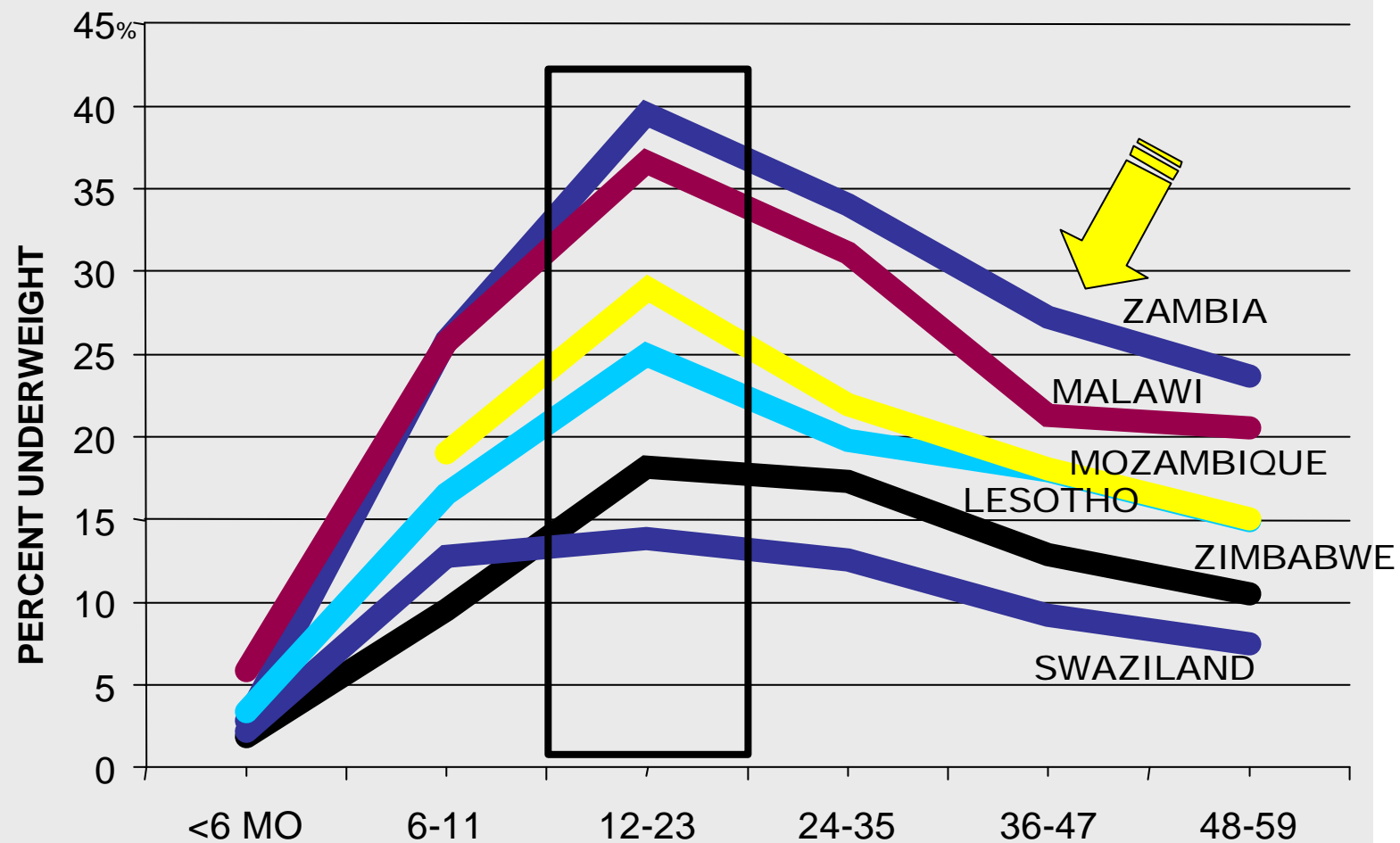
Video on response
in Salima district



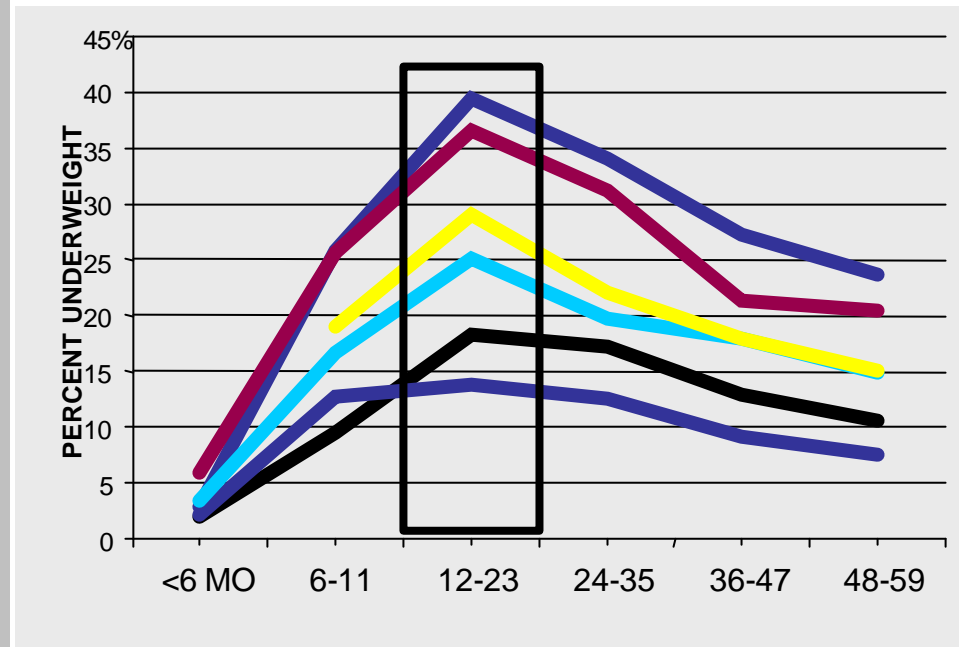
