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NUTRITION

SOUTHERN AFRICA
HUMANITARIAN CRISIS

April 2003

Lesotho
Malawi
Mozambique
Swaziland
Zambia
Zimbabwe
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<table>
<thead>
<tr>
<th>DATA SOURCES</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NNS</strong></td>
<td>National nutrition surveys</td>
</tr>
<tr>
<td><strong>DHS</strong></td>
<td>Demographic and health surveys</td>
</tr>
<tr>
<td><strong>MICS</strong></td>
<td>Multiple-indicator cluster surveys</td>
</tr>
<tr>
<td><strong>VAC</strong></td>
<td>Vulnerability Assessment Committee surveys</td>
</tr>
<tr>
<td><strong>OTHER</strong></td>
<td>District surveys</td>
</tr>
</tbody>
</table>
DATA VALIDATION

Status & Trends

Analysis

REVIEW

objectives

Validation of all nutrition surveys

Best estimates of the nutrition situation

Changes in the nutrition situation relative to age-group, location & HIV/AIDS prevalence
<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>NATIONAL</th>
<th>DISTRICT</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESOTHO</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>MALAWI</td>
<td>2</td>
<td>28</td>
</tr>
<tr>
<td>MOZAMBIQUE</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>SWAZILAND</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>ZAMBIA</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>ZIMBABWE</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td><strong>46</strong></td>
</tr>
<tr>
<td>NUTRITION</td>
<td>INDICATORS</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------------------</td>
<td></td>
</tr>
<tr>
<td>WASTING</td>
<td>Low WEIGHT for HEIGHT compared to standard</td>
<td></td>
</tr>
<tr>
<td>STUNTING</td>
<td>Low HEIGHT for AGE compared to standard</td>
<td></td>
</tr>
<tr>
<td>UNDERWEIGHT</td>
<td>Low WEIGHT for AGE compared to standard</td>
<td></td>
</tr>
<tr>
<td>GLOBAL ACUTE MALNUTRITION</td>
<td>Wasting + oedema</td>
<td></td>
</tr>
</tbody>
</table>

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GAM & WASTING

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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
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

- MOZAMBIQUE
- MALAWI
- SWAZILAND
- ZAMBIA
- LESOTHO
- ZIMBABWE

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WASTING

ZAMBIA

UNDERWEIGHT

2001

0.0 - 2.0 %
2.1 - 4.0
4.1 - 6.0
6.0 +

00.0 - 10.0 %
10.1 - 20.0
20.1 - 30.0
30+

26
25.9
29.7
31.8
29.2
23.8
26
37.1
35.2
36.2
39.4

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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.
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LESOTHO

UNDERWEIGHT

2002

TRENDS 2000 - 2002

Berea

Mokhotlong

Butha-Buthe

Mohale’s Hoek

00.0 - 10.0%
10.1 - 20.0%
20.1 - 30.0%
30+
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
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SWAZILAND

UNDERWEIGHT
2000

WASTING

0.0 - 2.0 %
2.1 - 4.0
4.1 - 6.0
6.0 +

STUNTING

00.0 - 30.0 %
30.1 - 40.0
40.1 - 50.0
50 +

00.0 - 10.0 %
10.1 - 20.0
20.1 - 30.0
30+
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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.
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MOZAMBIQUE

UNDERWEIGHT

2002

TRENDS 2001-2002

00.0 - 10.0%
10.1 - 20.0%
20.1 - 30.0%
30+

SOFALA
INHAMBANE
GAZA
MAPUTO

MOZAMBIQUE

2002

18.0%
20.3%
23.8%
28.1%
29.0%
18.0%
19.6%
20.9%
28.1%
00.0 - 10.0 %
10.1 - 20.0%
20.1 - 30.0%
30+
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
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Districts with lower prevalence deteriorated the most.

The age-group 12-23 months is the most severely affected.
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MALAWI UNDERWEIGHT 2000

WASTING
- 0.0 - 2.0 %
- 2.1 - 4.0
- 4.1 - 6.0
- 6.0 +

STUNTING
- 00.0 - 30.0 %
- 30.1 - 40.0
- 40.1 - 50.0
- 50 +

00.0 - 10.0 %
10.1 - 20.0
20.1 - 30.0
30+
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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.
Video on response in Salima district

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AGE-SPECIFIC UNDERWEIGHT

PERCENT UNDERWEIGHT

ZAMBIA
MALAWI
MOZAMBIQUE
LESOTHO
ZIMBABWE
SWAZILAND

<6 MO 6-11 12-23 24-35 36-47 48-59
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CHANGES IN AGE-SPECIFIC UNDERWEIGHT

MALAWI

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Deterioration in 1-2 yr olds

Improvement in 4-5 yr olds
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CHANGES IN UNDERWEIGHT

2000-2003

Change in underweight, % -points

Prevalence underweight, %

20 22 24 26 28 30 32 34 36 38

-20 -10 0 10
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CHANGES IN UNDERWEIGHT

ZAMBIA

1999-2001

Prevalence underweight 1999, %

-10 0 10 20

Change in underweight, % -points

Copperbelt Eastern Central Southern Lusaka Western North Western Northern Luapula

Those worse off improved, but those better off deteriorated
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HIV/AIDS & UNDERWEIGHT

Child underweight prevalences are higher in lower HIV prevalence areas.

2000-2003

Prevalence HIV

Underweight prevalence, %

Zimbabwe
Zambia
Swaziland
Malawi
Mozambique
Lesotho
Higher HIV prevalence correlates with greater deterioration in underweight.
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Zambia, Malawi and Mozambique continue to have unacceptably high rates of malnutrition.

The slow national trend of improvement in the 1990s ceased, except for Lesotho; Zimbabwe and Zambia showed a deterioration in 2001-2003.

National averages hide large sub-national differences, with some districts showing significant improvement, while others have deteriorated.
CONCLUSIONS

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

Younger children show deterioration, while older children show apparent improvement.

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

Nutritional status is worse among children who are orphaned.

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

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

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

ACTION 2
The humanitarian response should be targeted to HIV/AIDS affected areas and families

ACTION 3
Continued and strengthened UN coordinated response to the Southern Africa Humanitarian Crisis
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THE TEAM

ESARO
Urban Jonsson
Olivia Yambi
Claudia Hudspeth

ESAR Country Offices
Agostino Munyiri
Pierre Martel
Peter Hailey
Deguene Fall
Louise Maule
Viviane van Steirteghem
Satu Pehu-Voima
Lindiwe Tsabedze
Dominique Brunet
Elodie Marchand
Andrea Kendle
Betty Mukiibi

Tulane University
John Mason
Adam Bailes
Karen Mason

Community Systems Foundation
Kris Oswalt
Ulrik Lund-Sorensen

Team Leader
Coordinator
Johannesburg
Lesotho
Lesotho
Malawi
Malawi
Mozambique
Mozambique
Swaziland
Swaziland
Zambia
Zambia
Zimbabwe
Zimbabwe

April 2003

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