We can overcome Undernutrition:

Zimbabwe Case Study
Despite the attention raised through the first global International Conference on Nutrition (ICN) in 1992, the prevalence of stunting in Zimbabwe deteriorated from the early 1990s through until 2009. This has been a turbulent period in Zimbabwe’s history characterised by economic decline, rampant inflation and food shortages. Today, despite some very recent improvements, the level of stunting still affects more than one in four children, but with population growth, this affects many more children than it did in 1992. Today, fewer than one in five Zimbabwean children at the critical age of 6 to 23 months receive a minimum acceptable diet and nearly one in two rural households lacks access to a toilet facility leading to poor sanitary conditions.

Not just food in the stomach

One key issue in Zimbabwe is that much of the past attention to undernutrition has focused on areas of seasonal food insecurity and short-term fixes through humanitarian interventions. Underlying causes have been neglected. Paradoxically, the highest levels of stunting are often found in areas considered “food secure” where cereal (maize) production is concentrated. However, the current Food & Nutrition Policy for Zimbabwe now recognises that nutrition depends as much on the consumption of a diversity of foods, as well as access to essential social services. Both the Government of Zimbabwe and the EU have identified health and agriculture-based economic development as focal areas of the 11th European Development Funds (EDF) through the Zimbabwean National Indicative Programme for 2014-2020. The need to understand and address factors leading to poor nutrition have been prioritised and integrated into the response of both sectors. Furthermore, a third focal sector relates to governance and institution building which offers the opportunity to strengthen governance on food and nutrition security. Zimbabwe is one of eight countries where the EU assumes responsibility as the donor convenor for the Scaling up Nutrition (SUN) movement, which has been instrumental in driving nutrition up the international development agenda.

Nutrition in Zimbabwe: trends and ambitions

Targeted stunting reduction (million Under 5’s stunted children)

<table>
<thead>
<tr>
<th>Year</th>
<th>Beginning Prevalence</th>
<th>Targeted Stunting Reduction</th>
<th>Reduction needed to achieve WHA Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>35%</td>
<td>-0.63%</td>
<td>4.83%</td>
</tr>
<tr>
<td>2015</td>
<td>34%</td>
<td>-0.63%</td>
<td>4.83%</td>
</tr>
<tr>
<td>2020</td>
<td>33%</td>
<td>-0.63%</td>
<td>4.83%</td>
</tr>
<tr>
<td>2025</td>
<td>32%</td>
<td>-0.63%</td>
<td>4.83%</td>
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Target prevalence (WHA 2025): 18.4%

The prevalence of stunting among children below five-years of age in Zimbabwe persisted above 30% until the last nutrition survey conducted in 2014 when it dropped to 28%. A projection of this trend from the late 1980s indicates that the numbers of children affected by stunting will increase through until 2025 without additional efforts. This falls well short of the World Health Assembly (WHA) target which calls for additional efforts of government and development partners to reduce stunting in Zimbabwe further by 450,000 to approximately 420,000.

Effects of Stunting

Children who suffer from chronic malnutrition fail to grow to their full genetic potential, both mentally and physically. It significantly increases the likelihood of premature death, and those that survive are prone to ill health and are less able to contribute to an active and productive life. The condition is measured by stunting – shortness in height compared to others of the same age group – which manifests itself in the early life cycle of children, and the effects of which are irreversible.
Undernutrition - A Complex Problem

Zimbabwe has a population of just over 14 million people (2013), marginally less than Zambia. The graphic above shows that in 2012 nearly 650,000 children under the age of five years were affected by stunting and it is likely to be a similar number today, representing more than one in four children of that age category. This is a lower ratio than in either Zambia or Mozambique where at least one in three children is affected by stunting. Stunting is more prevalent in rural areas (30%) than urban areas (20%). The areas of mono-cropping and highest cereal production, are often those with the highest prevalence of stunting. Furthermore, whilst stunting is higher amongst the poor households, wealth does not always protect children from stunting. Much depends on the education and knowledge of the mother and/or the care-giver.

Hidden Hunger

Also the prevalence of micro-nutrient deficiencies (known as “hidden hunger” because it’s less visible) is high. Nearly one in three children aged 6 to 59 months and one in four pregnant women suffer from anaemia caused principally through iron deficiencies. The situation of Vitamin A deficiency is not much better. About 45% of all child deaths beyond infancy are attributed to undernutrition and this is borne out in the case of Zimbabwe. In the early 1990s under-five mortality was lower at 55 deaths per 1,000 births. It then rose to 94/1,000 in 2009 in part because the expenditure on health services per capita had deteriorated significantly from US$42 in 1991 (then the highest in sub-Saharan Africa) to under US$6 in 2009. As with stunting, there has been a reduction in under-five mortality rates in the past five years.
What causes stunting?

