



NUTRITION at a GLANCE

NAMIBIA



Country Context

HDI ranking: 128th out of 182 countries¹

Life expectancy: 61 years²

Lifetime risk of maternal death: 1 in 170²

Under-five mortality rate: 42 per 1,000 live births²

Global ranking of stunting prevalence: 56th highest out of 136 countries²

Technical Notes

Stunting is low height for age (too short).

Underweight is low weight for age (too small).

Wasting is low weight for height (too thin).

Current stunting, underweight, and wasting estimates are based on comparison of the most recent survey data with the WHO Child Growth Standards, released in 2006. They are not directly comparable to the wealth quintile data shown in Figure 2, which are calculated according to the previously-used NCHS/WHO reference population.

Low birth weight is a birth weight less than 2500g.

The methodology for calculating nationwide costs of vitamin and mineral deficiencies, and interventions included in the cost of scaling up, can be found at: www.worldbank.org/nutrition/profiles

The Costs of Undernutrition

- Over one-third of child deaths are due to undernutrition, mostly from increased severity of disease.²
- Children who are undernourished between conception and age two are at high risk for impaired cognitive development, which adversely affects the country's productivity and growth.
- Childhood anemia alone is associated with a 2.5% drop in adult wages.⁵

Where Does Namibia Stand?

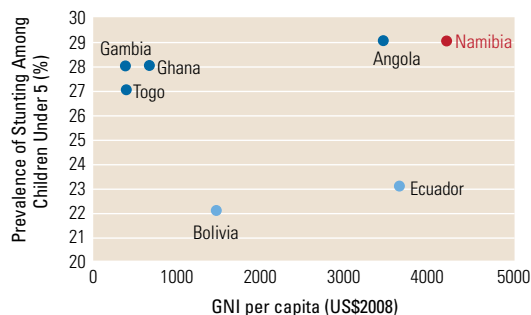
- 29% of children under the age of five are stunted, 17% are underweight, and 8% are wasted.²
- 16% of infants are born with a low birth weight.²
- Namibia will not meet MDG 1c (halving 1990 rates of child underweight by 2015) with business as usual.⁶

Most of the irreversible damage due to malnutrition happens during gestation and in the first 24 months of life.⁶

As seen in **Figure 1**, Namibia has higher rates of stunting than countries the same region with lower incomes, such as Ghana, Togo, and The Gambia. With similar per capita income, Ecuador exhibits much lower rates of child stunting, which shows that it is possible to achieve better nutrition outcomes despite low income.

Undernutrition is not just a problem of poverty. As **Figure 2** shows, children are stunted in 13 percent of the richest households. This is not

FIGURE 1 Namibia Has Higher Rates of Stunting than Lower-Income Peers



Source: Stunting rates were obtained from WHO Global Database on Child Growth and Malnutrition. GNI data were obtained from the World Bank's World Development Indicators.

Annually, Namibia loses over US\$69 million in GDP to vitamin and mineral deficiencies.^{3,4} Scaling up core micronutrient interventions would cost US\$1 million per year.

(See *Technical Notes* for more information.)

Key Actions to Address Malnutrition:

Increase nutrition capacity within the Ministries of Health and Agriculture.

Improve infant and young child feeding through effective education and counseling services.

Implement multiple solutions to tackle anemia including deworming and multiple micronutrient sachets for young children, and iron supplementation for pregnant women.

Achieve universal salt iodization.

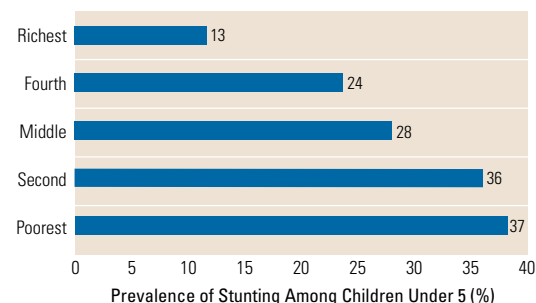
Improve dietary diversity through promoting home production of a diversity of foods and market and infrastructure development.

typically an issue of food access, but of caring practices and disease.