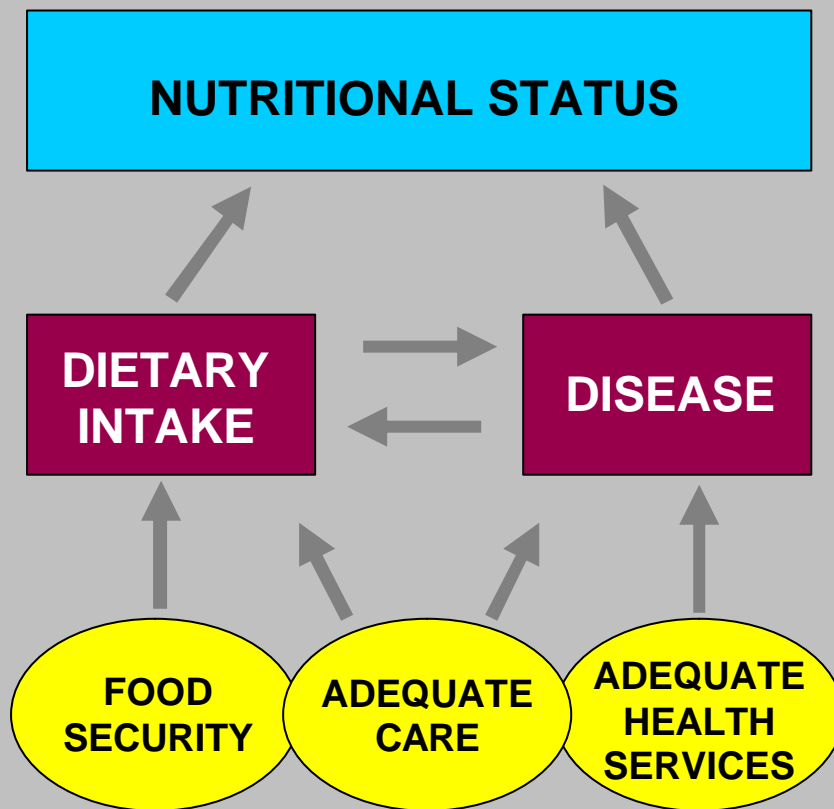
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AGE-SPECIFIC UNDERWEIGHT

