Improving Nutrition Security for Africa’s Children: The Foundation of Survival and Development
The magnitude of the problem

- More than a quarter of Africa’s children under five are suffering from undernutrition.
- In eight countries, more than 35% of children are underweight.
- Only nine African countries are on track to meet the MDG target of cutting hunger and malnutrition in half by 2015.

More than a quarter of Africa’s children (38 million) are underweight. The prevalence has decreased slightly, from 29% around 1990 to 26% by 2007. But the absolute number of underweight children has increased by 8 million since 1990. This means the population growth rate is outpacing the rate of improvement.

Why nutrition security matters

- Household food security is essential to achieve nutrition security – but it is not sufficient.
- Nutrition security means more than having adequate food. For the body to use nutritious food effectively also requires optimal health care; access to safe water, hygiene and sanitation; a clean and safe living environment; and good practices in child care and food hygiene/preparation.

Nutrition security is especially important for the most vulnerable groups: pregnant and breastfeeding women, children under two years of age and children under age five who are malnourished or suffering from infectious diseases such as HIV.

- The consequences of undernutrition in childhood are far-reaching and irreversible.

More than 35% of child deaths are attributable to under-nutrition. For children who survive undernutrition, the result is typically a diminished life. They face increased risk of non-communicable diseases. Their physical growth, cognitive abilities and behavioural development are impaired. They attend school less and perform more poorly than their well-nourished peers. By adulthood many have been left behind, with little capacity to earn a decent livelihood. All too often, the cycle continues for their children.

- Malnutrition acts as a brake on the social and economic development of individuals, communities, nations and Africa as a whole.

The damage of malnutrition to children ultimately yields pernicious consequences for African nations, reducing their economic productivity and growth. The World Bank estimates that malnourished children are at risk of losing more than 10% of their lifetime earning potential; at the same time, malnutrition is costing poor countries up to 3% of their yearly GDP. It may increase the risk of HIV infection, while reducing the numbers of children and mothers who survive malaria.

- Investing in nutrition makes political, economic and social sense.

A group of Nobel Laureates in economics recently ranked a series of core, proven nutrition interventions among the most cost-effective strategies for meeting global development challenges. These include micronutrient supplementation (vitamin A and zinc), micronutrient fortification (iron and salt iodization), deworming, nutrition programmes at school and community-based nutrition programmes. The per capita cost of these interventions is estimated at less than $10.

What countries need to do

- Prioritize sustainable access to essential nutrition services for the most vulnerable.
- Build human resource capacity in nutrition across key government sectors – agriculture, health, education, social welfare – and assign one accountable institution responsibility for the nation’s nutrition.
- Ensure the economic and social benefits of nutrition security are reflected in agriculture, health and education and social welfare policies; PRSPs; and other development processes.
- Review, update and adopt national nutrition policies and establish plans to meet national targets.
- Allocate specific public sector budget for nutrition, aiming for at least 2% in each of the key sectors – agriculture, health, education and social welfare.
- Draw from successful country experiences and good practices on nutrition across the continent.

Drawing from good nutrition practices in Africa

- Support to exclusive breastfeeding: Benin, Ethiopia, Ghana, Madagascar and Mali

WHY IT’S IMPORTANT

- Exclusive breastfeeding for the first six months of life is key to reducing illness, especially diarrhoea and acute respiratory infections – two leading causes of infant death. Exclusive breastfeeding can reduce early child deaths by 12%.
- Breastfeeding can help families with child spacing, thereby saving the lives of countless children, as those born soon after a previous birth are at greater risk of dying.
- Breastmilk is the perfect food for a baby’s first six months of life; no manufactured product can equal it. It requires no mixing or sterilization equipment, and it is always the right temperature. It saves money by eliminating the expense of infant formula and the incalculable cost in money, time, energy and suffering caused by illness and death resulting from artificial feeding.
- Breastfeeding can also help families with child spacing, thereby saving the lives of countless children, as those born soon after a previous birth are at greater risk of dying.

