

## **NNSS JULY AND DECEMBER 2007 REORT**

In Zambia, malnutrition has continued to be a serious public health problem mainly affecting under-five children and women of reproductive age. The latest figures on Protein Energy Malnutrition (PEM) indicate that nearly half of the Zambian children are stunted (46.8%), 28% are underweight while 5% are wasted (CSO, 2001-2). These rates are among the highest in the sub-region. Other nutrition and health problems are as a result of micronutrient deficiencies arising from of Iodine, Iron and Vitamin A. Deficiencies resulting from Selenium and Zinc are also emerging as important public health concerns. The complications of malnutrition accounts for about 54% of all childhood deaths resulting from diseases such as diarrhea, acute respiratory infections and measles.

### **JUSTIFICATION**

Despite the persistent downturns in the overall nutrition levels of the population, the country has not had an established National Nutrition surveillance system in place. It is for this reason that the Government through the NFNC with support from UNICEF decided to set up and pilot a National Food and Nutrition Surveillance System (NFNSS). The NFNSS system was piloted in four districts in Lusaka province with possibilities of expanding to more districts depending on the outcome.

### **OVERALL OBJECTIVE**

The overall objective of the NNSS is to provide timely and accurate nutrition information relevant for informing policies and programmes that lead to improved food and nutrition situation among the majority of the Zambian population.

## **DEMOGRAPHIC FINDINGS**

The data shows that there are slightly more women than men in Lusaka Province, with women constituting 50.9% and men constituting 49.1% of the population. This data is consistent with national data that shows that there are slightly more women than i.e. on 51/49 ratio basis (CSO, 2000). This observation was consistent across the four districts.

Information about the composition of households, specifically the sex of the head of the household and size of the household, shows that the average household size, in all the four districts of Lusaka province, was 5.6 members in July compared to 5.4 in December.

### **Water and Sanitation**

The two surveys reviewed that 80% of households in July compared to December 86.6% in Lusaka Province have access to safe or clean water.

The distribution of households by source of drinking water showed a marked distinction of urban-rural disparities. The urban and the per-urban areas of Lusaka and Kafue utilize more piped water compared to Chongwe and Luangwa that rely on boreholes and wells.

All these only 35% of all households treat their drinking water. The reported popular method used for treating water was chlorination at home. It accounts for 79% in July compared to 83.7% in December of the households in Lusaka Province.

In terms of toilet facilities, the survey results revealed that most of households 73% in July compared to 85.1% in December in Lusaka Province use pit latrines

## **Household Food Intake and Practices**

The number and frequency of meals taken revealed a similar pattern across all the four districts. The majority 65% in July and 70.9% in December of the households had three meals per day.

Household Dietary Diversity which means the number of different food groups consumed over a given reference period was used as proxy indicator to measure diet diversity. Information on household food consumption was collected using 24-hour recall period. 15 points (arising from 15 food groups) account for 100% diet diversity. Results for all four districts of Lusaka province revealed that average household dietary diversity Score (HDDS) was 6.7.

## **Child Morbidity & mortality**

Common childhood illnesses are critical contributors to child nutrition status. In Zambia, there is a deliberate policy of managing common childhood illnesses to mitigate their effects. This is undertaken through a strategy known as “Integrated Management of Childhood Illnesses”.

The results of the surveys show that there was an increase in the prevalence of fever from 28.4% in July to 36.8% in December and diarrhea from 24.6% in July to 35.7% in the December round. The surveys also revealed that there was a reduction in the prevalence of general cough from 53.5% in July to 42.9% in December

## **Infant and Young Child Feeding**

Appropriate feeding practices are critical for the survival, growth, development, health and nutrition of infants and children. Initiation of breastfeeding varies slightly among the four districts in Lusaka province. The proportion of infants that are breastfed within one hour of birth ranges from 35.5 percent in Kafue district to 53.8 percent in Chongwe district in the

December round. In the December round Lusaka showed the highest (60.1%) and Kafue lowest (25%) percentage of the children who were put to the breast within 1 hour of birth.

The second round survey indicated that about 30% of the households indicated that they had given their children some snacks and there were more major differences in all the districts. The picture however, for the households which fed their children two snack the highest percentage was found in Chongwe district (43%) and the lowest in that category was Lusaka which was 20%.

### **Nutrition Status of Children 6 – 59 Months Old**

The table below shows the overall malnutrition levels in Lusaka Province the figure below, 17% in December were severely stunted compared to 11.6% in July. Underweight there was no changes in both rounds 3.2%.

overall	Stunting severe	Underweight severe	Wasting severe
July	11.6	3.2	1
December	17	3.2	3

### **Vitamin A Supplementation**

There is evidence that high (above 80%) vitamin A supplementation coverage could reduce childhood mortality to about 23% in a vitamin A deficiency population. The Surveys revealed that vitamin A supplementation coverage during the July and December rounds of the surveillance surveys was 91% and 92% respectively. It was reported that all the four districts, namely Lusaka, Chongwe, Luangwa, and Kafue had reported 90% and above in vitamin A supplementation coverage during the first round of the surveillance surveys.

## De-worming

The coverage for de-worming among children 12 – 59 months was 88% during the first round of the surveillance surveys in July compared to 84.7% in second round in December.

## Child immunization

The surveys revealed that over ninety percent (92% and 90.1% in the July and December rounds respectively) of children above the age of one year were fully immunized.

## Recommendations

- The NNSS programme has come timely and good but there is need to do a comprehensive review in its early stages to fine tune the objectives, methodology and indicators before scaling up to other provinces.
- All food and nutrition plans, guidelines, strategies and most importantly the Food & Nutrition Policy need to be operationalized and most importantly to increase coverage for these programmes in order to improve nutritional status of children, women and vulnerable households in the country.
- Develop and implement a comprehensive Diet Diversity Programme. Zambia and indeed the pilot province have a rich food diversity that can be taken advantage of. This should be holistic and should strengthen the role of nutrition in agriculture programming such research, food diversification, and determination of appropriate food basket for urban and rural settings.