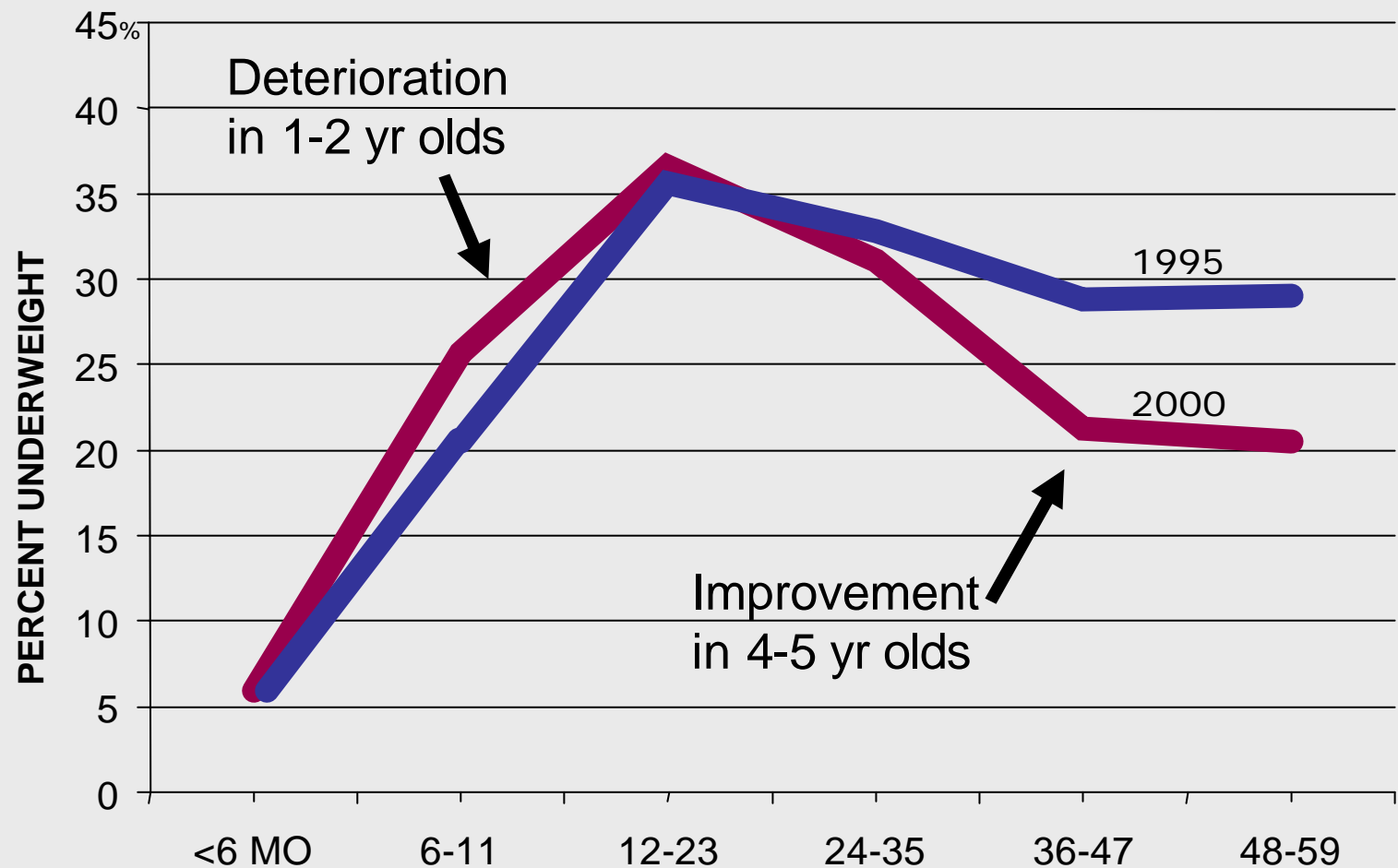


CONCEPTUAL FRAMEWORK



CHANGES IN AGE-SPECIFIC UNDERWEIGHT

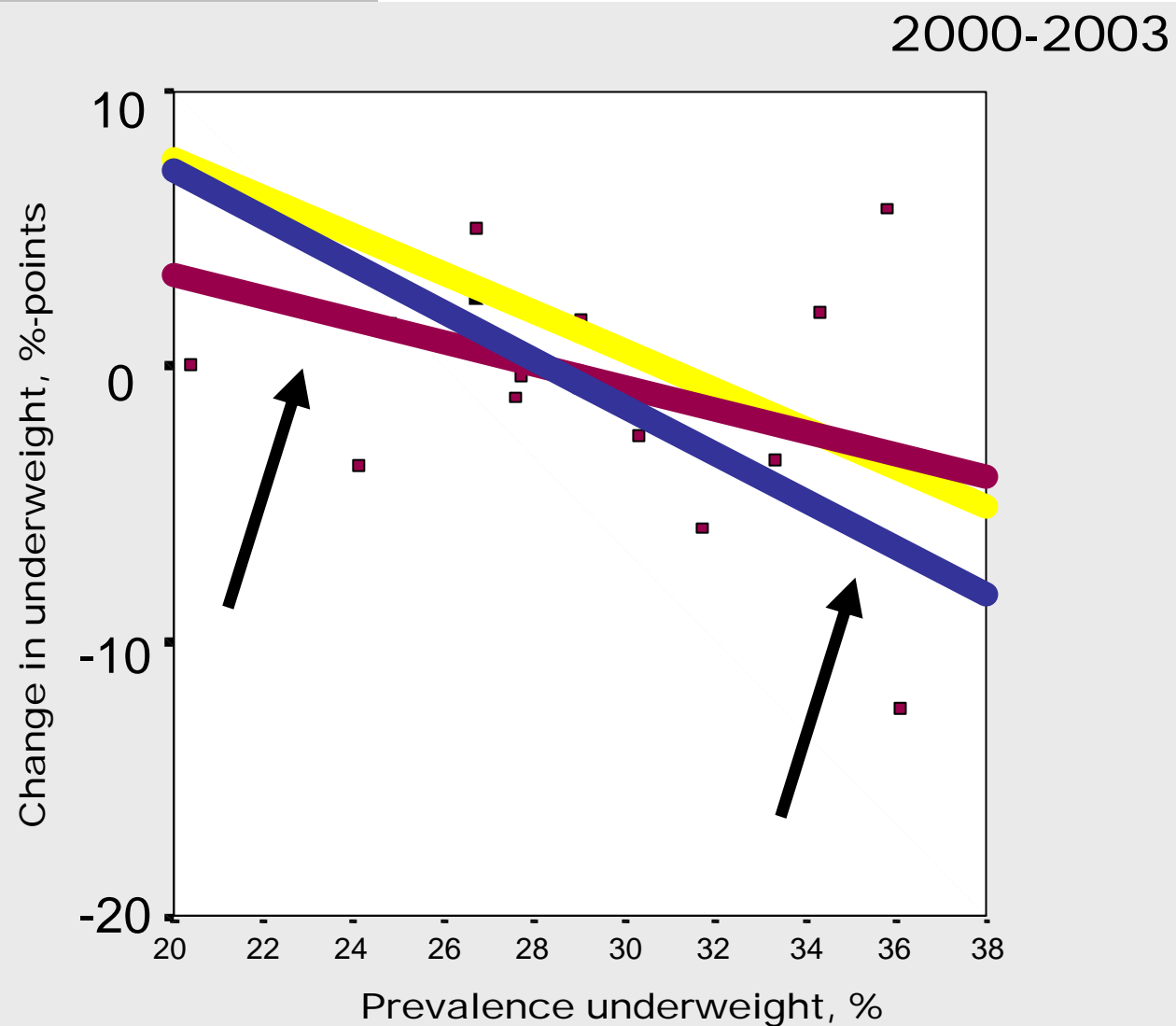
MALAWI



