



Nutrition among Children with Disabilities: Challenges and Opportunities for Zambia.

BY SALIM KAUNDA

(PMRC HEAD OF RESEARCH AND ANALYSIS)

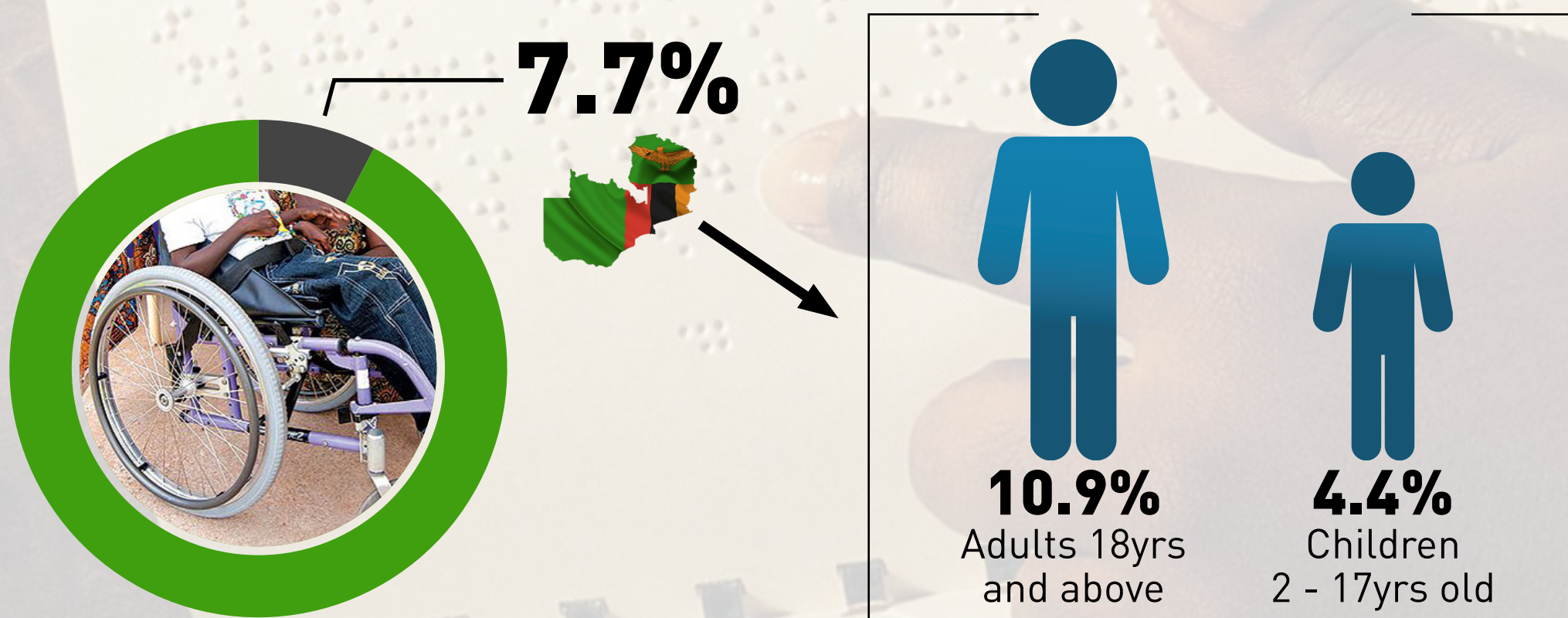
INTRODUCTION

- **Malnutrition and disability** are both development and social problems among children in Zambia and are both a cause and consequence of each other.
- A **dual link exists** between **nutrition and disability** among children as **lack of nutrition** can be a cause and result of disability in the same way persons with disability are at risk of increased malnutrition.

