

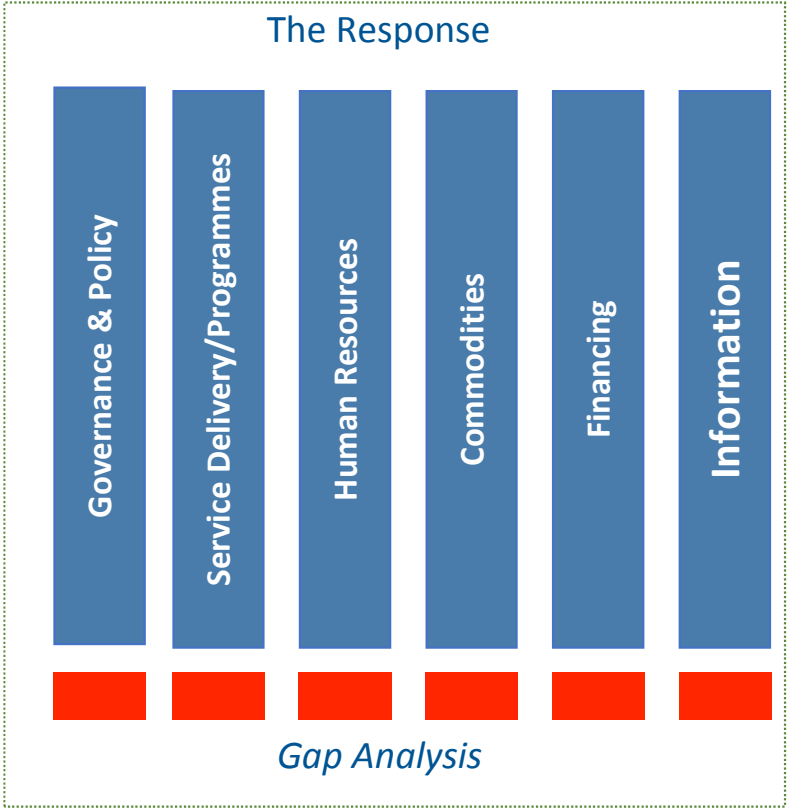
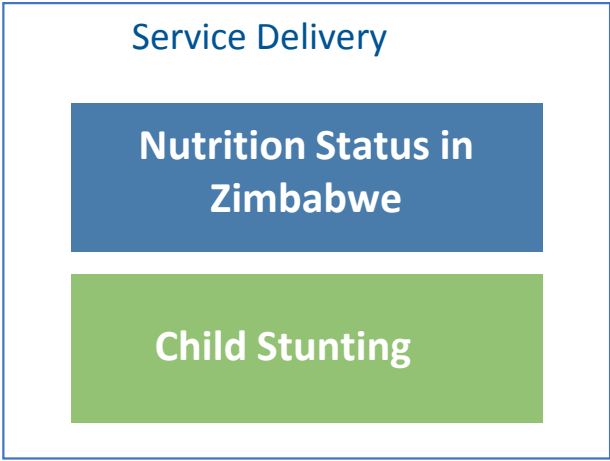
MULTI-SECTORAL NUTRITION NEEDS AND GAP ANALYSIS

