



Republic of Zambia

Nutrition Key Messages for the First 1000 Most Critical Days of Life



Preamble

At the global level, experts have agreed on a package of effective nutrition interventions to reduce the levels of stunting. These interventions are called priority interventions also known as the “minimum package”. There are fourteen priority interventions that Zambia has selected to implement based on the problems affecting nutrition in the country (See fact sheet).

This document shares the key messages under the priority interventions that need to be communicated to families and caregivers of children under the age of two. To better achieve this, implementers need to communicate the same messages in various ways and on different platforms so as to help families learn better and in turn improve behaviours around maternal and child health and nutrition.

Therefore, NFNC and partners found it necessary to provide you, our nutrition champions, with a guide on the key messages to focus on when promoting behaviour change around issues that affect nutrition in your community through your own special means and platforms. These key messages can also be used by anyone trying to promote positive nutrition behaviours.

We trust that you will allow these key messages to guide you in your nutrition advocacy journey for the betterment of the lives of mothers and children in Zambia.

1. Adolescent and Maternal Nutrition

Human reproduction is a special but complex process that requires favorable states of health and nutrition. When a woman conceives in the presence of poor nutritional status it increases the likelihood that the mother's wellbeing, baby's growth and development, and the future of the child will be compromised. Young girls, adolescents and pregnant women need to eat a variety of foods to stay healthy and to have healthy babies.

Below are some factors that affect a woman's nutritional status:

- **Childhood under-nutrition** – Many adolescent girls and young women have had poor nutrition all their lives. Girls who are born with a low birth weight (less than 2.5 kg) or do not eat different types of food in the first 2 years of life become stunted and give birth to undernourished babies later in life, who are at risk of becoming stunted.
- **Lack of variety in the diet** – Eating different kinds of foods every day is what will ensure optimal nutritional status before and during pregnancy. These foods need not be expensive - wild fruits, traditional vegetables, local legumes and cereal grains all contain a lot of energy and a variety of nutrients.
- **Heavy physical workload** – Most women spend many hours doing physical work every day, even when pregnant. The body uses a lot of energy and nutrients during physical labour yet most of these women do not eat enough food to meet their nutritional needs before and during pregnancy to compensate for the nutrients and energy lost.
- **Increased nutritional needs** – The nutritional needs of females in adolescence and during pregnancy and breastfeeding are much

higher than during childhood. Therefore, as young girls grow and when they fall pregnant and start breastfeeding, their diets need to improve to meet the increased need for energy and nutrients. It is also advised to ensure child spacing of at least 2 years in order to allow a woman to replenish her body with more energy and nutrients before falling pregnant again.

- **Some girls have babies when they are too young** – the start of a girl's menstrual periods does not mean she is ready to start having children. If she becomes pregnant it interferes with her own growth and development. She and the baby compete for the same amount of energy and nutrients from food.
- **Customs and traditions** – In some communities it is the custom for men to have the largest share of food at meals. A woman may not get a fair share of the food to meet her nutritional requirements. Moreover, there may be some beliefs around food that discourage women from consuming certain foods that are high in nutrients.

2. Iron and Folate Supplementation (especially during Pregnancy)

Iron and folate are critical discussions in nutrition before and during pregnancy because the need for these nutrients substantially increases among women of child bearing age (15-49 years). Lack of these essential minerals may result in child birth defects, premature births, low-birth weight babies, anemia, and prolonged illness that increase the risk of death of both mother and child. Many foods contain iron and folate; however, during pregnancy iron supplementation/tablets are necessary because food alone does not supply the required amount of iron and folate to support the pregnancy.



KEY MESSAGES

- Pregnant women should begin attending antenatal clinics as soon as they suspect they could be pregnant so that they receive the iron and folate supplements as well as other health services in time.
- Encourage pregnant women to take iron and folate tablets to prevent anaemia, birth defects and other complications.
- Advise families that adolescent girls and mothers should eat a variety of foods to obtain iron and other nutrients so that they can stay healthy and have healthy babies. Iron and folate rich foods include green leafy vegetables, unrefined cereal grains, foods that have iron and folate added to them (fortified foods), milk, eggs and meat.