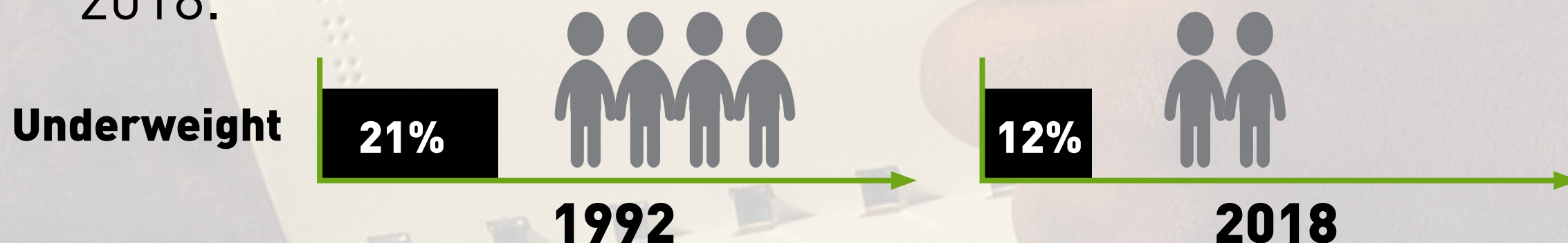


- The relationship can be analyzed as a **two-way interaction**.
 - a. On one hand, several types of disability can be caused by malnutrition; through lack of **micronutrients or macronutrients** or exposure to **high concentrations of antinutrients** (*e.g. toxins in poorly processed cassava which can lead to permanent neurological damage*).
 - b. On the other hand, **disability can lead to malnutrition due to decreased nutrient intake**, increased nutrient loss

- The **2015 Zambia National Disability Survey** estimates that **7.7%** of the people in Zambia are disabled, **10.9%** are adults 18 years and above and **4.4%** are children aged between 2 and 17 years old.



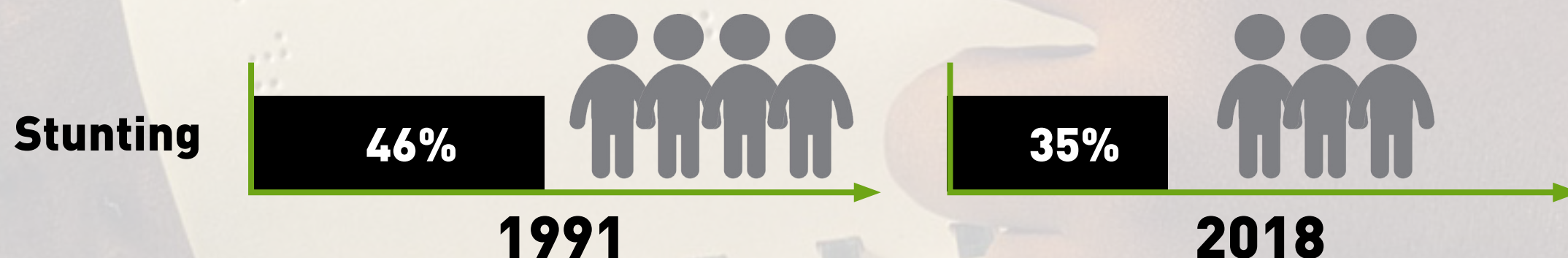
- The survey sampled **3,882 children** aged between 2 and 17 years, and **954** were identified with different forms of disability. The data on the cause of disability for children as reported in the survey report indicates that **40%** were as a result of birth or **congenital** and **31%** due to disease/illness
- Zambia has recorded some progress in **reducing stunting, underweight and wasting.**
- Underweight has improved from 21% in 1992 to 12% in 2018.



- **Wasting** among children has reduced from **6% in 1992** to acceptable levels of **4% in 2018** which is acceptable by WHO standards.