ZIMBABWE PRESENTATION



Presentation Outline

Country Context



Opportunities & Way Forward

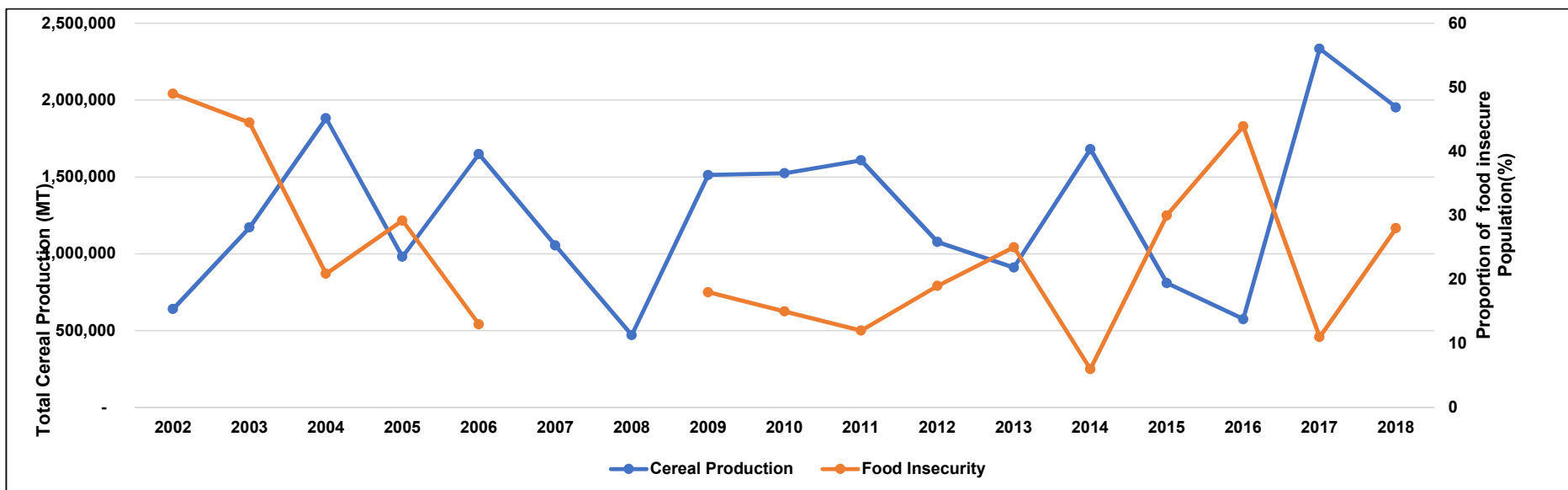


Background - Country Context

Country Profile:

- Population: 14.8 million people
- Annual population growth: 2 percent
- 67% live in rural areas
- Poverty: 76% rural areas vs 38.2% in urban areas
- Fertility rate: 4 children per woman
- Maternal mortality ratio: 651 deaths per 100,000 live births (ZDHS, 2015)
- Child Malnutrition: Stunting: 26.2%
 - Wasting: 2.5%
 - Anemia: 37%

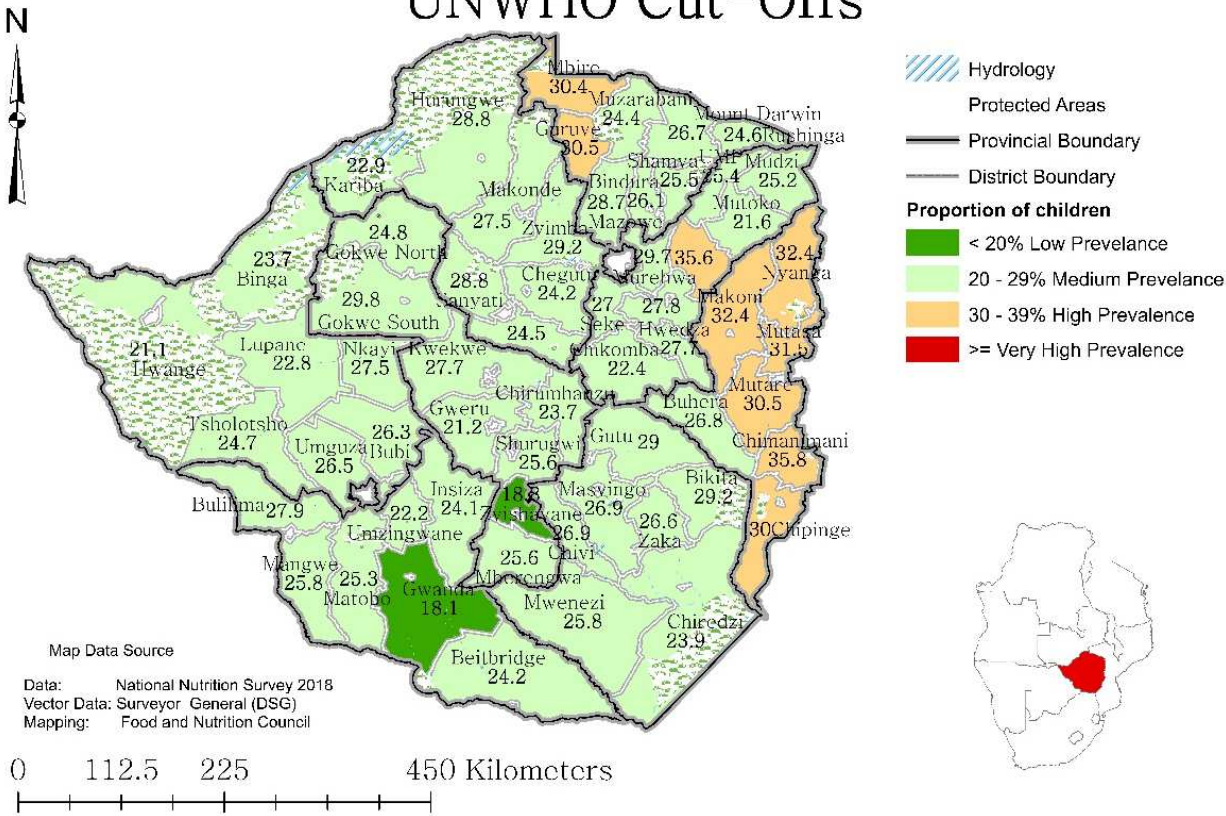
Country Context - Food and Nutrition Security