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CHANGES IN UNDERWEIGHT

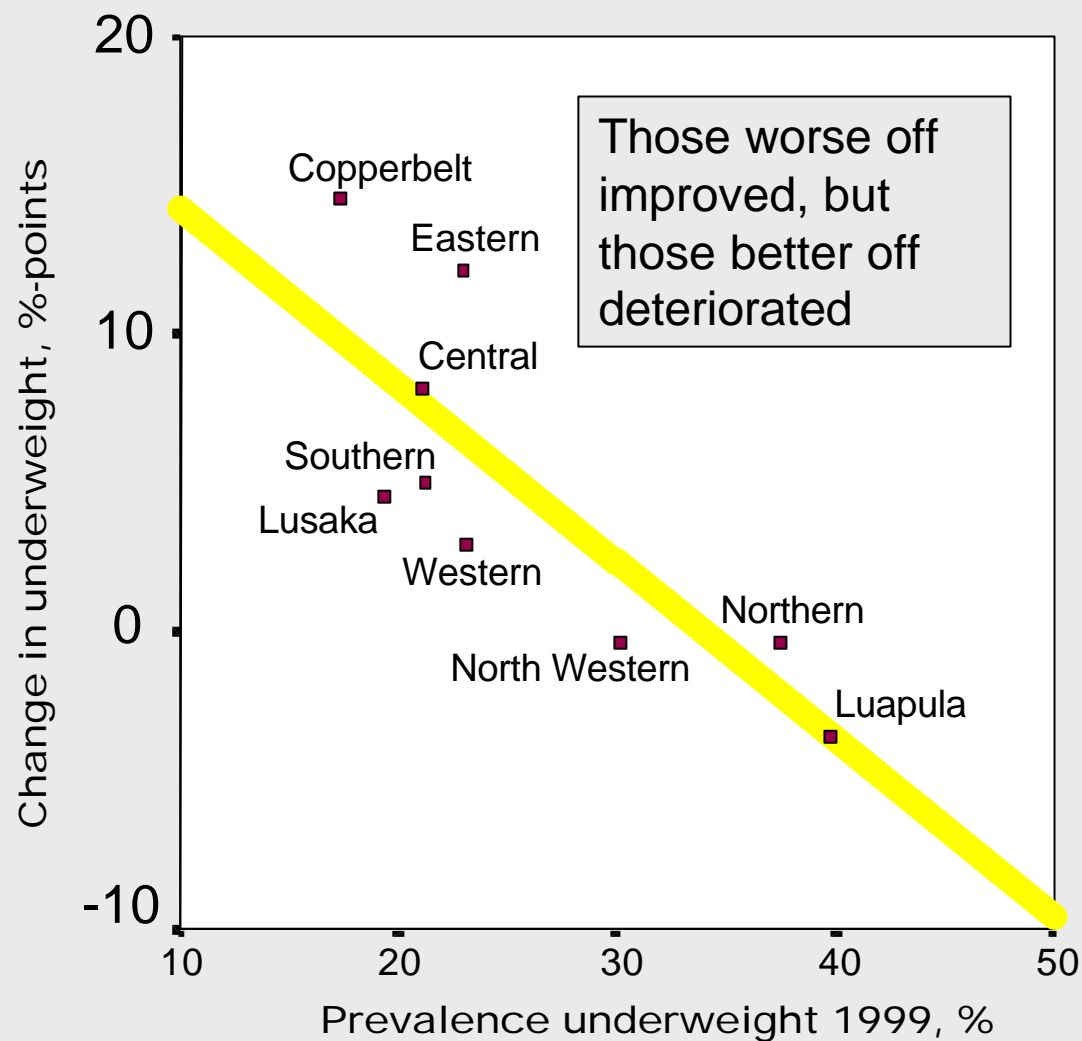


CHANGES IN UNDERWEIGHT

ZAMBIA



1999-2001