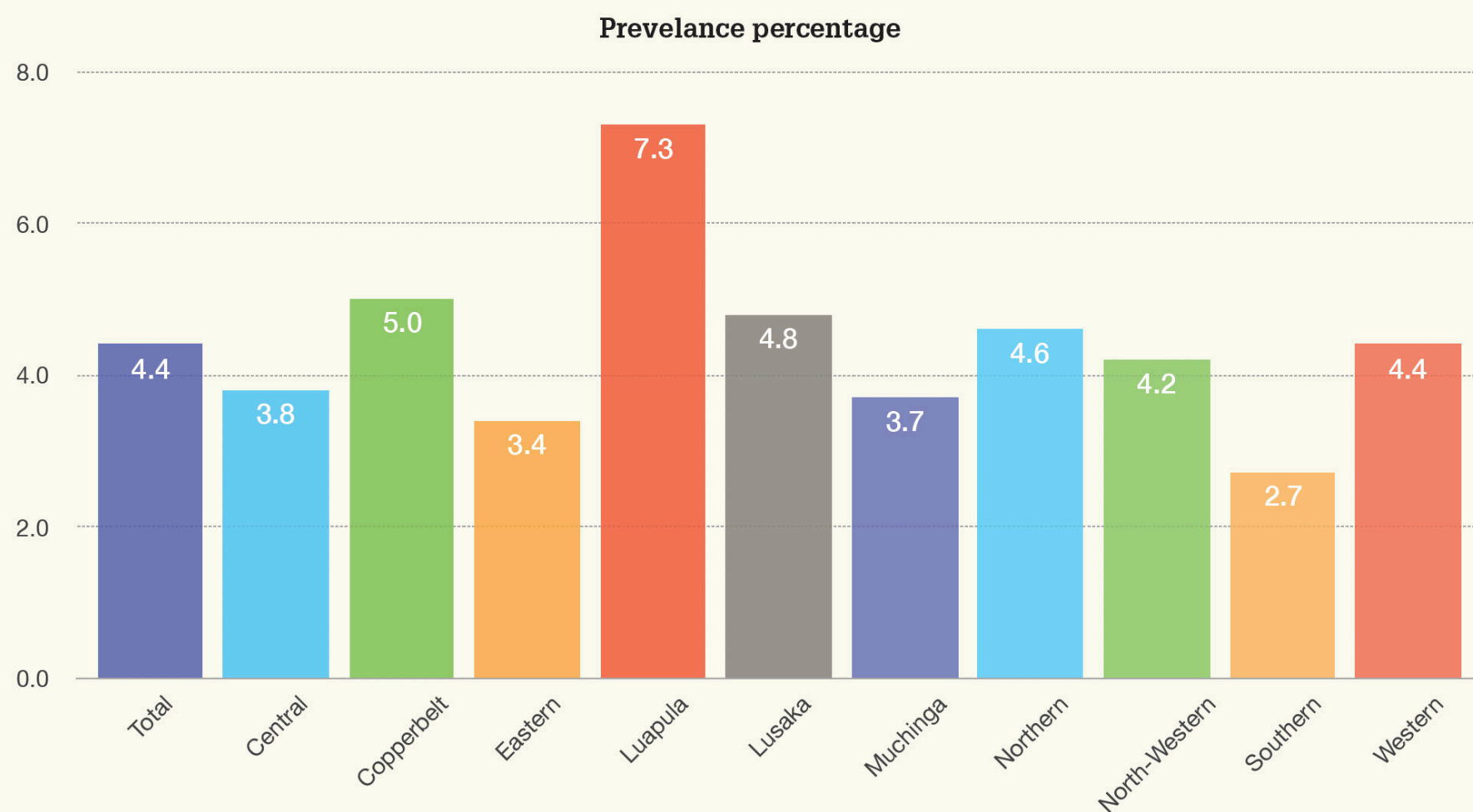
- **Stunting** has reduced from 46% in 1991 to 35% in 2018.



FINDINGS

A. Link between disability and nutrition in Zambia

Figure 4. Prevalence of disability among children 2-17 years by Province



Source: Zambia National Disability Survey Report 2015

The report used the **incidence of lack of iron** to analyse the relationship that exist between nutrition and disability: The graph shows that there are a number of points of convergence between child disability and malnutrition in Zambia through the levels of stunting and prevalence of anemia which is a lack of iron in children. From the graph, the following observations can be made:

- **Luapula has the highest prevalence of child disability (7.3%)** and Anaemia **(71%)** and second highest prevalence of stunting **(45%)** in children under the age of five (5). The prevalence of all the three indicators in the province are above the national prevalence rates.
- **Northern Province with the highest prevalence of stunting (46%)** is one of the provinces with higher levels of both disability **(4.6%)** and Anaemia **(61%)** which are above national prevalence of **4.4%** and **58%** respectively.

- **Southern Province has both the lowest prevalence of disability (2.7%) and stunting (29%)** all are below the national average and when compared to other provinces. The prevalence of anaemia (56%) in the province is below the national average of 58%.
- Rate of stunting in Zambia does not currently meet the Malabo declaration aspiration **15%**. according to the ZHDS (2018), the stunting rate in Zambia is around 35%.

