RÉVIEW OF COMMUNITY CHIL: CARE UNITS IN THE NUTRITION PROGRAMME - IRAO

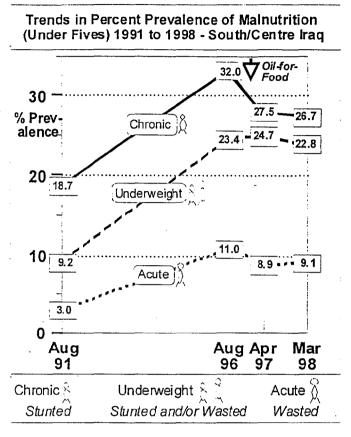
ANNEX III

Trends in nutritional status

As in all service sectors, the deterioration of the socio-economic situation in Iraq badly affected the health and nutritional status of the most vulnerable groups in the community: young children, pregnant women and nursing mothers. This resulted in a marked increase in the prevalence of malnutrition from 1991. The 1996 Multiple Indicator Cluster Survey (MICS) conducted by Iraq's Central Statistical Organization in collaboration with UNICEF, throughout all 18 governorates of Iraq, showed that the prevalence of underweight was 22.9%, chronic malnutrition 31.3% and acute malnutrition 10.1%.

South/Centre governorates

In the 15 governorates of South/Centre Iraq results of several other surveys conducted by the Ministry of Health and Nutrition Research Centre supported by UNICEF and WFP (World Food Programme in Iraq) are summarized in the graph and table. Prevalence rates appear to have stabilized since the onset of the oil-for-food programme.



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Comparison of Malnutrition Prevalence percentage in Under-fives for surveys in South/Centre Iraq

Under-five year olds		Prior household survey	Household survey baseline	PHC survey baseline	PHC survey follow-up
Malnutrition type	Indicator	Aug 91 [1]	Aug 96 [2]	April 97 [3]	Mar 98 [4]
Chronic (Stunting)	Low Height-for-Age	18.7%	32.0%	27.5%	26.7%
Underweight	Low Weight-for-Age	9.2%	23.4%	24.7%	22.8%
Acute (Wasting)	Low Weight-for-Height	3.0% -	11.0%	8.9%	9.1%

Surveys covered all 15 governorates

Aug 91 - International Study team (household) - results for South/Centre extracted

Aug 96 - Multiple Indicator Cluster Survey (household)

- Apr 97 Survey with Polio Immunization days at 87 PHC's
- [4] Mar 98

[1]

[2]

[3]

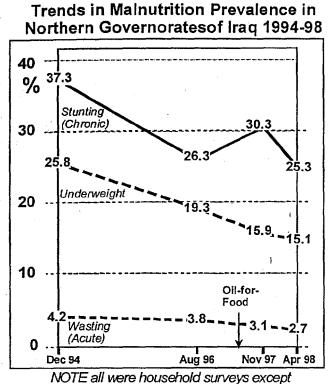
- Latest Survey with Polio Immunization Days at the same PHC's

Northern governorates

Results of surveys in the <u>three northern governorates</u> (Dohuk, Erbil and Suleimanayha) show a different pattern than that of the South/Centre. For all types of malnutrition (chronic, underweight and acute), there has been a gradual reduction in prevalence since 1994 (except for a slight increase of chronic in August 1996), with an probable leveling from November 1997 to April 1998. Further, the prevalence of acute malnutrition, reflecting a combination of recent diarrhoea and infections with feeding practices has remained relatively low (about 3%, compared with the South/Centre of 9%). Even so, the prevalence of

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chronic malnutrition, reflecting to a major extent the basic causes of malnutrition (such as education, power and poverty) remains high and comparable to most developing countries. (see related graph and table).



Apr 1998, based in Primary Health Centres

Comparison of Malnutrition Prevalence of Infants in recent surveys - Northern Iraq

	Indicator	Dec 1994	Aug 1996	Nov 1997	April 1998
Malnutrition type		Household (1)	Household (2)	Household (3)	PHC-based (4)
Chronic (Stunting)	Height-for-Age	37.3%	26.3%	30.3%	25.3%
General (Underweight)	Weight-for-Age	25.8%	19.3%	15.9%	15.1%
Acute (Wasting)	Weight-for-Height	4.2%	3.8%	3.1%	2.7%

Surveys covered all three northern governorates

Dec 94 - UNICEF - supported nutrition status survey (household)

Aug 96 - Multiple Indicator Cluster Survey (household)

Nov 97 - KAP survey (household)

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Mar 98 - Latest Survey with Polio Immunization Days at 30 PHC=s

The malnutrition prevalence is based on the percent of children below -2SD (standard deviations) compared with the WHO/CDC reference for children. A child=s weight is compared with the weight of a reference child the same age (weight-for-age) and length with the height or length of the reference child of the same age (height-for-age). For wasting, a child=s weight is compared with the weight of a reference child the same height/length (weight-for-height)