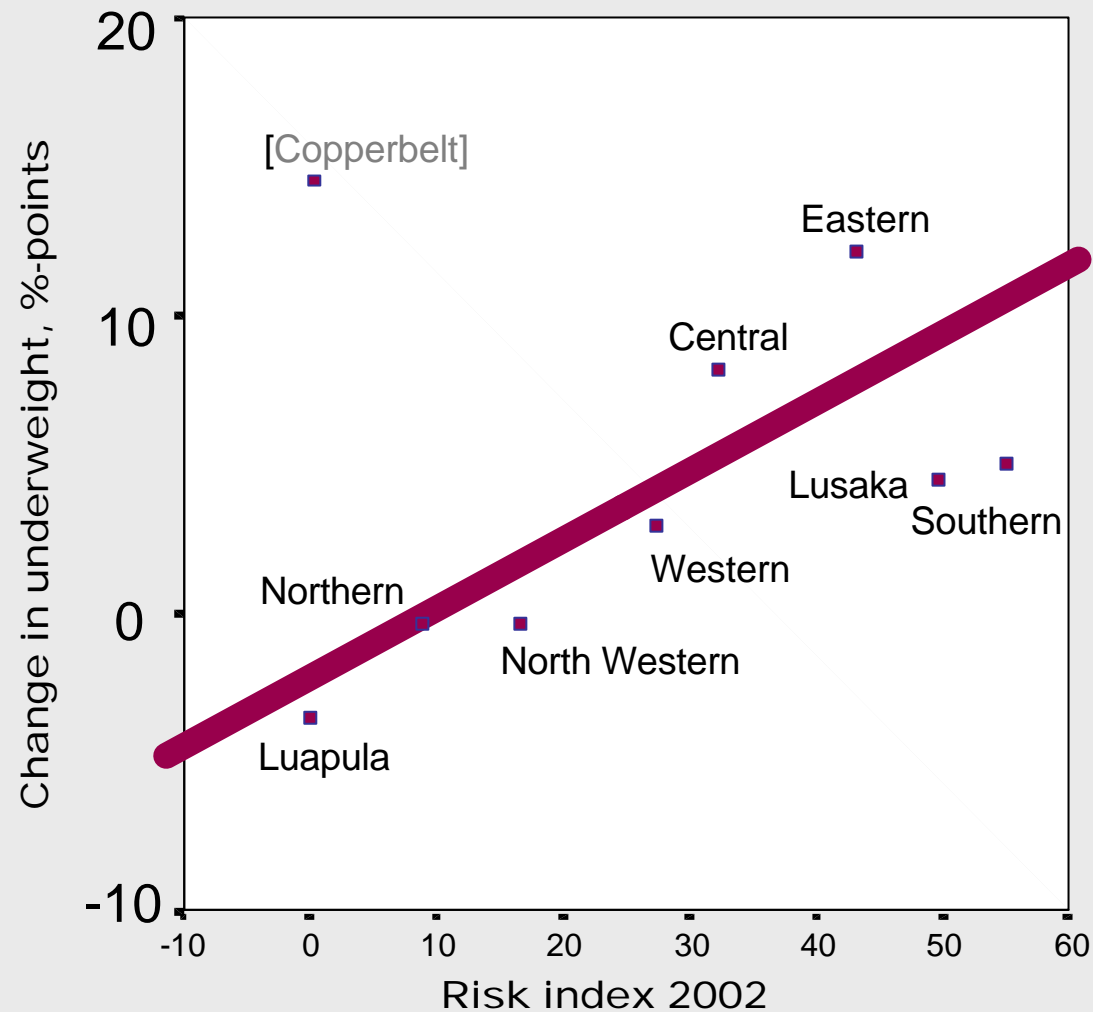


RISK INDEX & UNDERWEIGHT

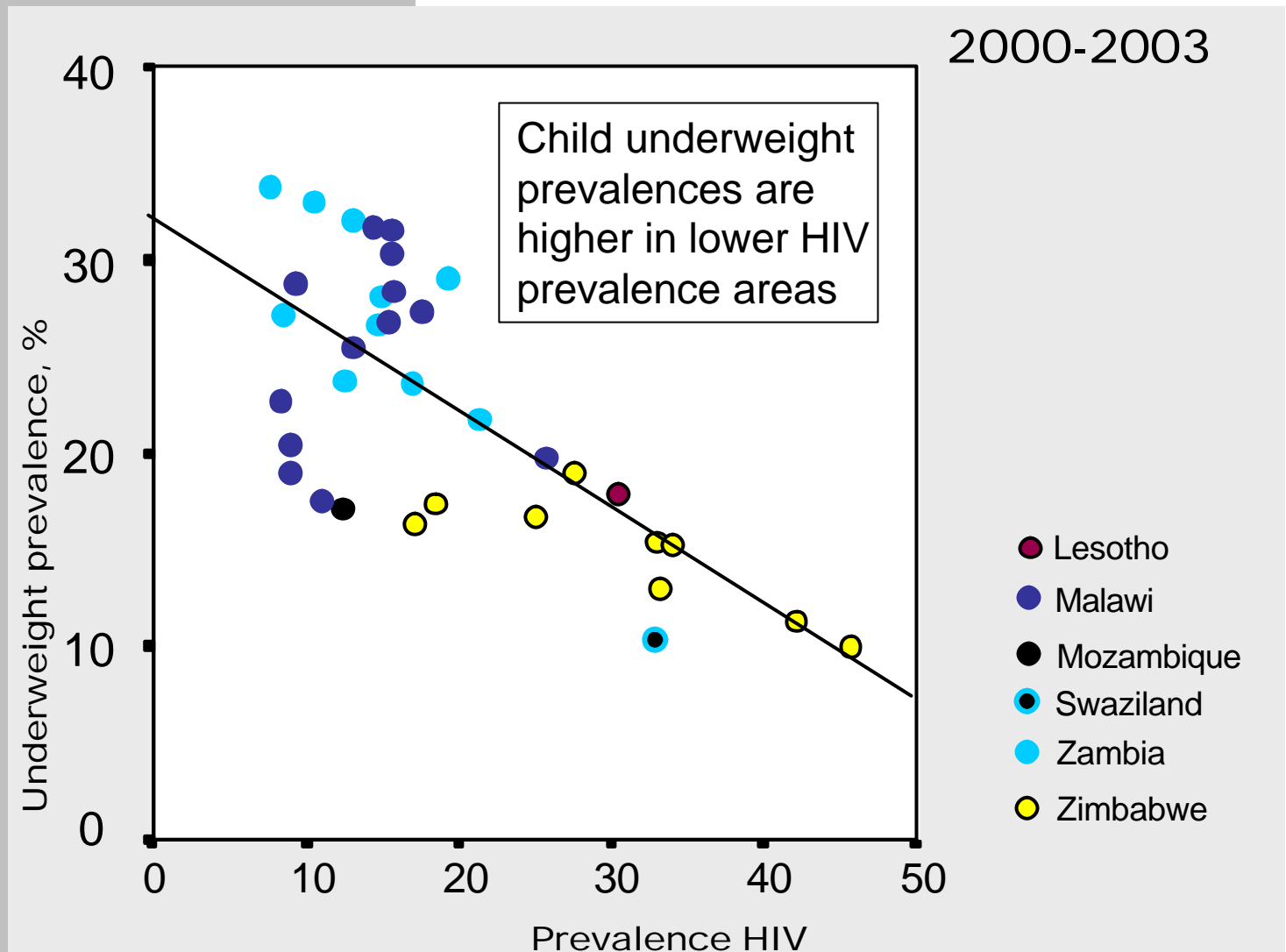
ZAMBIA



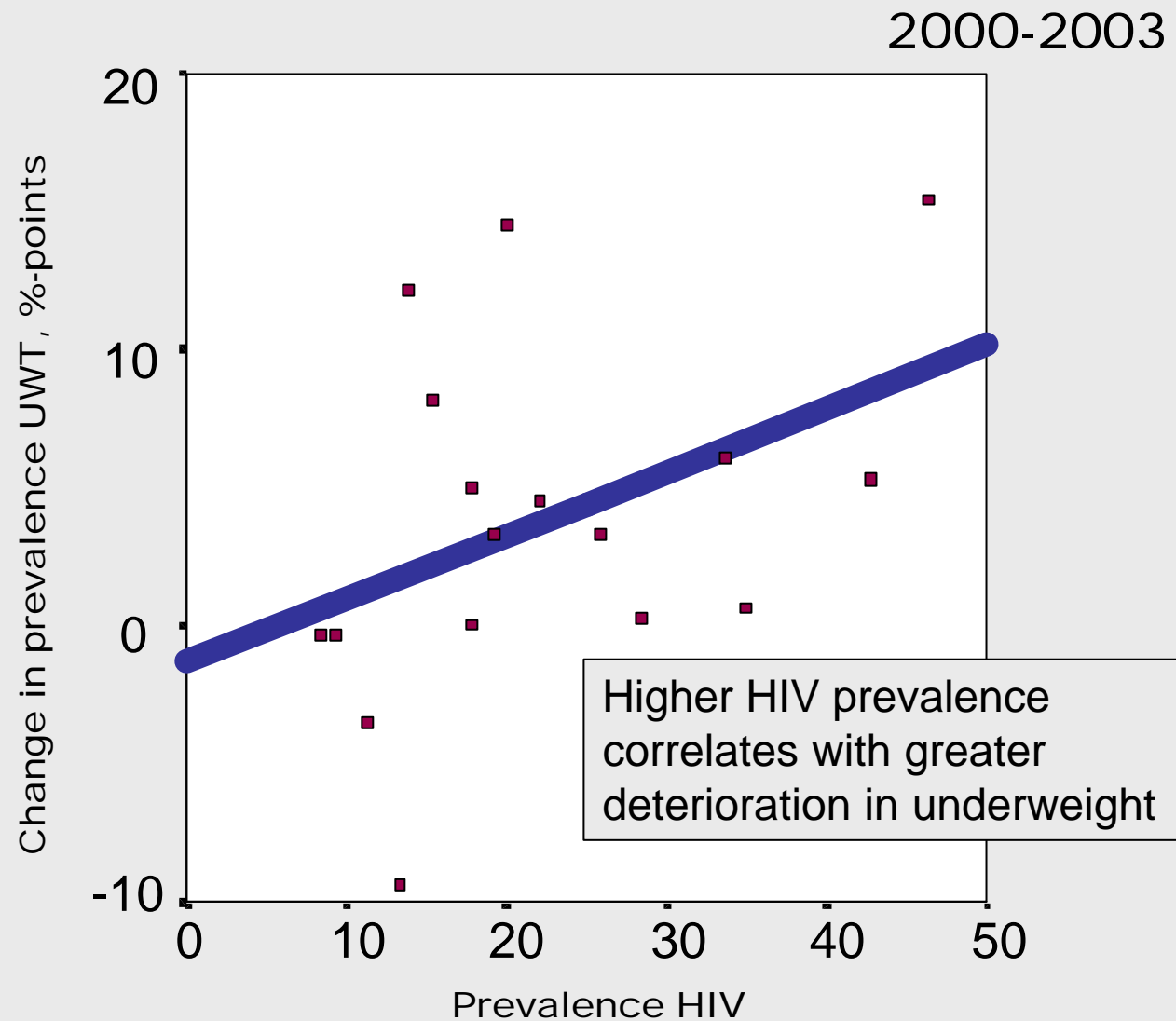
1999-2001