Knowledge and nutrition

The main determinants of stunting in Zimbabwe are linked to inadequate dietary diversity among children, repeated infections, poor water and sanitation conditions in the home, and insufficient child care from mothers and caregivers due to competing demands on women's time and a lack of knowledge of essential health care and nutrition practices.

Underlying this is a lack of awareness at household and community levels on the importance of nutrition and specifically the importance of exclusive breast-feeding during the first six months of life and the appropriate complementary feeding of young children thereafter. Also cultural and religious beliefs can hinder or prevent good nutrition practices.

Clean water and dietary diversity

The situation is aggravated when people from poor households cannot easily access basic health services or clean water; when they cannot improve the household diet because non-staple foods are unavailable in the local markets or are simply too expensive; or when they don't have the knowledge, skills or means to diversify home production of foods. Much needs to be done to strengthen the provision of community-based health and agricultural extension services targeting those in most need.

HIV/AIDS in Zimbabwe compounds health problems

Zimbabwe has one of the largest HIV epidemics in the world with an estimated adult HIV prevalence of 15% and 1.4 million people living with HIV (UNAIDS 2013). Poor health is an immediate cause of undernutrition and is compounded further if the person is HIV positive. Furthermore, a nutritious diet is even more important for someone who is HIV positive because of the effects of AIDS on the physical condition. This inter-relationship between HIV/AIDS and nutrition perhaps explains in part why the prevalence of stunting did not decrease in Zimbabwe from the early 1990s through to five years ago.

"The SUN initiative brings everyone together to address nutrition-related activities in a multi-sectoral approach that recognises that nutrition cannot be addressed from a lone ministry... it also has the advantage of being able to bring the UN community together, to work towards government's efforts within the SUN framework.

Our approach is if all work and effort is done now, the future of the upcoming children will become brighter, as there is full recognition of the importance of nutrition as it contributes to economic development and growth."

George Kembo,
Director of the Food & Nutrition Council and SUN Focal Point, Zimbabwe

This sign is on one of the HELP Germany/CADS project sites – in Shona it says “Give your family a balanced diet”.

Photo by: Liesl Karen Inglis of the EU Delegation Zimbabwe.
Zimbabwe's commitment to overcome undernutrition

**Political commitment**

From the top down, there is a Cabinet Committee, an Inter-Ministerial Task Force and an Advisory Group on Food & Nutrition Security, all reflecting a high-level of political commitment. The challenge is how far this translates into delivering coordinated and effective nutrition-related interventions on the ground across different sectors.

**Strategy and policy**

The Right to Food is embedded in the 2013 Constitution of Zimbabwe and food and nutrition security represent a priority cluster in Zimbabwe’s economic development planning (ZIMASSET 2013-2018). Furthermore, Zimbabwe probably has one of the longest standing Food and Nutrition Councils on the continent, and in 2013, it launched one of the most enlightened Food & Nutrition Security Policies in the region. A National Nutrition Strategy 2014-2018 has subsequently been launched in April 2015. Zimbabwe has been a member of the SUN movement since June 2011.

**Community-based approach**

The Food & Nutrition Council (FNC) is, as far as its limited resources allow, trying to build the capacity for both provincial and district level coordination and its focus is very much on community-based approaches to enhance maternal and child nutrition.

**Multi-sectoral action**

One of the real challenges facing the FNC and its development partners is the lack of sufficient information and analysis (outside the health information systems) on the causes and situation of food and nutrition security in Zimbabwe. This has been identified as a key area for EU support.

“...The EU is very pleased to contribute to efforts aimed at reducing poverty and chronic malnutrition in Zimbabwe by creating an enabling environment to improve food and nutrition security and income generation among smallholder farmers.”

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**Goal of the Food & Nutrition Security Policy**

“Promote and ensure adequate food and nutrition security for all people at all times in Zimbabwe, particularly amongst the most vulnerable and in line with our cultural norms and values and the concept of rebuilding and maintaining family dignity”.

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*Ambassador Aldo Dell’Ariccia, Head of EU Delegation to Zimbabwe, at the launch of the EU-funded Food Security Projects, April 2013*
Scaling up nutrition in Zimbabwe – the EU leads a multi-sectoral approach

The EU and the Government of Zimbabwe have prioritised three focal sectors in the National Indicative Programme 2014-2020: Health; Agriculture-based economic development; and Governance and institution building. All are particularly relevant to addressing the underlying causes of undernutrition in children. By adopting these sectors, Zimbabwe has become one country where EU investments can address both immediate and underlying causes of undernutrition, as well as strengthening the institutional capacity to support and coordinate these efforts. Below are the interventions supported by the EU against the priorities set out in the European Commission’s global Action Plan on Nutrition.

