

Zimbabwe Nutrition Country Fiche

Stunting rather than wasting is the major nutritional problem in Zimbabwe. The political commitment to reduce chronic undernutrition is well articulated through the national policy and strategy on maternal and child nutrition and is beginning to achieve results after years of neglect. Nutrition has been adopted as a multi-sectoral development priority. The EU is well placed under the 11th EDF to support both health (nutrition-specific) and food security (nutrition-sensitive) interventions as well as support more effective nutrition governance.

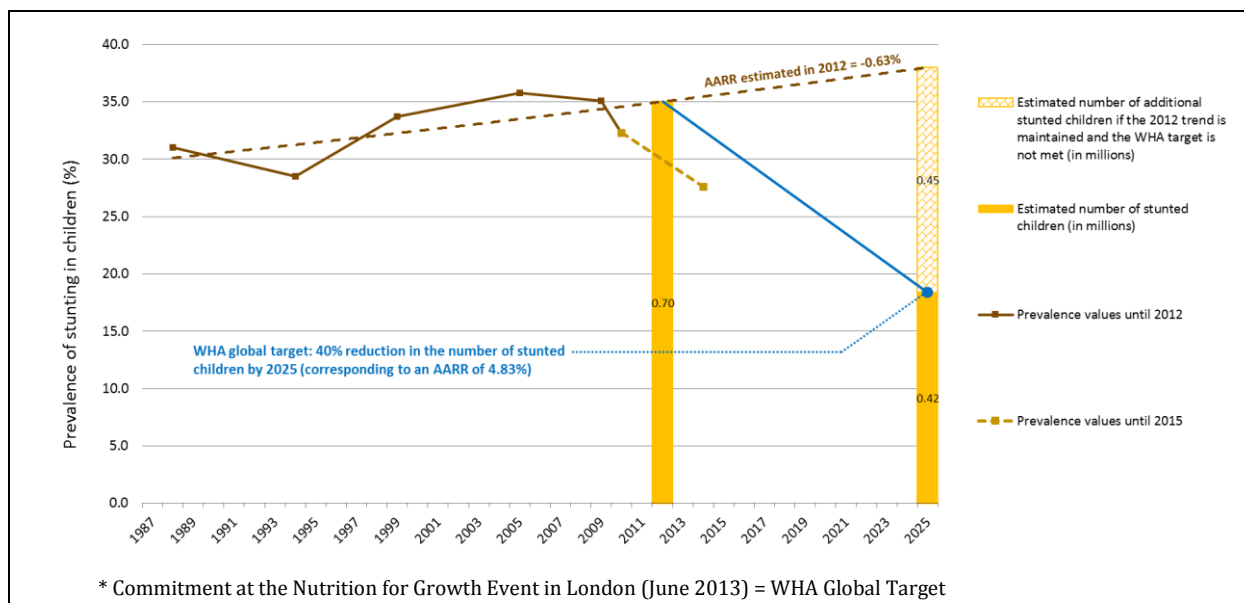
Progress against the World Health Assembly targets¹

WHA Nutrition Indicators	GNR 2015 analysis of progress ²
Stunting of children under-five years of age	Yellow
Wasting of children under-five years of age	Green
Overweight of children under-five years of age	Green
Anaemia of women of reproductive age	Red
Low birth weight	NA
Exclusive breastfeeding of infants under six months	Green

Data last referenced by EU

Prevalence	Year
27.6%	2014 ³
3.3%	2014 ³
3.6%	2014 ³
28%	2011 ⁴
10.1%	2014 ³
41.0%	2014 ³

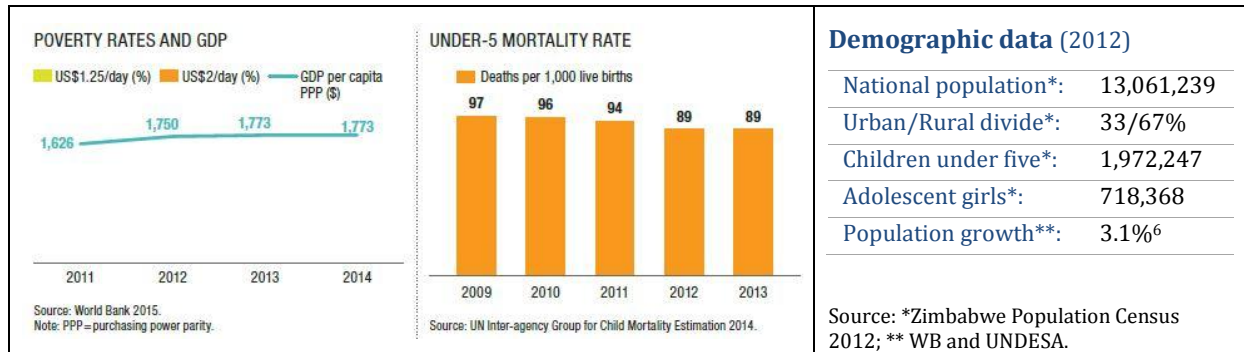
EU Analysis of Stunting Trends and Projections



Implications for Development Planners⁵

The line graph shows the historic trend in prevalence of stunting and the forward projection (based upon data until 2012) with the current average annual rate of reduction (AARR) of -0.63% (brown dotted line) as well as the projected AARRs of 4.83% (blue line) to meet WHA target. The Government's target is the same as the WHA target. In 2012, **700,000 children under-five were stunted**. Given the current trend and considering the population growth, 870,000 children will be stunted in 2025. However, the WHA target calls for additional efforts by government and development partners to reach an extra 450,000 children and avert them from stunting.