HIV/AIDS & UNDERWEIGHT

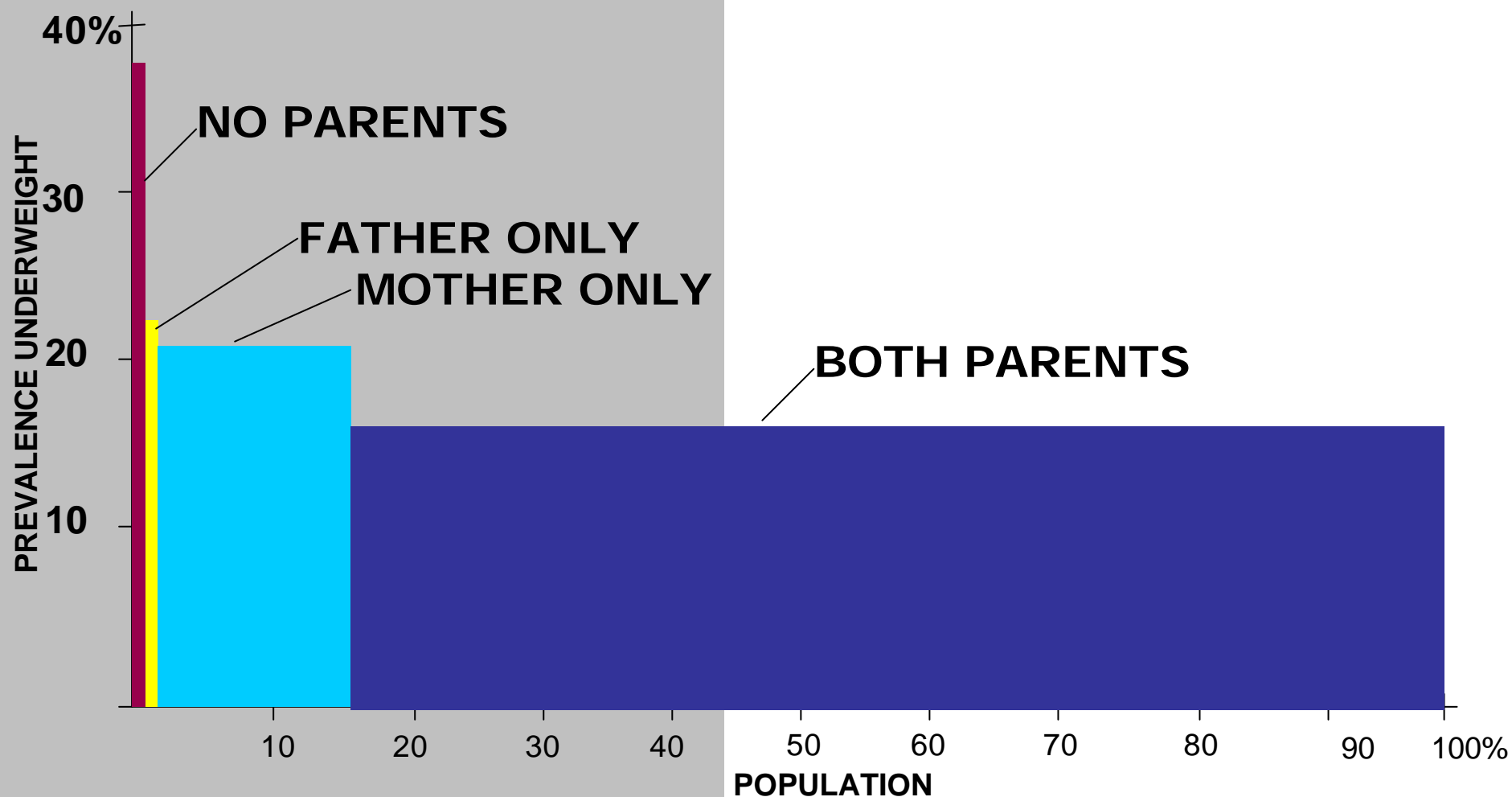


HIV/AIDS & UNDERWEIGHT



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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Lesotho
Lesotho
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Malawi
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Mozambique
Swaziland
Swaziland
Zambia
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April 2003

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