B. Challenges

Poverty: Access to sufficient nutritious food is often an issue of concern to families who have a member with disabilities because of poverty and unequal distribution of resources within the household. **Poverty is even more severe in female headed households** *which usually have minimal support from family members leading to most of them being economically inactive or involved in low income generating activities because they dedicate all their time nursing the child with disability.*

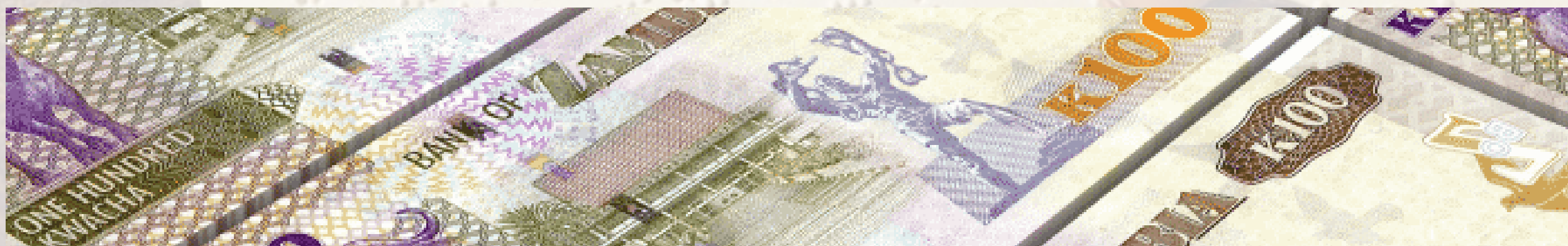
Community misconception and stigma: There is widespread misconception and stigma against children with disabilities in most societies. **Most of these children suffer from isolation, abuse and marginalization by communities and relatives in some cases.** Culturally, some parents isolate and hide their children with disabilities from society, subsequently hindering them from receiving the much needed help.

Insufficient budgetary allocation towards child nutrition: There has been **insufficient budgetary allocation towards child nutrition** over the years.

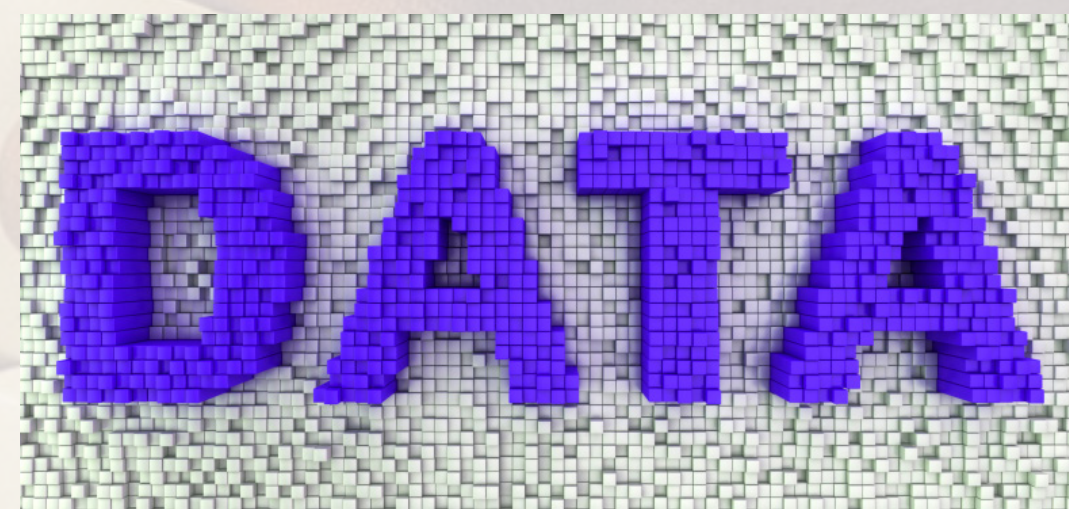
- In 2015, Government made a commitment at the **National Nutrition Summit** to allocate K300 per child annually towards child nutrition.



Insufficient budgetary allocation towards general child health: Over the years, there has been an increase in donor funding towards the fight against malnutrition and general child welfare. *For example, the allocation in the Ministry of Health towards nutrition reduced from K19,254,015 in 2018 to K17,395,265 in the 2019 Budget thereby affecting programs meant to improve child nutrition. Another allocation that has been reduced is towards the integrated management of childhood illness which reduced by K900,000 in 2019.*