Strategic Priority 1: Enhancing mobilisation and political commitment for nutrition

Over the past two years the EU Delegation has been much more actively involved through the Advisory Group for Food & Nutrition Security, which includes donors and development partners. Towards the end of 2014, the EU Delegation took on the SUN donor convenor role in Zimbabwe (one of eight countries globally where the EU has assumed this role). Through this role, the EU is working in close collaboration with the SUN Focal Point for Zimbabwe (the Director of FNC) and mobilising resources across the donor community for nutrition in support of the national policy and strategy.

Strategic Priority 2: Scaling up actions at country level

The EU has been providing technical support through FAO to the Food & Nutrition Council (FNC) of Zimbabwe to develop its institutional capacity to deliver on the National Nutrition Policy and Strategy. This has been particularly important at a time when nutrition has gained much more prominence on Zimbabwe’s development agenda than before. However, decentralised mechanisms such as the district Food and Nutrition Security Committees lack training and capacity to deliver.

The EU in Zimbabwe is focusing both on nutrition-specific actions through the health sector, and nutrition-sensitive actions through its contribution to creating a more diversified, competitive and efficient agricultural sector. Nutrition has been an important component of the on-going Health Transition Fund (ending 2015) and now in the planned Health Development Fund to which the EU will also contribute, representing a coordinated, pooled fund to support the achievement of the 2016-2020 National Health Strategy. The EU will be contributing €43 million to the principal thematic area on maternal, new-born and child health and nutrition (see box in the right column). Increasingly, with a broader understanding of the causal analysis of food and nutrition insecurity, EU-funded interventions within the agriculture sector have become more sensitive to nutrition outcomes. When the EU launched a Call for Proposals in 2014 for food security projects (totaling €9.2 million), nutrition was stipulated as a key element. One such project is implemented by HELP Germany.

HELP together with the Cluster Agricultural Development Services (CADS) builds the capacity of 6,800 smallholder farmers and farmer groups in the four districts of Shurugwi, Lower Gweru, Mudzi and Mutoko on nutrition-sensitive agriculture, climate smart sustainable agriculture, food processing and value addition.

Participatory training has enabled both farmers and extension workers to apply knowledge gained on nutrition and value addition. Solar dryers, roasters and silos have been distributed to farmers. Farmers are encouraged to develop their own recipes for household consumption of traditional and local nutritious foods, blended porridge and drinks. Food fairs and festivals are also organised to promote these products.

EU-funded Improved Food, Nutrition and Income Security Project operated by HELP Germany in collaboration with CADS Zimbabwe 2014-2016

The Health Development Fund 2016-2020


Component: Enhancing national capacity in maternal, infant and young child nutrition.

The Health Transition Fund (HTF) scaled up critical, evidence-based nutrition interventions and the HDF will build upon these gains in optimal infant and young child feeding practices, improved micronutrient supplementation coverage in children and mothers, and management of severe acute malnutrition among young children. The next phase will focus on:

- Improving IYCF practices at both community and facility level;
- Implementation of the National Nutrition Communication strategy;
- Improving the quality and care for children with severe acute malnutrition (SAM);
- Increasing micronutrient coverage for young children and pregnant women;
- Strengthening the capacity of nutrition managers and implementers in knowledge transfers, skills development and supportive supervision;
- Improving quality of nutritional information systems at all levels; and
- Demonstrating multi-sectoral community-based approach model to reduce stunting in selected districts.

Component 3: Strengthening the capacity of health care providers and facilities.

This component will focus on:

- Implementation and monitoring of the Integrated Management of Childhood Illness (IMCI) and management of acute malnutrition (SAM);
- Implementation and monitoring of national guidelines on the National Nutrition Policy and Strategy.

Component 4: Strengthening the capacity of nutrition managers and implementers in knowledge transfers, skills development and supportive supervision.

This component will focus on:

- Improving quality of nutritional information systems at all levels; and
- Demonstrating multi-sectoral community-based approach model to reduce stunting in selected districts.

The Health Development Fund (HDF) was a five-year, €130 million programme that contributed €43 million to the principal thematic area on maternal, infant and young child nutrition.
Another avenue has been identified through improved value chains, which can lend themselves to achieve nutrition outcomes as well as economic benefits along the chain. The support to the new Zimbabwe Agriculture Growth Programme (ZAGP) will adopt this approach.