3. Breastfeeding (early initiation, exclusive breast feeding and continued breast feeding)

*The first, thick and yellowish milk that is released from the breasts (colostrum) provides the first immunization to protect the baby from infections. Early start of breastfeeding within an hour of giving birth ensures that the baby not only begins to bond with the mother but also receives this vital milk. It is well researched that breast milk alone is enough for the first 6 months of a child's life. Any additional foods before the age of 6 months presents a number of complications that can risk the child's life or inhibit proper growth and development. After the age of 6 months the child is ready to receive other foods in addition to breast milk. This is because at this age the child is better able to digest other foods, and breast milk alone is no longer enough to provide all the necessary nutrients; **but** it still contains substances needed for the child to continue growing well.*



KEY MESSAGES

- Mothers should breastfeed their babies within the first hour of birth.
- Encourage mothers to give their children the first yellowish milk after delivery (colostrum)
- Encourage mothers to breastfeed exclusively for the first six completed months because breast milk contains all the nutrients that the baby needs for good health, growth, and development.

- Lactating mothers should be encouraged to frequently breastfeed their babies; the more the baby suckles the more milk will be produced.
- Encourage mothers to exclusively breastfeed for the first 6 months regardless of their HIV status, and provided they take their medication as prescribed by a health worker.
- Mothers should continue breastfeeding for up to 2 years or beyond because breastmilk continues to contribute to the child's nutrition.

4. Complementary Feeding Practices

After 6 completed months of life, breast milk alone is no longer sufficient to meet the nutritional and energy requirements of the baby. Therefore, additional foods should be introduced in small frequent amounts with continued breastfeeding up to 2 years or beyond to meet the demands of the growing baby. Moreover, the additional foods introduced must be of the correct texture, consistency, contain a variety of nutrients, and must be hygienically prepared and stored to ensure good nutrition. There are a number of traditional Zambian foods that are rich in nutrients and can be prepared for the baby.



KEY MESSAGES

- Encourage mothers to continue breastfeeding at least up to 2 years.
- Children need to be fed 3 or 4 main meals a day *with continued breastfeeding*.
- Sick children are more at risk of malnutrition; therefore encourage caregivers to give small, frequent meals in addition to breastmilk to help sick children recover quickly.

- Encourage caregivers to wash their hands with soap/ash and clean water before handling the baby's food and after changing babies' diapers to prevent diarrhoea and other infections.
- Encourage care givers to supervise the feeding of children less than 2 years to ensure that they eat enough food at each meal.
- Children need to be fed from a separate plate so as to monitor how well and how much they have eaten.
- Promote the use of traditional Zambian foods that can be prepared for children after the age of 6 months e.g. Orange fleshed sweet potatoes, beans, various green leafy vegetables, pumpkins, groundnut porridge, chikanda, etc.

5. Diverse diets for pregnant and lactating mothers


The 270 days (9 months) of pregnancy are the most intense days of growth and development that a human can ever experience. The efficiency of this process depends on a number of factors some of which we can control and some that we cannot control. One such factor we can control is the nutritional status of both the mother and developing child. It is important for pregnant women to eat different food items to meet their energy and nutritional needs and those of the developing baby. This supports health even after the baby is born. Eating a varied diet before pregnancy is equally important as it prepares the body to cope with the nutritional demands of pregnancy.



KEY MESSAGES

- Encourage pregnant women to eat foods rich in protein, energy, vitamins and minerals every day for a healthy pregnancy. For example cereal grains, fruits, vegetables, nuts, beans, eggs, fish and meat.
- Promote consumption of locally available foods such as wild fruits and vegetables because they too are rich in vitamins and minerals and are more affordable.
- Remind families that over-cooking foods destroy vitamins and minerals. Foods must be processed and prepared in a way that nutrients are retained e.g. not cooking in too much water and

cooking foods for too long especially vegetables – rape, chibwabwa, lumanda etc.

- Encourage households to preserve enough foods to ensure their families have enough food all year round.
- Women should include animal-sourced foods in their diets to provide essential nutrients e.g. fish (small and large), ifinkubala, inswa, eggs and milk.
-  Address myths and misconceptions in your community that may affect nutrition such as “a pregnant woman should not eat eggs” or “women are not supposed to eat groundnuts”

6. Safe water, hygiene and sanitation

Water is essential for life and a critical component in nutrition. Unsafe drinking water and poor hygiene and sanitation can cause illness and compromise nutrient absorption. Water quality can be compromised by the presence of infectious agents, toxins and other harmful substances. Improvement in water and sanitation has significant effects on the health of the population by reducing diarrheal diseases.



KEY MESSAGES

- Encourage caregivers to boil or chlorinate water for drinking and domestic use to prevent water borne diseases such as cholera, dysentery and typhoid.
- Encourage caregivers to store water in clean and covered containers to avoid contamination.
- Encourage households to use ventilated improved pit latrines/toilets and cover the latrine holes after use to prevent spread of diarrhoeal diseases.
- Encourage families to dispose of children's faecal matter in latrines or toilets to prevent spread of diarrhoeal diseases.
- Disposable diapers need to be disposed of correctly by getting rid of the solid waste in the toilet or latrine, then covering the dirty

part with the clean part using the sticky strips and thrown away from where food is prepared, where people pass and where children play.

- Encourage care givers to wash hands with soap/ash and clean water before food preparation; before eating; before feeding children; after using the toilet; and after cleaning baby's bottom.

7. Growth Monitoring and Promotion

Growth monitoring and adequate nutrition counseling is very important in the detection, prevention and management of under nutrition. Men are decision makers in most households; they need to understand their role in ensuring good nutrition for the entire household but especially for women and children.



KEY MESSAGES

- Promote male involvement in growth monitoring and promotion (GMP) – Encourage men to accompany their children to the health facility for growth monitoring whenever possible.
- Encourage caregivers to take their children for immunisations at the health facility.
- Encourage caregivers to take their children for Growth Monitoring and Promotion (GMP) every month to ensure their child is growing well.
- Encourage caregivers to enquire from the health worker how their child is fairing in terms of growth.

8. Vitamin A supplementation

Vitamin A supplements promote growth and help protect children from infections and loss of sight. Children under the age of 5 years and especially those within the first 1000 most critical days need plenty of Vitamins A. It may be difficult to eat enough foods that have sufficient vitamin A, but it is possible to obtain vitamin A in capsules from a health center.



KEY MESSAGES

- Encourage caregivers to take their children to health facilities for vitamin A supplementation every six months starting from six months of age.
- Encourage families in your community to participate in child health week campaigns to learn more about vitamin A and the growth of their child.



9. De-worming

Many children in Zambia suffer from worm infestation. Most children like to pick food and other substances from the ground to put in the mouth. They play in soil which may contain worm eggs or they eat foods not properly washed or cooked. Regular intake of de-worming pills (at least once every six months) from the age of 1 year is important for preventing nutrient loss due to worms.



KEY MESSAGE

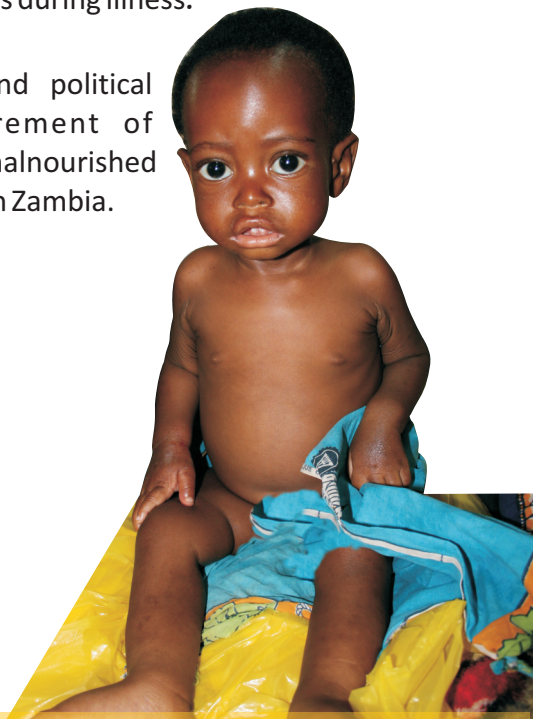
- Pregnant women and children need to take de-worming tablets to get rid of intestinal worms, which may contribute to anaemia and malnutrition.

10. Management of severe malnutrition

Early identification, referral, treatment and follow up of cases of severe malnutrition are aimed at reducing child mortality and mitigating stunting.

KEY MESSAGES

- Encourage caregivers to seek early treatment as soon as they notice loss of weight, swelling of feet, distended abdomen (pot belly) and loss or weak growth of hair in children.
- Encourage caregivers to continue medical treatment until baby is declared healthy by a health worker.
- Encourage mothers to continue breastfeeding up to two years and beyond and giving other foods during illness.
- Lobby through government and political leaders to support procurement of therapeutic feeds for severely malnourished children in your community and in Zambia.



11. Increased availability of diverse locally available foods

Nutrients of greatest concern and which many people do not have enough of are protein, iron, iodine, vitamin A, folate and zinc. These can be obtained by eating a variety of foods every day. A home garden can supply a family with a good amount of these nutrients and more all year round and the excess can be sold for income to buy other household items.

- Encourage families to grow different food crops.
- Encourage families to use preservation and storage methods that retain nutrients in foods.
- Encourage households to eat a varied diet on a daily basis rich in protein, energy, vitamins and minerals.
- Encourage women to increase their intake of locally available foods (local fruits and vegetables).
- Encourage households to rear small livestock like chickens, goats, rabbits to increase consumption of animal protein.



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