- 2.42 million people are food insecure
- 28% rural population need urgent food assistance
- There is an inverse correlation relationship of 0.94 between level of cereal crop production and proportion of food secure rural households meaning that the lower the level of cereal crop production the higher the proportion of household food insecurity at national level.
- This relationship can be attributed to the dependency by rural households on rain-fed agriculture. Dependency on rain-fed agriculture makes rural households vulnerable to climate related shocks and stressors as well as those related to seasonal variability.
- Approximately 70% of the rural households depend on rain-fed agriculture as their main livelihood strategy making them more vulnerable to food and nutrition insecurity.
- This is further exacerbated by the lack of diverse livelihood strategies with heavy reliance on agricultural livelihoods income whilst more than 50% of their expenditure is on food.

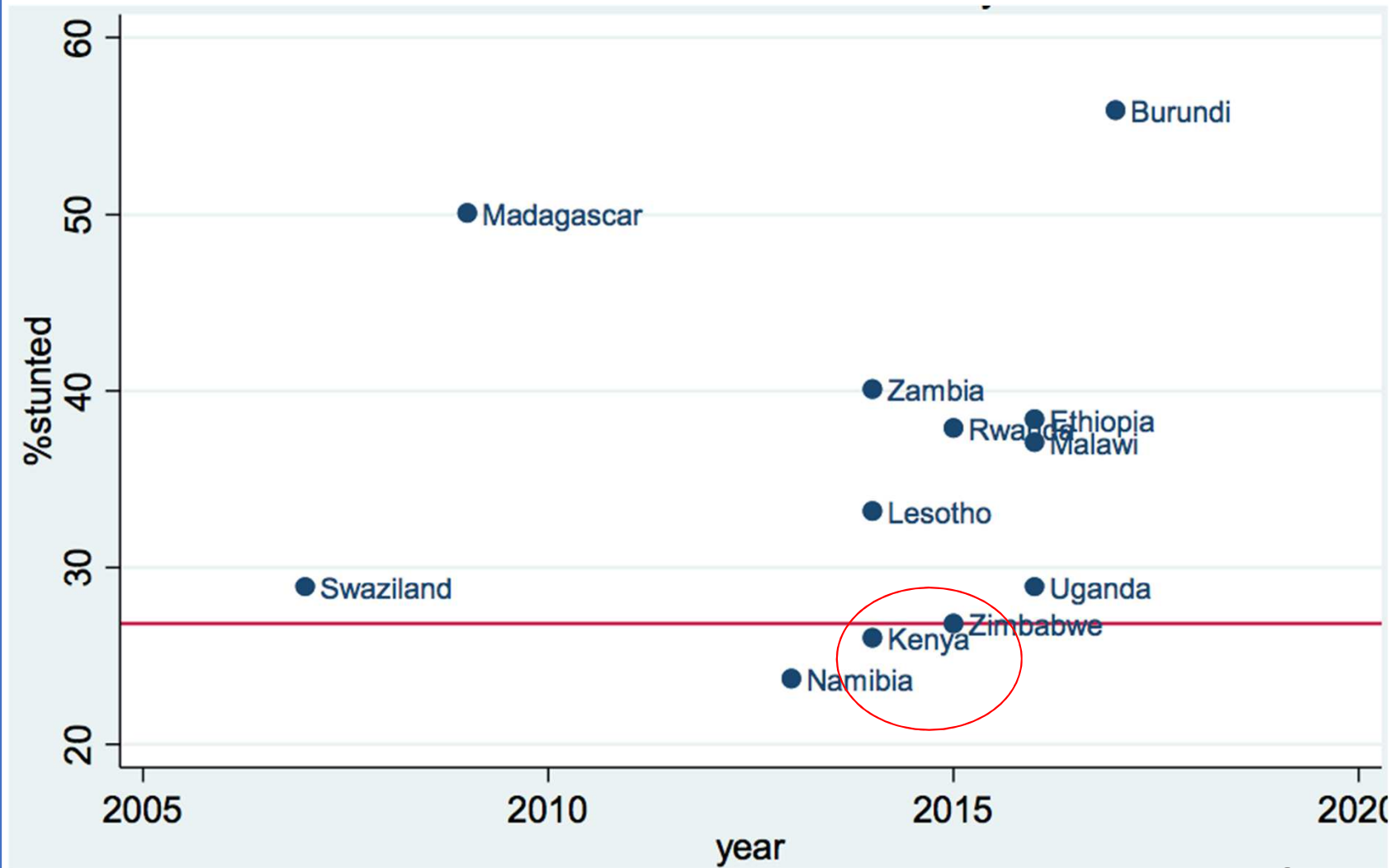
Background - Nutrition Status in Zimbabwe

Prevalence of Stunting by District : UNWHO Cut-Offs



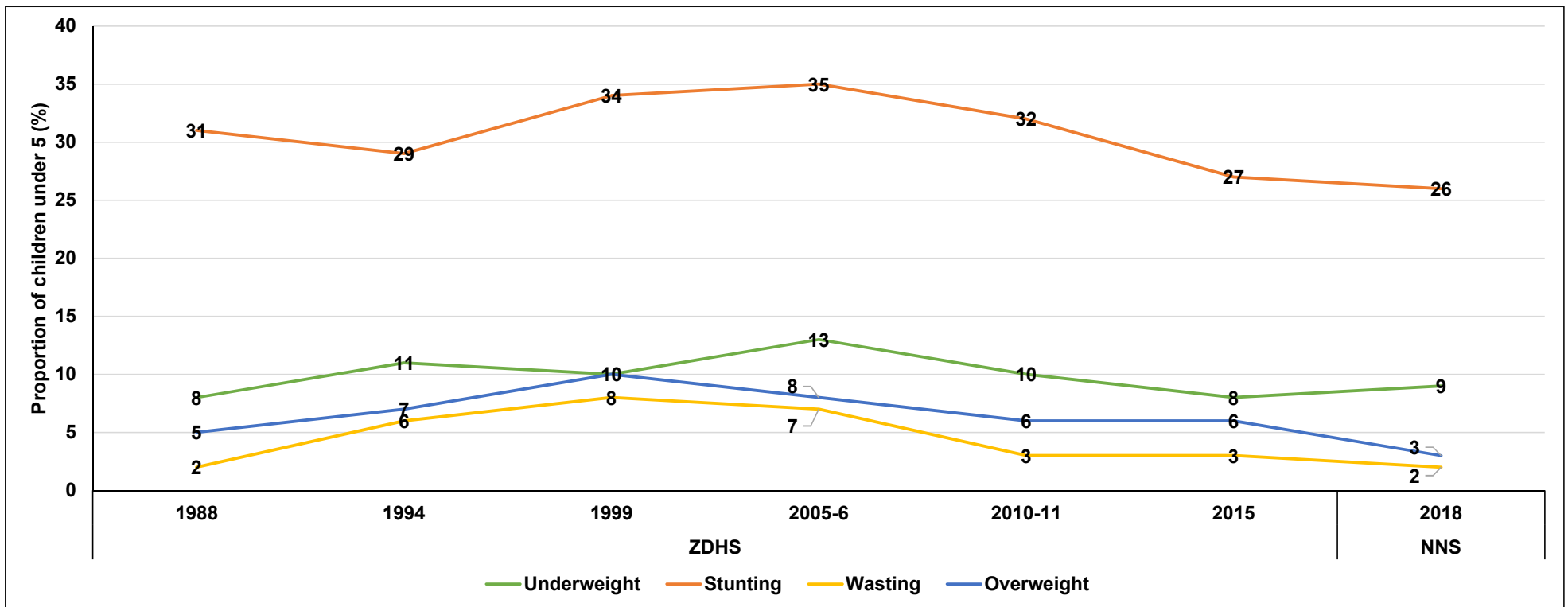
- Stunting is higher in rural areas (26.5%) than in urban areas (22.7%). (NNS, 2018)
- Stunting varies by province: it is highest in Manicaland (31.2%) and lowest in Mat South (24.2%). (NNS, 2018)
- Stunting is correlated with maternal education: mothers with no formal education (45%) and mothers with more than a secondary education (9%). (ZDHS, 2015)
- Stunting is correlated with wealth quintiles: Lowest wealth quintiles- 33% vs. 16.6% in highest wealth quintile. (ZDHS, 2015)

Child Stunting in Southern African Countries



Source: Zimbabwe Demographic and Health Survey

Trends in Stunting Reduction



- The stunting rate in Zimbabwe is on a downward trend from 35% in 2005 to 26% in 2018.

Impact of Stunting in Zimbabwe – Cost of Hunger in Zimbabwe (2015)

SUMMARY OF COSTS, 2015

	Episodes	Cost in Millions of Dollars	Percentage of GDP
Health Costs			
LBW and Underweight	335,272	69.5	
Increased Morbidity	36,791	2.8	
Total for Health	372,062	72.2	0.50%
Education Cost			
Increased Repetition - Primary	15,872	9.0	
Increased Repetition - Secondary	2,982	3.4	
Total for Education	18,854	12.4	0.10%
Productivity Costs			
Lower Productivity - Non-Manual Activities	2,063,736	809.1	
Lower Productivity - Manual Activities	1,872,261	83.5	
Lower Productivity - Mortality	467,579	677.3	
Total for Productivity	4,403,576	1,569.9	10.89%
TOTAL COSTS		1,654.55	11.47%