Poultry in Zimbabwe: Improving a Value Chain

In preparation for its investment in agriculture-based economic development, the EU Delegation in Zimbabwe commissioned an international NGO, Technoserve, to conduct nine Industry Strategy Papers on various value chains with a particular focus on the livestock sector. Livestock production has declined significantly in Zimbabwe over the past 15 years and yet has the potential to be a key contributor to rural livelihoods as well as enhanced food and nutrition security. It is estimated that livestock can contribute up to 86% of rural household income. The new Zimbabwe Agriculture Growth Programme (ZAGP) which the EU will fund €40 million under the 11th EDF will support poultry, beef and dairy development as well as animal feed. The principal focus on poultry is adopted for the following reasons:

- Requires less capital outlay than larger livestock so has potential for quick impact, scalability and feasibility for small-holders;
- Links well with the empowerment of women as income-earners, decision-makers and childcare providers which represents a key pathway to better nutrition; and
- Aside from income benefits, small-holder production facilitates household and local community access to high-nutrient content foods (eggs offer high quality protein for young children).

The initiative will support enhanced knowledge of nutrition, especially amongst women farmers, as well as ensuring nutrition-sensitive agricultural and veterinary extension services.

A distinguishing factor of the NIPP circles are that it identifies barriers and motivators to identified problems which are then taken into account to tailor interventions for particular communities. It is relatively low-cost because no non-sustainable inputs are provided and it draws upon trained volunteers from high achieving households who are positive role models in the community.

Strategic Priority 3: Strengthening the expertise and the knowledge base

The EU Delegation in Zimbabwe is very committed to improving food and nutrition security information and analysis. It hopes to be one of the first countries to secure expert assistance through the new INFORMED programme, born out of a technical collaboration between the EU and FAO at global level. The programme will map and appraise existing information systems and then build upon the findings to develop a much more coherent information system for food and nutrition security (under the auspices of the FNC) with an agreed set of indicators. In turn it is anticipated that this will help identify where the Ministry of Agriculture, Mechanisation & Irrigation Development (MoAMID) and other sectors can contribute more effectively to improving maternal and child nutrition with less focus on health.

Furthermore, in support of such causal analysis, the EU has just signed a grant of €350,000 to support some ground-breaking operational research being conducted by Zvitambo Institute for Maternal & Child Health Research and the Ministry of Health & Child Care. Not enough is known about the impact of poor hygiene and sanitary conditions and mycotoxins (from poor food storage conditions) can have on the undernutrition of infants and young children. These may be much more significant factors than have been considered so far.

Zimbabwe SHINEs a light on stunting causes

SHINE is a research project of the Zimbabwe Ministry of Health & Child Care and the Zvitambo Institute for Maternal & Child Health Research. It is exploring ways to ensure that mothers have healthy pregnancies and help babies grow into healthy children and productive adults. In 2009, Zvitambo published the hypothesis that a major underlying cause of stunting is Environmental Enteric Dysfunction (EED). EED is a disorder of the small intestine that develops from exposure to poor conditions of water, sanitation and hygiene. EED reduces nutrient absorption and causes chronic inflammation, which diverts nutrients from growth to infection control. SHINE will determine the effect of WASH and IYCF interventions on stunting and anaemia at 18 months of age. It will also estimate how far stunting is attributable to other potential causes including intrauterine growth restriction, premature delivery, HIV exposure, schistosomiasis infections and mycotoxin contamination.

The SHINE trial is primarily funded by the Bill and Melinda Gates Foundation and DFID/UK with contributing support from Wellcome Trust, US NIH, Swiss Cooperative Agency, and USAID. The EU contribution provided funds to support research uptake of the mycotoxin component of the trial.

Another avenue is through the EU support for the Zimbabwe Resilience Building Fund that has been established within UNDP. The EU has contributed €17.8 million (DFID will be contributing £25 million). The Resilience Fund is focusing its support on community-based approaches to achieve household and community resilience to shocks and stresses affecting food and nutrition security. There is an active civil society community in Zimbabwe that is constantly pushing the boundaries in terms of understanding the full range of causes of undernutrition in different livelihood contexts of Zimbabwe and how to more effectively address them. GOAL’s NIPP circle project (see box below) is one such project to which the EU will shortly be committing funds.

A NIPP in time: changing behaviour

GOAL’s Nutrition Impact and Positive Practice (NIPP). The NIPP circle project is designed both to rehabilitate cases of mild or moderate undernutrition, but also to elicit positive and sustainable behaviour change in communities where solutions can be accessed by all. The NIPP circles are used in community contexts where undernutrition is common and where a lack of dietary diversity and inappropriate social and care practices have been identified as contributory factors in causing undernutrition.

Livestock’s contribution to the agricultural GDP is now as low as 19% compared with an average of 45% among developed economies (MAMID website: 2014-2018 Zimbabwe Government Livestock).