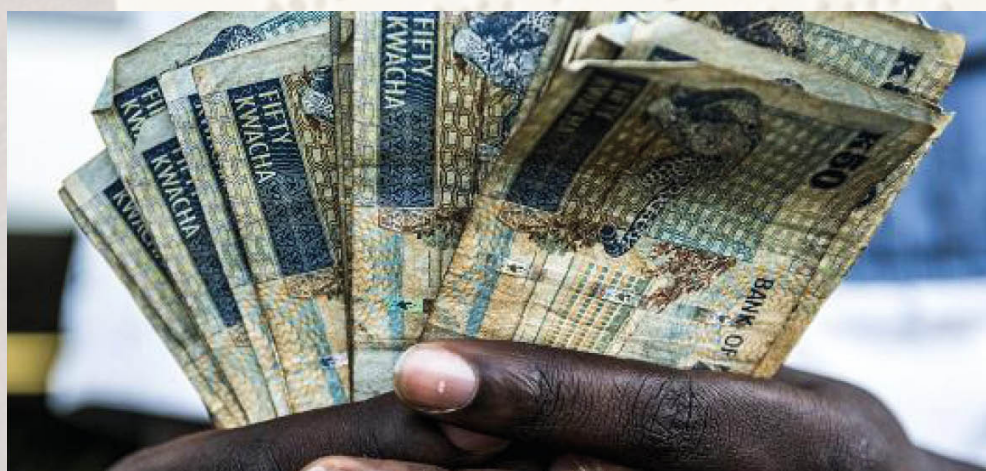


Lack of timely and consistent data: Data on disability is a challenge in Zambia. This is mainly attributed to the lack of a uniform definition of disability making it difficult to ascertain the prevalence and types of disabilities in the country.



C. Opportunities

Social cash transfer: The deliberate move by the Zambian Government to include persons with disabilities and their household as beneficiaries on the Social Cash Transfer scheme offers an opportunity for improved nutrition among children with disabilities. *In eight programmes in Sub-Saharan Africa (Ethiopia, Kenya, Lesotho, Malawi, Mozambique, South Africa, Uganda and Zambia), food security improved as a result of receiving CTs because the majority of the transfer income was spent on food.*



E-voucher: The e-Voucher program by the Government offers opportunities for improved nutrition for children as one of its objectives is to diversify production. The diversification efforts through the e-Voucher offers an opportunity for households to diversify their diets and their agricultural income through fish farming and rearing of animals thereby having a possible positive impact on diets especially for children.



Home grown school feeding program: the Zambian Government with the help of cooperating partners, has been implementing the **home school feeding program** which currently has **1 million** learners in various schools countrywide. This program on the other hand offers an opportunity for diversification of diets at household level and a source of income for beneficiary households.

Recommendations

The following are some of the PMRC recommendations:

1. There is need to **increase funding towards child nutrition and rehabilitation centres** for children with disabilities. The increase in funding could go towards expansion of rehabilitation centres which are usually far especially in rural areas and employment of more nutritionists and nurses that support children with disabilities in communities.
2. There is need to improve **access to education for children with disabilities** through actualization of the provisions of the education policy. While the education policy is categorical on the need to increase access to education for children with disabilities, these targets have not been actualized as there are no adequate assistive devices necessary for the children to access education.

3. There is need for **increased funding** towards early **childhood education** as a means for early identification of different disabilities and potentials. This recommendation is based on the argument that early childhood education increases the probability of identifying children with special needs which may help in starting early interventions. *In Zambia where early identification of children with special educational needs has remained a challenge, early childhood education centres can help in early identification of children with special educational needs.*
4. There must be an improvement in the **timely collection of data** for both disability and nutrition for children. This data, if well managed and coordinated, would help program implementers with problem identification, program planning and execution of efforts aimed at improving nutrition among children with disabilities.

5. Government is encouraged to consider formulating and implementing a **Social Protection Policy for persons living with disabilities**. This policy would improve programme targeting for persons with all forms of disabilities.
6. Government is urged to consider using the **multi-sectoral approach** in funding towards nutrition programs. The individual budgetary allocations to ministries are unlikely to reinforce one another as resources are being spread. The multi-sectoral approach will lead to nutrition-specific budgeting, reporting and tracking thereby realizing value for money of nutrition interventions.
7. There is need for deliberate efforts towards nutrition education for mothers and caregivers of children with disabilities. One such path can be through the **Social Cash Transfer Scheme**, which deliberately targets households that have children with disabilities. Caregivers can be trained in food preparation and food requirements for children with disabilities in order to improve nutrition among them.

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Ministry of National Development Planning Complex,
Corner of Nationalist & John Mbita Roads, Ridgeway, Lusaka -Zambia.
Private Bag KL 10 | Tel: +260 211 269 717 | +260 979 015 660
info@pmrczambia.net | www.pmrczambia.com