Nutrition

The situation

Malnutrition rates have been falling in Namibia, but too many children still continue to be trapped in the clutches of a devastating condition. One in four young children suffer from stunting and are too short for their age. Stunted growth not only slows down bone growth; it also delays children’s cognitive and social development and impairs school performance. This level of chronic malnutrition also shows how inequitable life opportunities are for many children in the country.

- Children living in rural areas are twice as likely to be stunted than urban children.
- Children from the poorest households are three times more likely to be stunted than children from the wealthiest households.
- Children whose mothers have no education are almost four times more likely to be stunted than children whose mothers have secondary education or higher.

Children become malnourished because their nutritional needs are not properly met in the first two years of life. In Namibia, only half of babies under 6 months are exclusively breastfed and complementary food is often introduced before 6 months, with serious implications for mother-to-child transmission of HIV, if the mother is HIV-positive.

Added to the danger of giving very young babies anything other than breastmilk are unhygienic habits such as open defecation and not washing hands at critical times. Only 22 per cent of the poorest households have access to soap and water for handwashing, and in rural areas 73 per cent of people use the open bush as a toilet. Namibian households also suffer from regular shocks such as drought, floods and rising food prices, further exacerbating child malnutrition.

**Children from the poorest households are three times more likely to be stunted than children from the wealthiest households.**

- 24% of children under 5 in Namibia are stunted
- 6% of children under 5 are wasted
- 13% of children under 5 are underweight
- 84% of children under 5 are supplemented with vitamin A

Only 49% of babies under 6 months are exclusively breastfed

Only 21% of young children are breastfed up to the recommended age of 2 years

**Source:** Demographic and Health Survey (DHS) 2013
UNICEF in action

As malnutrition is not only an issue of health, solutions need collaboration in the areas of nutrition, food security, health and sanitation and hygiene. In response, UNICEF is working with partners to mount a coordinated multi-sectoral response to reduce stunting in children under 5 to less than 20 per cent by 2018.

Results for children

The National Alliance for Improved Nutrition (NAFIN) was launched in 2010 to bring public and private partners into a shared space for action in nutrition. This multi-stakeholder platform is convened by the Office of the Prime Minister and is responsible for coordinating the implementation of the National Nutrition Strategic Plan (2010). UNICEF, along with other United Nations agencies, line ministries and civil society organisations, is active in NAFIN.

Namibia also joined the Scaling Up Nutrition (SUN) movement in 2011 and developed a SUN Country Implementation Plan (SUNCIP) in 2012. The SUNCIP aims to reduce the percentage of stunted children under 5 from 29 per cent to 20 per cent, reach all pregnant women and children under 5 with effective nutrition interventions, and save the lives of 26,000 children under 5 by reducing stunting, increasing exclusive breastfeeding and increasing the treatment of severe acute malnutrition by 2016.

In addition, there are a variety of nutrition-specific strategies and guidelines covering infant and young child feeding, micronutrient deficiency control, acute malnutrition management, and nutrition management for people living with HIV and AIDS.

The exclusive breastfeeding rate increased from 24 per cent in 2006 to 49 per cent in 2013. UNICEF greatly contributed to this national achievement through its facility- and community-based interventions in infant and young child feeding, in collaboration with the Ministry of Health and Social Services and Namibia Red Cross Society (NRCS).

In response to the drought emergency in 2013/14, UNICEF supported the NRCS and government partners in five arid northern regions to prevent a nutritional crisis. NRCS staff and health extension workers were trained to screen for acute malnutrition and to promote basic hygiene. Community-based infant and young child feeding activities in the drought-affected areas resulted in nearly 4,700 children and pregnant women being screened. Of these, close to 2,530 were referred to health centres for further assessment and treatment.

What more needs to be done?

UNICEF will continue building momentum and action around nutrition by:

- Technically and financially supporting the implementation of the National Code of Marketing of Breastmilk Substitutes and the Mother-Baby Friendly Initiative,
- Helping develop and implement a communication strategy for infant and young child feeding practices,
- Providing technical support to NAFIN to implement SUNCIP,
- Advocating for nutrition-related legislation and policies,
- Supporting the Ministry of Health and Social Services to develop community-based nutrition service delivery and monitoring systems,
- Advocating for improved maternity protection,
- Promoting nutrition in schools and school feeding programme,
- Scaling up school feeding programmes to diversify nutrition,
- Assisting the Ministry of Health and Social Services, academic institutions and non-governmental organisations to build human resource capacity in nutrition.