Working Together for Our Future: What Zambia's Civil Society Can Do to Improve Nutrition

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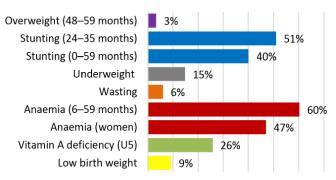
Today in Zambia, four out of 10 children are malnourished. Despite continued investment by the Government of Zambia and donors, malnutrition remains a serious problem.

Malnutrition in Zambia can take many forms, including chronic malnutrition (stunting or low height for age), underweight (low weight for age), acute malnutrition (wasting or low weight for height), anaemia, vitamin A deficiency, iodine deficiency, and low birth weight (< 2.5 kg).¹ The immediate causes of malnutrition in Zambia are repeated infections, poor health, and inadequate dietary intake, but underlying causes include food insecurity, high fertility rates, high rates of adolescent pregnancies, gender inequality, poverty, and lack of safe water, hygiene, and sanitation.

Why does this matter?

- Malnutrition is the underlying cause of up to 45 percent of child deaths in Zambia.^{2,3}
- Malnourished children are more likely to have repeated illnesses and infections.2 By 2026, if Zambia does not invest in efforts to improve nutrition, more than 156,000 infants and children will die.3
- Malnutrition leads to reduced immunity, impairing an individual's ability to fight and recover from illness. This is particularly important in Zambia, where 13 percent of adults (15 percent of women and 11 percent of men) are HIV positive.¹
- Malnutrition in childhood impairs physical growth and cognitive development, decreasing IQ points and undermining human potential. Because of this, malnourished children become adults who earn less than their well-nourished and bettereducated peers.^{2,3,4}
- Malnourished children perform worse in school and are more likely to repeat grades and drop out of school than well-nourished children.^{4,5} By 2O26, if there is no change in stunting, Zambian children will lose 4O.5 million equivalent school years of learning from stunting alone.³

Prevalence of malnutrition in Zambia¹



0% 10% 20% 30% 40% 50% 60% 70%

Addressing high levels of malnutrition and preventing and treating HIV will help reduce child mortality significantly in Zambia and improve the health, wellbeing, and economic productivity of citizens.

Most Zambian women give birth by 24 years of age, when the risks of HIV and transmission from mother to child are high. Without antiretroviral therapy (ART), 50 percent of HIV-positive children die by their second birthday. Zambia has low coverage of paediatric ART, reaching only 33 percent of at-risk children.⁶ Nutrition services are a gateway to HIV prevention, care, and treatment. They can help identify malnourished people, who are more vulnerable to HIV. Referrals of malnourished people for HIV testing, care, and treatment can promote early ART, and nutrition counselling can encourage treatment

Malnutrition is hurting Zambia's economic progress. If there is no improvement in nutrition, the country will lose more than 180.768 billion Zambian kwacha (ZMW) or US\$18.315 billion in economic productivity by 2026.3

adherence and retention.

Sources: ¹Zambia Demographic and Health Survey 2013–14; ² Lancet Nutrition Series 2013; ³ Reducing Malnutrition in Zambia: Estimates to Support Nutrition Advocacy—Zambia Nutrition PROFILES 2017; ⁴ Grantham-McGregor S et al. 1999. 'Effects of Health and Nutrition on Cognitive and Behavioural Development in Children in the First Three Years of Life'. Food and Nutrition Bulletin 20(1): 53–75; and Grantham-McGregor S et al. 2007. 'Developmental Potential in the First 5 Years for Children in Developing Countries'. Lancet 369(9555): 60–70; ⁵ Mendez MA and LS Adair. 1999. 'Severity and Timing of Stunting in the First Two Years of Life Affect Performance on Cognitive Tests in Late Childhood'. Journal of Nutrition 8(29): 1555–62; ⁵ Joint United Nations Programme on HIV/AIDS (UNAIDS). 2015. Global AIDS Response Progress Reporting 2015; and ¹ International Food Policy Research Institute (IFPRI). 2015. Global Nutrition Report 2015: Actions and Accountability to Advance Nutrition and Sustainable Development.

But malnutrition is preventable and treatable. The children of Zambia can be free of malnutrition if we act now.

- Investing in expanding comprehensive, quality nutrition services to communities across the country would:^{2,3,4,5}
 - Reduce child deaths by reducing stunting and wasting.
 - Prevent permanent brain damage in children by reducing iodine deficiency and increase children's IQ.
 - Help children stay in school longer and perform better in school, resulting in higher wages in the future. If stunting is reduced, children 2 years of age in 2026, will gain an average of 2.7 equivalent school years of learning.
 - Increase physical capacity and reduce sick days in adulthood, leading to economic productivity gains of 67.792 billion ZMW (US\$ 6.869 billion) by 2026, related to a reduction in stunting alone.
 - Reduce the risk of overweight and obesity in children and adults.

For a country like Zambia, nutrition is a smart investment: For every US\$1 spent on nutrition, there is a US\$16 return in health and economic benefits.⁷

What can civil society do to improve nutrition?

Civil society organisations play a critical role in improving nutrition in Zambia. Your organisation can:

- Educate decision makers on the importance of nutrition and advocate for increased investment in nutrition to make Zambia a healthier, better educated nation with increased economic productivity.
- Hold seminars with civil society organisations not currently working in nutrition to inform them about how nutrition can benefit their work and how they can integrate nutrition into their activities.
- Train other civil society organisations in nutrition advocacy and social mobilization.
- Create a mentorship program among civil society organisations to develop more champions for nutrition.

Examples of proven, effective solutions to improve nutrition

- Preventing stunting and wasting
- Promoting optimal breastfeeding and appropriate complementary feeding
- Promoting delayed marriage and first pregnancy past adolescence
- Treating wasting with ready-to-use therapeutic food
- Improving hygiene and sanitation, including provision of safe water
- Providing vitamin A supplementation
- Deworming
- Providing iron-folic acid and calcium supplementation for pregnant women and lactating mothers
- lodising salt
- Fortifying staple foods
- Providing multiple micronutrient powders
- Promoting women's empowerment and women's access to and control over productive resources, capital, and income
- Diversifying food production and making animal protein (dairy, eggs, meat, poultry, and fish) and fruits and vegetables more available, including in schools
- Improving post-harvest handling
- Supporting and expanding early childhood development programs to promote optimal cognitive development
- Supporting and expanding secondary school education for girls and boys
- Attend national, regional, and district meetings to advocate for increased investment in nutrition.
- Encourage coordination and collaboration among civil society organisations and movement leaders.
- Promote proven, effective solutions to improve nutrition.