KEY SUCCESS ELEMENTS

- Trained health workers, counsellors and a community support structure help mothers commit to exclusive breastfeeding for the first six months – and stay with it.
- Enactment of the International Code for Marketing of Breastmilk Substitutes help mothers get off to the right start immediately after delivery. For mothers working outside the home, maternity protection provide a conducive and supportive environment to continue breastfeeding their babies.
- A carefully developed and evidence-based ‘behaviour change’ communication programme with focused, actionable messages, like Ghana’s ‘Don’t give water for six months’, aids in reaching the target audience and leading to changes in behaviour.

**RESULTS**

- Nineteen countries in Africa have increased exclusive breastfeeding rates by 20% or more.
- Recent country experiences have been documented in five countries in Africa (Benin, Ethiopia, Ghana, Madagascar and Mali), along with others in Latin America and Asia. The study demonstrated the feasibility of improving practices through implementation at scale of a comprehensive approach, including promotion, support and protection of breastfeeding. It also showed the importance of community-based activities and the role of communities as partners, not recipients.

**Twice-yearly vitamin A supplementation through Child Health Days: Ethiopia, Madagascar, Tanzania, Uganda, Zambia and Zimbabwe**

**WHY IT'S IMPORTANT**

- It has been known for over a decade that vitamin A supplementation (VAS) of children under five at risk of vitamin A deficiency can reduce mortality from all causes by 23%. This was further supported by a recent *Lancet* series on child survival, which identified VAS as one of the key proven interventions to reduce child mortality.
- Achieving universal coverage of twice-yearly vitamin A supplementation is thus a key step towards meeting the MDG goal for child survival.

**KEY SUCCESS ELEMENTS**

- Child Health Days (CHDs) are a twice-yearly cycle of preventive services defined by local circumstances and epidemiological needs.
- They include an integrated package of high-impact interventions such as vitamin A supplementation (along with deworming, immunization, malaria prevention, nutrition education, promotion of key family care practices and antenatal care).
- CHDs build on primary health care infrastructure and staff, using a locally appropriate combination of fixed sites, outreach primary health care staff and other approaches.

**RESULTS**

- In Africa full protection with two doses of vitamin A doubled between 2001 and 2007 – from 39% in 2001 to 71% by 2007.
- A multi-country evaluation in six countries – Ethiopia, Madagascar, Tanzania, Uganda, Zambia and Zimbabwe – showed that CHDs achieved coverage above 80% of twice-yearly vitamin A supplementation, with coverage increases from 15 to 90 percentage points.
- Based on existing evidence on efficacy, child mortality rates are expected to fall in the countries that have increased vitamin A supplementation.

**Universal salt iodization: Burundi, Kenya, Nigeria, Uganda and Zimbabwe**

**WHY IT’S IMPORTANT**

- Iodine deficiency is the single most preventable cause of brain damage in children, and universal salt iodization is the most cost-effective strategy for eliminating it.
- Annually 13 million newborns in Africa remain unprotected from increased risk of brain damage due to iodine deficiency.

**KEY SUCCESS ELEMENTS**

- Documentation of country experiences shows that the essential requirements of successful salt iodization programmes are:
  - High-level government commitment, reflected in policy, legislation, standards and funding.
  - Continuous consumer education on the dangers of iodine deficiency and the benefits of iodized salt, leading to demand for it.
  - Regular monitoring and enforcement.
  - ‘Buy-in’ by salt producers, wholesalers and retailers.
  - A national coalition to monitor implementation and enforcement of laws.

**RESULTS**

- In Africa household consumption of iodized salt increased from 42% in 1995 to 63% by 2007; six countries have increased coverage by 20 percentage points or more and currently have coverage of at least 75%.
- Seven African countries have achieved the Universal Salt Iodization Goal (USI) of 90% household use of iodized salt: Burundi, Kenya, Lesotho, Nigeria, Tunisia, Uganda and Zimbabwe.

**Flour and Oil Fortification: Morocco**

**WHY IT’S IMPORTANT**

- The diets of poor families lack many vitamins and minerals that are essential for optimal health and productivity. They need diets rich in micronutrients, including animal products, fruits and vegetables. Poor families often cannot afford these foods or they are not available. Plus, everyday bulky foods do not offer the density of essential nutrients that people need, particularly during periods of high physiological needs and acute vulnerability. This is particularly the case for pregnant women and infants, along with children and adults who are suffering from infectious diseases such as HIV.
- It is well established that the most cost-effective strategies to address micronutrient malnutrition are fortifying major food vehicles like wheat or maize flour with iron, folic acid and other micronutrients and oil with vitamins A and D.
- Recent studies have shown that in most of sub-Saharan Africa diets are deficient in vitamin A and there is risk of zinc deficiency. Iron deficiency affects well over half of preschool children. The large scale of micronutrient malnutrition and its consequences for economic development call for immediate and large-scale action.

**KEY SUCCESS ELEMENTS**

- Passage of a law for flour and oil fortification.
- Government ‘ownership’ of the initiative.
- Strong collaboration between the Ministries of Health and Agriculture, the private sector, the university and international partners.

**RESULTS**

- A total of 79 mills are fortifying flour with iron and folic acid in

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Morocco. These mills produce 60% of the industrial flour consumed nationwide.

- Cooking oil is being fortified with vitamins A and D. Eighty % of the oil consumed in the country is fortified12.

Treating children with severe acute malnutrition: Ethiopia, Niger and Malawi

WHY IT’S IMPORTANT

- Recent WHO estimates have shown that mortality among children with severe acute malnutrition is 5 to 20 times higher compared to well-nourished children13.
- An estimated 16.4 million children suffer from moderate and severe acute malnutrition in Africa.

KEY SUCCESS ELEMENTS:

Community management of acute malnutrition (CMAM) is a comprehensive system for identifying, referring and treating children with acute malnutrition. It involves:

- Community-based screening.
- Referral to appropriate care, based on degree of wasting and presence of complications.
- Specific treatment protocols, food supplements and medicines.
- Monitoring and evaluation and supply management.

RESULTS

- Ethiopia is implementing the largest programme ever – targeting 100,000 new admissions into CMAM per month.
- Malawi is close to reaching countrywide coverage with CMAM, aiming to reach 14,000 new admissions per month.
- Niger has scaled up integrated management of acute malnutrition.
- The link between acute malnutrition and mortality is well established, so effective treatment or prevention of acute malnutrition is widely expected to have a significant impact on the mortality of young children in these countries.

Targeted cash transfers: Malawi, South Africa and Zambia

WHY IT’S IMPORTANT

- Extremely poor families lack the cash to buy nutritious foods and the access to basic social services their children need for good nutrition and health.

KEY SUCCESS ELEMENTS

- Providing small, predictable sums of money to these families is a relatively new and successful strategy to alleviate household hunger and poverty.
- Such grants give recipients greater freedom of choice in consumption decisions and help reach the most vulnerable – rural and urban poor and those affected by HIV.

RESULTS

- A number of cash transfer programmes in Africa (Malawi, South Africa and Zambia; see table below) have demonstrated a large and positive impact on nutritional status, food consumption, dietary diversity, reduced incidence of illness and demand for health services14.

<table>
<thead>
<tr>
<th>Country</th>
<th>Programme</th>
<th>Year</th>
<th>Individuals covered</th>
</tr>
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<tbody>
<tr>
<td>Malawi</td>
<td>Social cash transfer scheme</td>
<td>2008, 2012</td>
<td>25,000, 260,000</td>
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<tr>
<td>South Africa</td>
<td>Child support grant</td>
<td>2008</td>
<td>9,000,000</td>
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<tr>
<td>Zambia</td>
<td>Social cash transfer scheme</td>
<td>2007-2008</td>
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