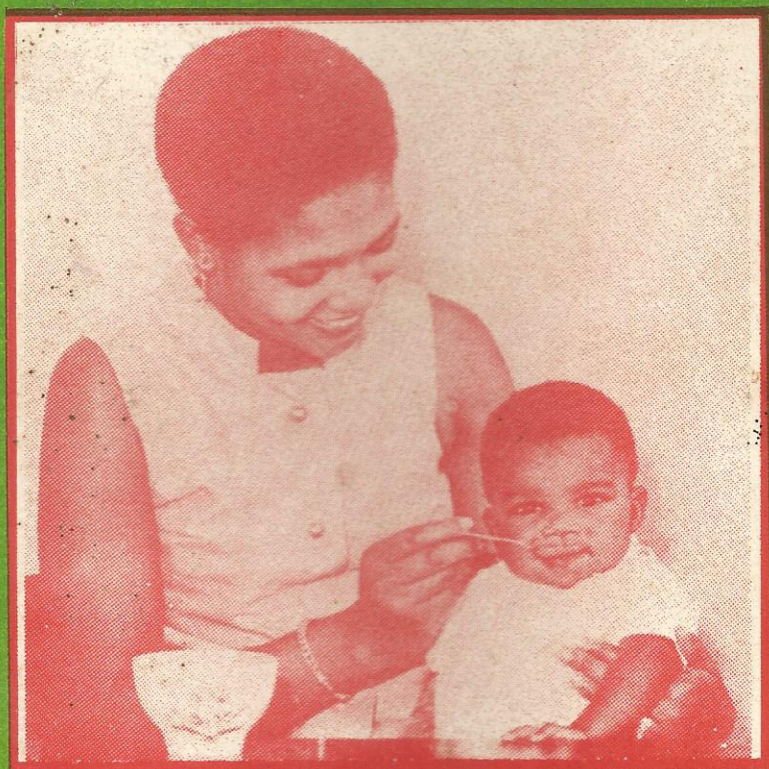
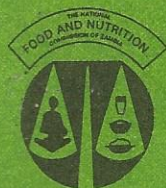


DISTRICT NUTRITION PROGRAMMING PEOPLE-CENTRED ANALYSIS AND INTERVENTION



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REPUBLIC OF ZAMBIA
Ministry of Health



DISTRICT NUTRITION PROGRAMMING

PEOPLE-CENTRED ANALYSIS AND INTERVENTION

AUTHORS:

Eli Nangawe. MD, MPH, Dip. PHI

Freddie Mubanga. Dip. Nutri

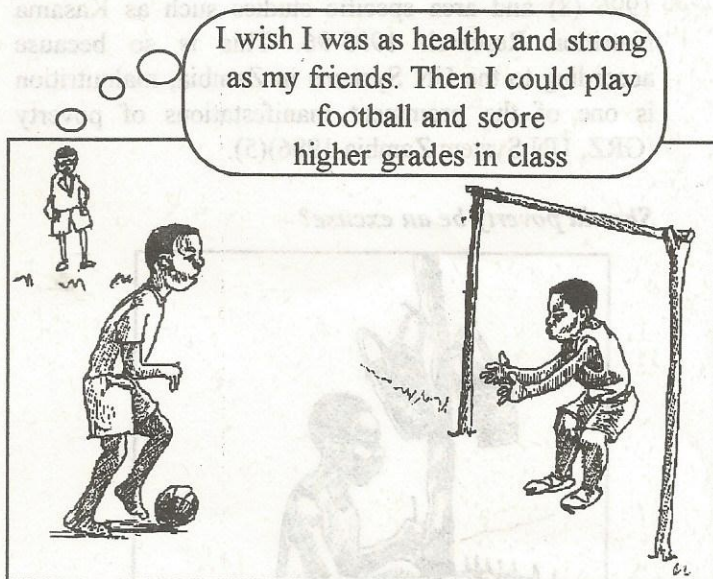
Elizabeth Simwanza. BSC Nurs

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ZPC PUBLICATIONS

Introduction



This introductory part gives you in synopsis

1.1 How important nutrition is,

1.2 Effects of malnutrition,

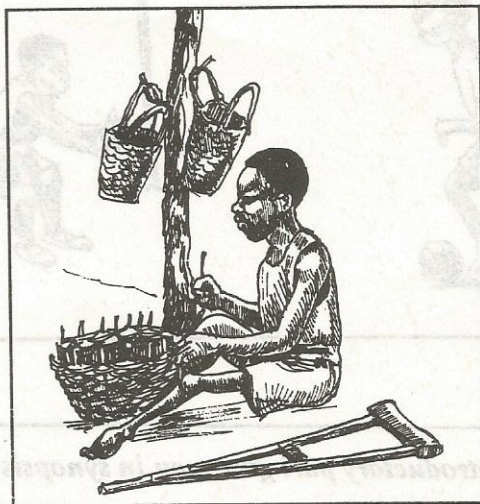
1.3 Justification for People-Centred Analysis.

1.1 *How important is nutrition?*

Magnitude:

With 68% of the Zambian population falling below the poverty line (World Bank Poverty Assessment, 1994) (16) it cannot be a surprise that high levels of malnutrition prevails as evidenced by ZDHS, 1992 and 1996 (8) and area specific studies such as Kasama Nutrition Research 1995-96. This is so because according to the UN Systems in Zambia, malnutrition is one of the prominent manifestations of poverty (GRZ, UN System Zambia 1996)(5).

Should poverty be an excuse?



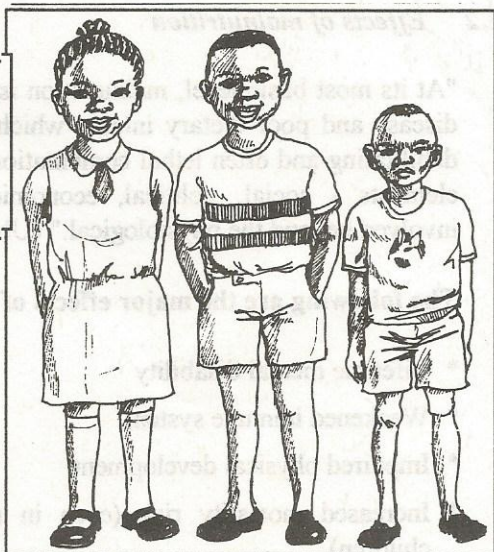
Agents and households should not feel defeated but rather challenged to act with expediency.

A complex problem such as malnutrition requires adequate baseline information which is valid and relevant to effective intervention design and programming.

National surveys indicate that 53% of Zambia's children suffer from chronic malnutrition otherwise known as stunting (GRZ, 1995: Key Results Survey to monitor progress towards goals for children)(4).

UNICEF's State of the World's Children 1998 (13) indicates a persistence of the high level of stunting and 28% moderate and severe underweight.

**Same age:
What is the
difference?**



Therefore one out of every two children in Zambia is chronically malnourished and one out of every three has weight lower than that expected for their age.

Baseline information should enable district teams to appreciate the magnitude of protein-energy malnutrition and micronutrient deficiency disorders in the district.

- **Sources of information**

- Child growth monitoring cards (monthly summaries)

- Rapid surveys of sampled households in selected target areas.
- National profile data (indicate malnutrition is one of the top five causes of morbidity and mortality amongst children under five).
- Existing literature about nutrition in the district; national surveys data including FHANIS data.

1.2 *Effects of malnutrition*

"At its most basic level, malnutrition is a consequence of disease and poor dietary intake, which usually occur in debilitating and often lethal combination. But many more elements - social, political, economic, cultural - are involved beyond the physiological." (UNICEF, 1998)(13)

The following are the major effects of the problem:-

- * Lifetime mental disability
- * Weakened immune system
- * Impaired physical development
- * Increased mortality risk (even in mild underweight children)

Malnutrition in infancy contributes to poor mental capacity development. Chronic malnutrition (stunting) accounts for poor physical growth and vulnerability to infections and ill health.

In view of scarcity of resources to deal with a problems of such complexity as malnutrition it becomes rational to use a focused approach to intervention design based on selected household and area vulnerability criteria as follows: