

Nutrition Fact Sheet

June 2004

1. The slow national trend of improvement in nutrition across the sub-region in the 1990s ceased and after some worsening starting in the late '90's, deteriorated sharply with drought in high HIV/AIDS prevalence areas. There has been limited recovery in Zimbabwe linked to the humanitarian response, and possibly Malawi, however, there is evidence of progressive deterioration overall.
2. Approximately 5% of children in southern Africa less than 59 months may have HIV/ AIDS and may be failing to grow as a result. The increasing levels of malnutrition overall in young children may measure a mix of HIV/ AIDS and deprivation – the indirect impact of HIV/ AIDS on malnutrition is linked to worsening poverty.
3. Overall there was not a rise in acute malnutrition during the food crisis, this may be due in part to the protective effect of food aid; it is plausible that food aid may have mitigated the effect of drought/food insecurity on child nutrition in southern Africa during the humanitarian crisis.
4. Across the sub-region, HIV/ AIDS is the single largest threat to child malnutrition. There appears to be a high rate of deterioration in child malnutrition in areas with high HIV/AIDS. New highly vulnerable groups are emerging – orphans, households with very high dependencies (due to chronic sickness, death of productive adults, orphans), migrant, single parent households and children in urban and peri-urban areas – whose nutritional situation needs particular attention.
5. *Mortality*: is rising sharply for adults and there is a shift in the distribution of deaths towards younger age groups. Mortality peaks much younger for women and although mortality is higher for men it is rising faster for women.

Zambia

- The levels of child malnutrition in Zambia were showing steady improvement throughout the 1990's but since 1999 have deteriorated quite significantly from 25% underweight in 1999 to 31% in 2002. This is likely due to a combination of drought and the impact of HIV/ AIDS on child malnutrition.
- The levels of stunting in Zambia are some of the highest in Africa with 51.9% of children less than 5 years of age stunted.
- The levels of malnutrition vary significantly across Zambia. However, it appears that areas that were better off (i.e. more urbanized areas) showed a greater degree of deterioration in child malnutrition. Sharp deterioration in child nutrition, more pronounced in the younger children, may be occurring in peri-urban areas and/or areas of high trade activities (e.g. peri-urban Lusaka, the copperbelt). This pattern may be due to the fact that these areas have become more vulnerable due to HIV/ AIDS.
- The impact of the humanitarian crisis on child nutrition was seen in changes in underweight and stunting, not wasting. This may be due in part to the protective effect of food aid. Zambia has shown very little change in levels of wasting (acute malnutrition) over the past 10 years.

Zimbabwe

- The national nutrition situation improved slightly from 1994-1999 but has shown significant deterioration through to 2003. For example older children are not showing the usual 'catch-up' growth and we are seeing evidence of growth failure in older children probably attributed to HIV and worsening poverty.
- Since the onset of the humanitarian response, the nutrition situation has shown signs of recovery but without a sustained humanitarian response it is likely child malnutrition will worsen in the long-term.
- Malnutrition is increasingly becoming an urban issue; malnutrition levels in Harare have doubled over the past four years and have significantly worsened in Bulawayo.

- Of concern are the high levels of severe acute malnutrition, warranting immediate and urgent action. At least one quarter of districts in Zimbabwe have high levels of severe acute malnutrition in children under five.
- In one third of all districts in Zimbabwe, the crude mortality rates (adults and children) are approaching “emergency” levels of mortality.
- During a recent national survey it was found that half of all recorded deaths were in the productive age group of 20-45. This has huge social implications and also reflects the severity of the HIV/AIDS pandemic and its impact on the labour force.
- Mortality in women peaks earlier than men and is increasing at a faster rate than for men.
- Orphans: 1,016,000 total orphans in Zimbabwe: roughly 800,000 are orphaned as a result of HIV/AIDS.

Malawi:

- Up to 2001 Malawi showed a general trend of steady improvement in child nutrition. However, throughout the crisis period there was evidence of deterioration in child malnutrition with hotspots in areas closest to urban centres.
- Recently, Malawi has shown small signs of recovery in some areas post-harvest but overall there appears to be progressive deterioration.
- Malawi has one of the highest levels of stunting in the world with half of children under five stunted (is higher than Zambia) and one-third of children failing to thrive.
- Micronutrient deficiencies are very high in Malawi with up to 50% of children with Vitamin A deficiency and very high levels of anemia in pre-school children. This requires urgent actions including strategies such as food fortification, supplementation and de-worming.

Mozambique

- At the beginning of the crisis, areas in the six worse affected provinces were showing a worrying trend of deterioration with hotspots emerging around Maputo and in Inhambane and Gaza.
- Following an intensive humanitarian response, including a joint UNICEF/ WFP supplementary feeding programme with 9 partners (national and international NGOs), that reached 19 districts in 6 provinces and a total of 139,096 children and 72,925 pregnant or lactating women, a large deterioration in child malnutrition appears to have been prevented.
- However, high HIV/ AIDS prevalence in the 6 provinces has resulting in worsening vulnerability and the propensity for progressive deterioration in child malnutrition in the long-term.
- Orphans: 15.7% of households in the worst affected 6 provinces have at least one orphan (maternal or paternal) under 15 years. Maternal orphans would appear to be at greater risk of malnutrition and illness. The overall prevalence of global acute malnutrition for maternal orphans was found to be 15.5% (May 2003), over double that for the child population as a whole.
- Mozambique is the only country where nutritional status of adults was also incorporated into the VAC assessment. In Tete Province, 22.0% of the women measured were malnourished, with 8% of these with moderate to severe malnutrition.

Swaziland

- Swaziland has one of the lowest rates of child malnutrition in the region with 12% underweight and 31% stunting.
- There were some hotspots emerging during the crisis, for example Lubombo district showed significant deterioration in child malnutrition.
- Due to the very high prevalence of HIV/ AIDS it is expected that we will see a worsening of child malnutrition across the country in the long-term.
- There is a real gap in terms of nutritional data, given the propensity for deterioration in high HIV/ AIDS prevalence areas, nutritional monitoring is essential.

Lesotho

- Overall child malnutrition improved through the drought period from 2000 to 2002 as evident by an improvement in underweight from 19.2% to 17%.
- There was no rise in acute malnutrition during the crisis and wasting has shown improvement to 3.3% nationally.
- Overall child nutrition appears to have been protected in Lesotho over the crisis period. However, due to the high prevalence of HIV/AIDS, there is a propensity for deterioration in child nutrition nationally in the long-term.

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