Source: COHA Model estimations

- Total economic loss is estimated at US\$1.65billion in 2015 which is 11.47% of GDP

Cost of Hunger in Zimbabwe - Summary Results (Base Year 2015)

- Incremental morbidity for underweight children is 372 062 with an economic cost of USD 72.2 million.
- About 53% of costs in health is associated with undernutrition which happens in children before they turn 12 months.
- An estimated 6 030 549 (45.2%) of the current working age population suffered from stunting as children.
- Zimbabwe has lost 5.3% of the working age population for 2015 due to child mortality associated to under nutrition.
- 4.9% of all grade repetitions are due to the higher risk faced by stunted children resulting in a loss of USD12.35 million.
- The primary completion rate of stunted learners is 29.1% whilst that of non-stunted learners is 70.2%.
- An estimated 2,063,736 people engaged in non-manual activities suffered from childhood stunting representing 23.6 % of the country's labour force.
- The estimated annual losses in productivity for the non manual labour group is 5.61% of GDP whilst that of manual activities is equivalent to 0.6% of GDP.

Governance and Policy

Nutrition Prioritized in National Development Policies

- **Food and Nutrition Security Policy, 2013:**

- Provides a framework for cohesive multi-sectoral action to improve food and nutrition security.
- Harmonizes sectoral plans and programmes which impact on food and nutrition security.
- Provides a framework for sustainable concerted and coordinated multi-sectoral action.
- Defines sectoral roles and responsibilities of the various stakeholders involved in food and nutrition.

- **Zimbabwe National Nutrition Strategy (2014-2018):**

- Ensures nutrition security through implementation of evidence-based nutrition interventions that are integrated within a broad public health framework including health services, water and sanitation' and scaling up nutrition interventions to meet the global targets.

- **Zimbabwe Agricultural Investment Plan (2013-2017):** Agriculture is central in the plans for reviving Zimbabwe's economy

- Plan aims to facilitate sustainable increase in production, productivity and competitiveness of Zimbabwean agriculture through building capacity of farmers and institutions.
- Improving the quantity and quality of public, private and development partner investment and policy alignment.