Economics and Demography



Key Dimensions of Nutrition

Chronic undernutrition (stunting) rather than acute undernutrition (wasting) is a key constraint to development in Zimbabwe especially in rural areas. Whilst rates of stunting among children under-five are moderate relative to other sub-Saharan countries, the prevalence rate has only marginally improved over the past 15 years. The number of children affected by stunting is projected to further increase. Early childhood mortality rates remain high. Applying global estimates, undernutrition is likely contributing to 12,000 child deaths per year. Areas categorised as “food secure” often have the highest prevalence of stunting. Evidence also exists of a close correlation between stunting and the mother’s level of education.

Nutrition Governance

Member of SUN Movement: Yes since 2011	HANCI ranking (out of 45): Not ranked
<p>Government’s commitment to nutrition (including N4G event): The Government of Zimbabwe committed to reduce stunting by 40% by 2025 at the Nutrition for Growth Event in London in June 2013.</p>	
<p>Multi-sectoral policy framework for nutrition: The new Zimbabwe Food & Nutrition Security Policy (FNSP) with a costed Implementation Plan/Matrix was launched in May 2013 and a National Nutrition Strategy (NNS) 2014-2018 launched in April 2015.</p>	
<p>Multi-sectoral platform for nutrition coordination: The Food and Nutrition Security Council is long-standing, but re-activated in 2010 and supported by a Food & Nutrition Security Advisory Group (including development partners).</p>	



Support of the EU and Member States

NIP Focal Sector(s) for nutrition 2014-2020: 1) Agriculture-based economic development; and 2) Health.

Enhance mobilisation and political commitment for nutrition:

Agriculture and Health sectors:

- EU responsible for SUN Donor Convener role including support and mobilising resources for the achievement of the Roadmap for Nutrition in Zimbabwe.
- Active participation in the Strategic Advisory Group to the Food & Nutrition Council (FNC) representing the donor community and advocating for support towards food and nutrition security in Zimbabwe.
- Appraise and strengthen information systems that contribute to a better understanding of the situation of food and nutrition security in Zimbabwe and more effective decision-making.
- Provide technical support to the Ministry of Agriculture to build the requisite capacity to mainstream nutrition in research, planning, policy development, M&E, training and extension services.
- Contribute to the Health Results & Planning Group, the Health Development Partners Coordination Group and the Health Development Fund in support of the National Health Strategy 2016-2020.

Scaling-up actions:

Agriculture and Health sectors:

- Support the implementation of the FNSP and the NNS 2014-2018.
- Develop and Implement a capacity development strategy for food and nutrition security committees (FNSCs) with specific reference to planning, information and analysis at the local level.
- Support multi-faceted interventions designed in response to district-level work plans including community-based projects, which target areas most affected by chronic food and nutrition insecurity.
- Establish the Zimbabwe Resilience Building Funding Mechanism with the objective to increase household resilience to cope with future shocks by promoting diversified livelihood initiatives.
- Contribute to the pooled Health Development Fund that focuses on strengthening the health systems and reducing child and maternal mortality as well as the prevalence of other communicable diseases.
- Support: (i) early detection and treatment of acute malnutrition; (ii) therapeutic feeding for cases of severe acute malnutrition; (iii) promotion of breastfeeding; (iv) control of parasitic diseases; (v) vitamin A and ferrous-sulphate supplementation; and (vi) immunisation through the health sector.

Strengthen expertise and knowledge-base:

Agriculture and Health sectors:

- Establish collaborative linkages with academic institutions for food security and nutrition research.
- Support context specific research on the causal analysis for stunting in Zimbabwe including environmental enteric dysfunction (EED), mycotoxin contamination and post-harvest practices.
- Support a common information system on food and nutrition security in Zimbabwe.
- Support the development of training materials (through UNICEF) and the training of nutrition staff.

¹ http://www.who.int/nutrition/topics/nutrition_globaltargets2025/en/

² Global Nutrition Report 2015. For stunting and overweight: red = "Off course: No progress", orange = "Off course: Some progress" or "On course: At risk", green = "On course: Good progress"; For exclusive breastfeeding: red = "Off course: Reversal" or "Off course: No progress", orange = "Off course: Some progress", green = "On course"; For wasting and anaemia: red = "Off course", green = "On course". In some cases the GNR analysis will differ from the EU analysis on stunting because the EU database precedes 2000 and projects trends from a longer historic perspective.

³ ZIMSTAT Multiple Indicator Cluster Survey (MICS) 2014.

⁴ Global Nutrition Report – 2015 Nutrition Country Profile Zimbabwe.

⁵ The figures presented here using the EC-DEVCO stunting tracking tool might differ from those generated by the WHO tracking tool (<http://www.who.int/nutrition/trackingtool/en/>) because there are differences in the methods used regarding: i. the calculation of the estimated numbers of stunted children in 2012; ii. the calculation of the target number of stunted children in 2025; iii. the demographic assumptions made; and iv. the historical stunting prevalence considered.

⁶ The Zimbabwe Population Census 2012 identifies an Annual Average Intercensal Growth Rate 2002-2012 of 1.1% which takes account of migration.