Vitamin and Mineral Deficiencies Cause Hidden Hunger

Although they may not be visible to the naked eye, micronutrient deficiencies impact well-being, and are widespread in Namibia, as shown in **Figure 3**.

FIGURE 2 Undernutrition Affects All Wealth Quintiles: Poor Infant Feeding Practices and Disease are Major Causes



Source: DHS 2006/07 (figures based on NCHS/WHO reference population).

Poor Infant Feeding Practices

- 29% of all newborns in Namibia do not receive breast milk within one hour of birth.²
- 3 out of 4 infants under six months are not exclusively breastfed.²
- During the important transition period to a mix of breast milk and solid foods between six and nine months of age, over 1 in 4 infants are not fed appropriately with both breast milk and other foods.²

Solution: Support women and their families to practice optimal breastfeeding and ensure timely and adequate complementary feeding. Breast milk fulfills all nutritional needs of infants up to six months of age, boosts their immunity, and reduces exposure to infections.

High Disease Burden

- Undernutrition increases the likelihood of falling sick and the severity of disease.
- Undernourished children who fall sick are much more likely to die from illness than well-nourished children.
- Parasitic infestation diverts nutrients from the body and can cause blood loss and anemia.

Solution: Prevent and treat childhood infection and other disease. Hand-washing, deworming, zinc supplements during and after diarrhea, and continued feeding during illness are important.

Limited Access to Nutritious Food

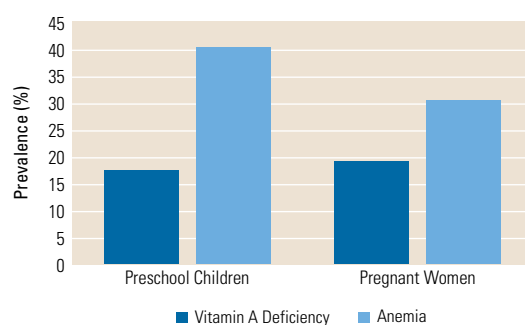
- 19% of households are food insecure, according to a measure of per capita access to calories.⁷ Many more households likely lack access to diverse diets year round.
- Achieving food security means ensuring quality and continuity of food access, in addition to quantity, for all household members.
- Dietary diversity is essential for food security.

Solution: Involve multiple sectors including agriculture, education, social protection, transport, gender, the food industry, health and other sectors, to ensure that diverse, nutritious diets are available and accessible to all household members.

References

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2. UNICEF. 2009. *State of the World's Children*.
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8. WHO. 2009. *Global Prevalence of Vitamin A Deficiency in Populations at Risk 1995–2005*. *WHO Global Database on Vitamin A Deficiency*.
9. WHO. 2008. *Worldwide Prevalence of Anemia 1993–2005: WHO Global Database on Anemia*.
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FIGURE 3 High Rates of Vitamin A and Iron Deficiency Contribute to Lost Lives and Diminished Productivity



Source: 1995–2005 data from the WHO Global Database on Child Growth and Malnutrition.

- **Vitamin A:** Almost one-fifth of preschool aged children and pregnant women are deficient in vitamin A (18% and 19%, respectively).⁸ Supplementation of young children and dietary diversification can eliminate this deficiency.
- **Iron:** Current rates of anemia among preschool aged children and pregnant women are 41% and 31% respectively.⁹ Iron-folic acid supplementation of pregnant women, deworming, provision of multiple micronutrient supplements to infants

and young children, and fortification of staple foods are effective strategies to improve the iron status of these vulnerable subgroups.

- **Iodine:** One-third of households do not consume iodized salt,⁶ leaving children in those households unprotected from iodine deficiency disorders.
- Adequate intake of micronutrients, particularly iron, vitamin A, iodine and zinc, from conception to age 24 months is critical for child growth and mental development.

World Bank Nutrition-Related Activities in Namibia

The World Bank is not currently supporting any nutrition-related activities in Namibia.

Addressing undernutrition is cost effective: Costs of core micronutrient interventions are as low as US\$ 0.05–3.60 per person annually. Returns on investment are as high as 8–30 times the costs.¹⁰