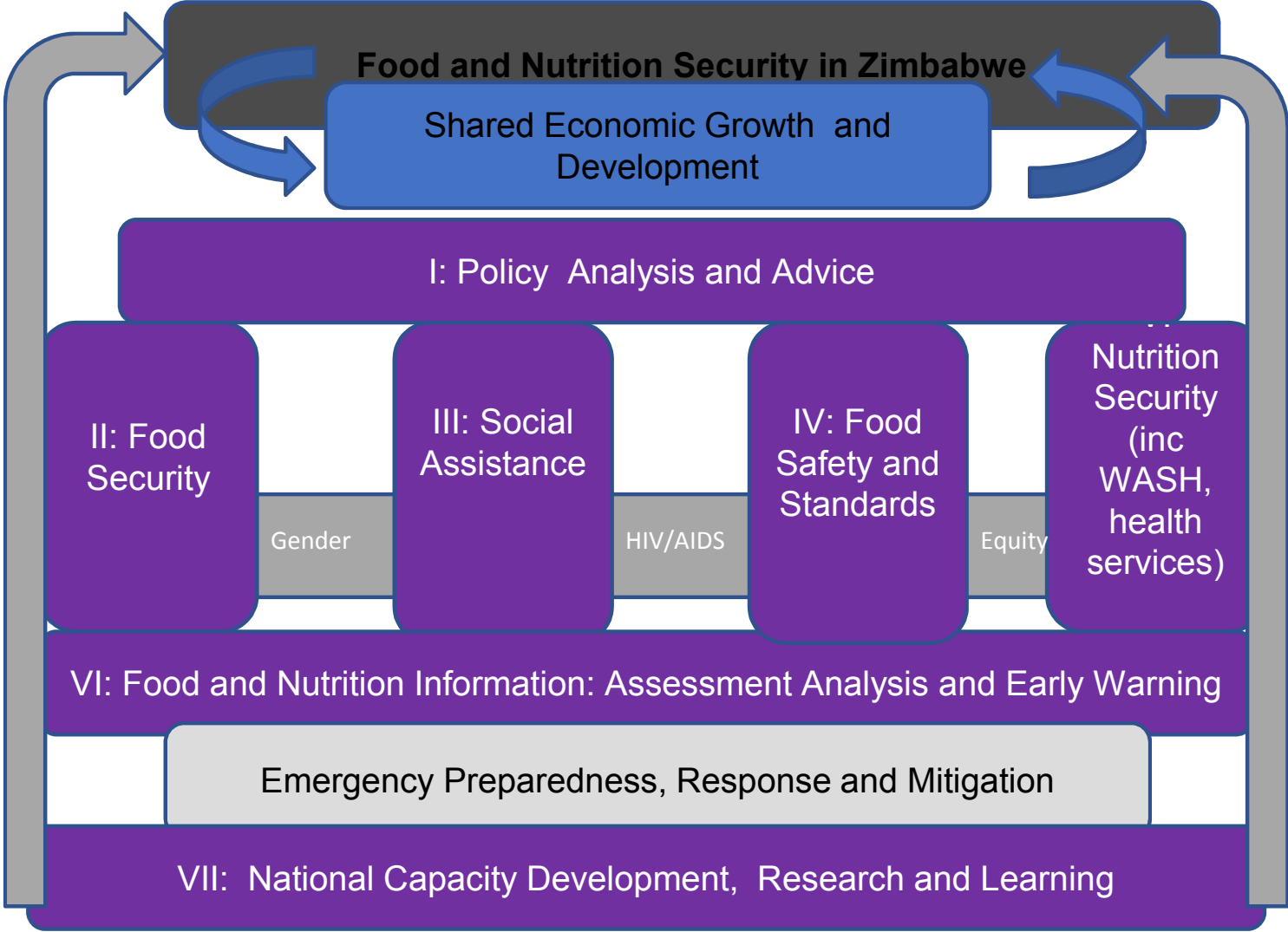
Other frameworks: ZimASSET

High-Level Commitment to Improve Nutrition and Food Security

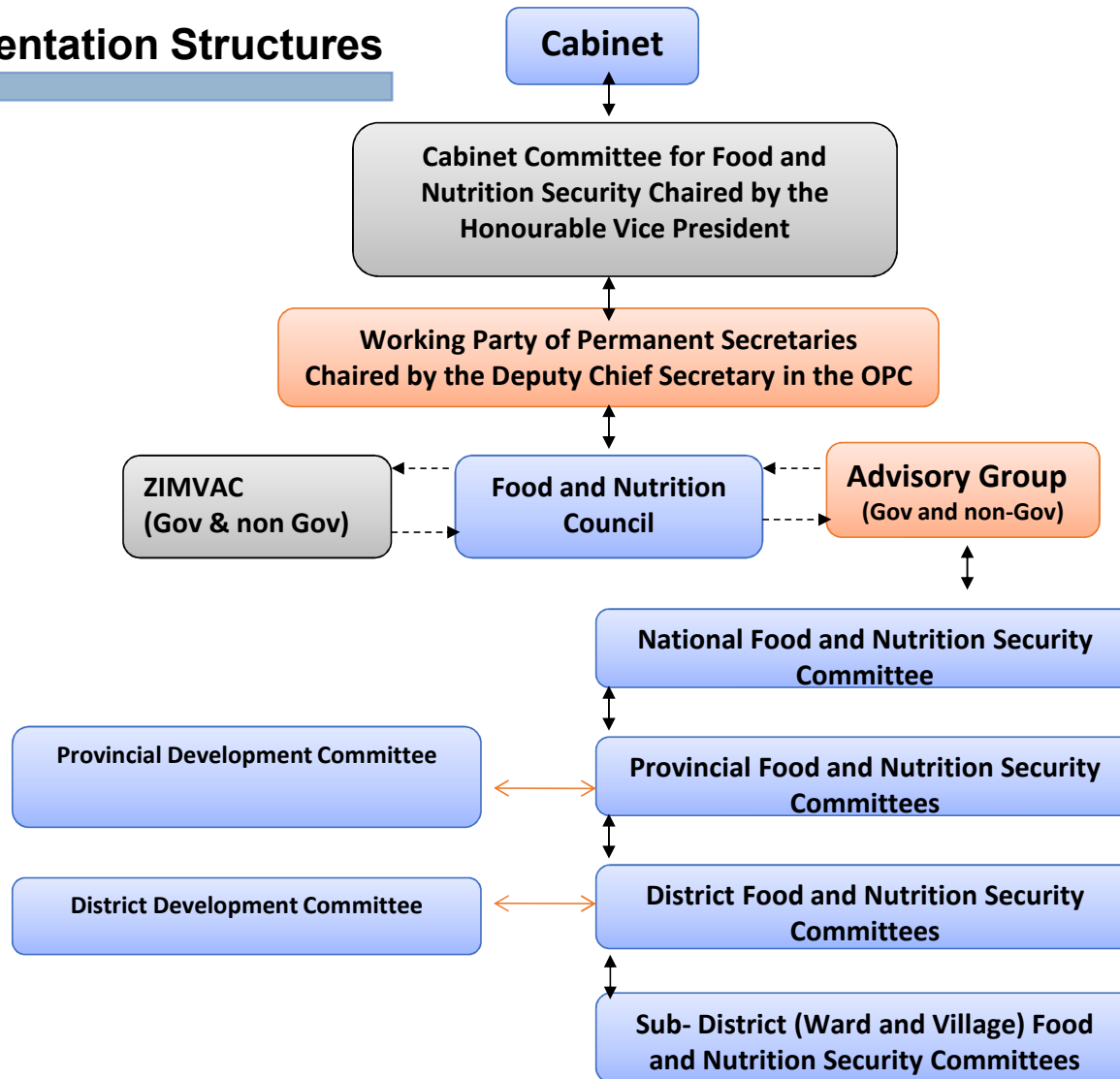
Zimbabwe has committed itself to a number of global, regional and national policy frameworks which express a shared vision and commitments for accelerated action by the Government and its development partners towards improving food and nutrition security. They include:

- Human Rights Charter
- Sustainable Development Goals (SDGs)
- Comprehensive Africa Agriculture Development Programme (CAADP)
- Malabo Declaration
- The Zimbabwe Constitution also recognizes the right to adequate food and nutrition coupled with access to basic health care and social services
- SADC Food and Nutrition Security Framework
- Scaling Up Nutrition (SUN) Framework
- UN Decade for Nutrition (2015-2025)

The Multi-Sectoral Approach



Policy Implementation Structures

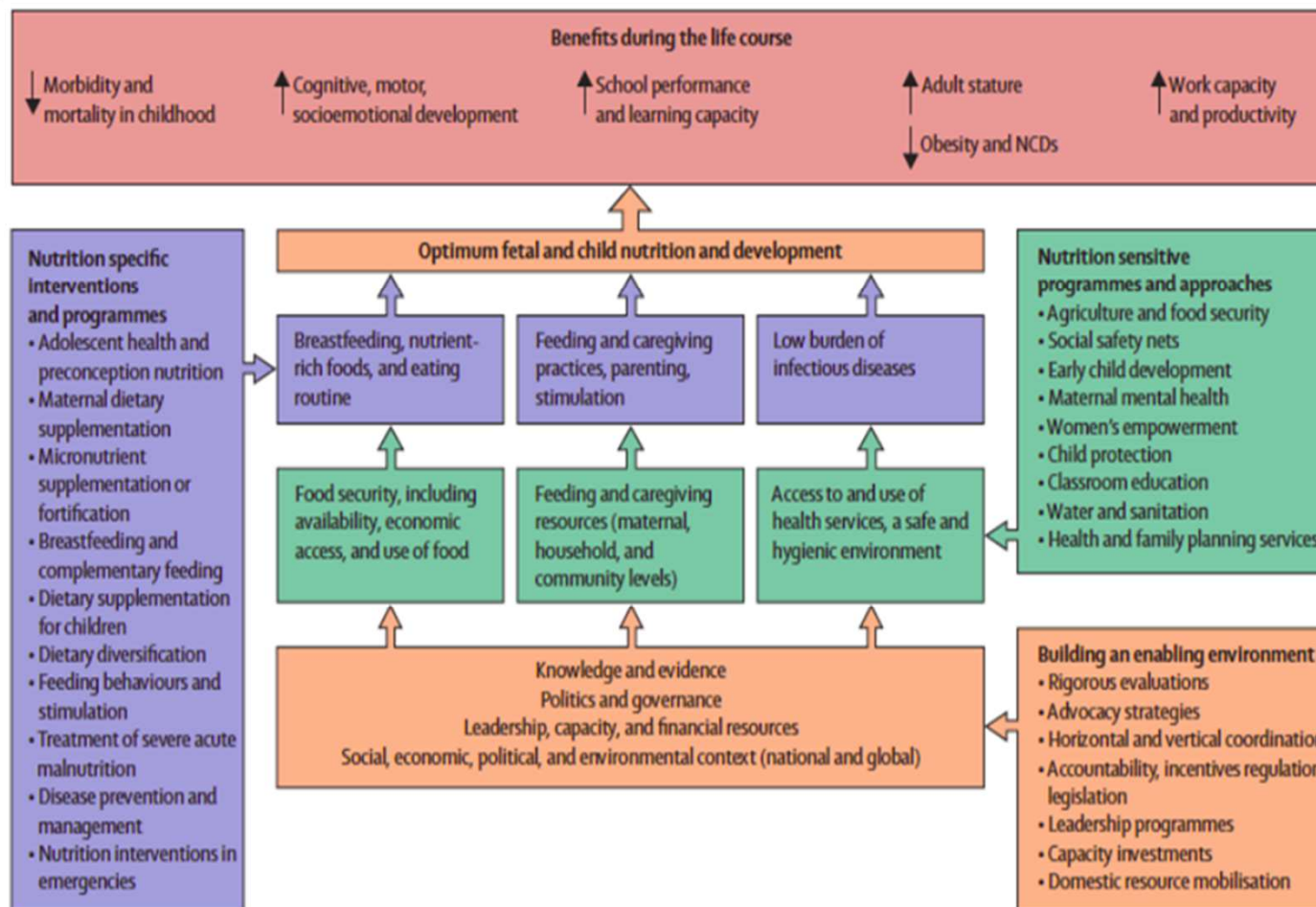


Policy Implementation Gaps

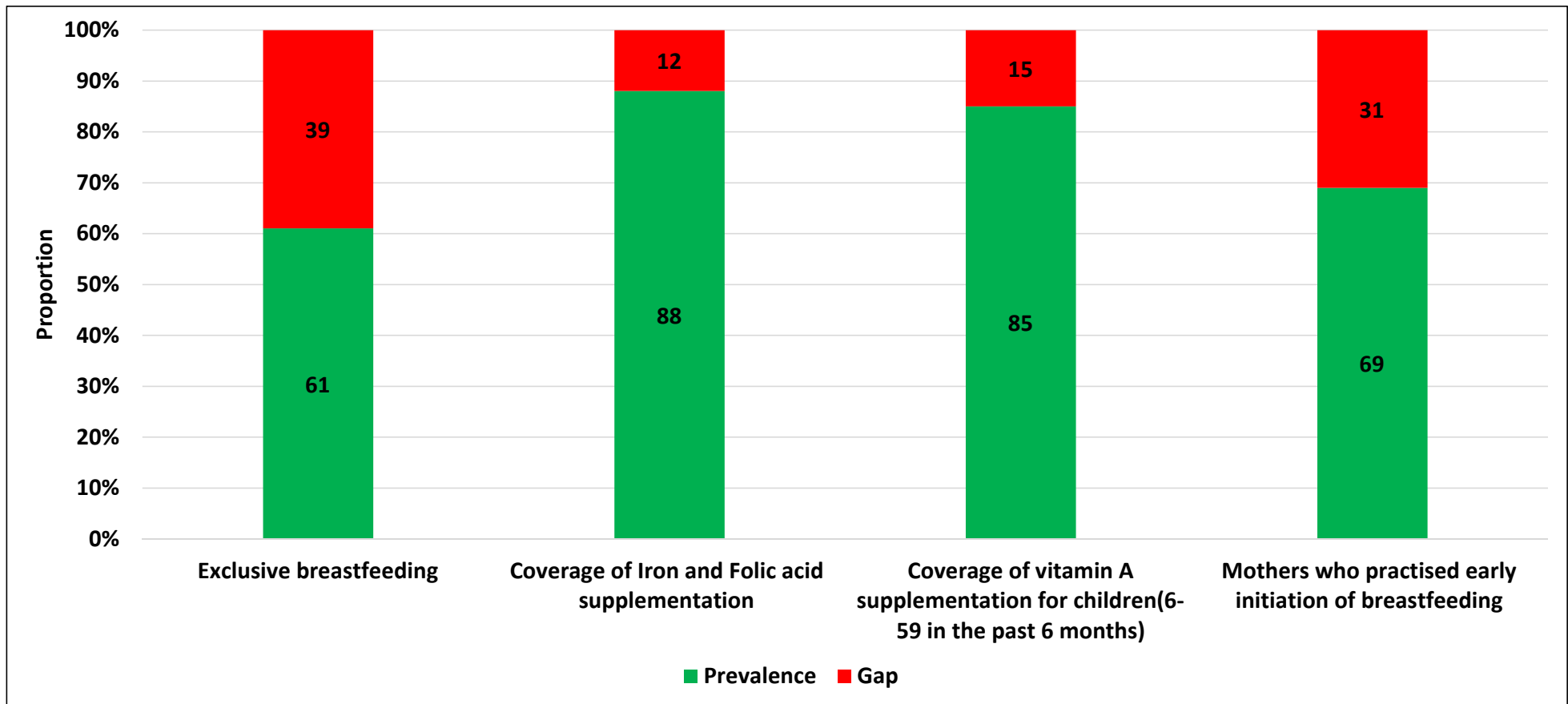
- Uncoordinated donor funding that leads to segmented and fragmented programmes that partially address community needs.
- Lack of institutionalization of nutrition issues into critical sectors such as agriculture, social services, education and gender.
- Elements of Government departments and ministries work in silos with poor collaboration and coordination.
- Sector engagement with development partners is fragmented, project based and influenced by donor priorities.
- Top down approach to planning and budgeting for programmes with inadequate subnational consultation.
- Limited nutrition programming in urban areas in spite of the increasing urban nutrition challenges and growing population.

Service Delivery - Programmes

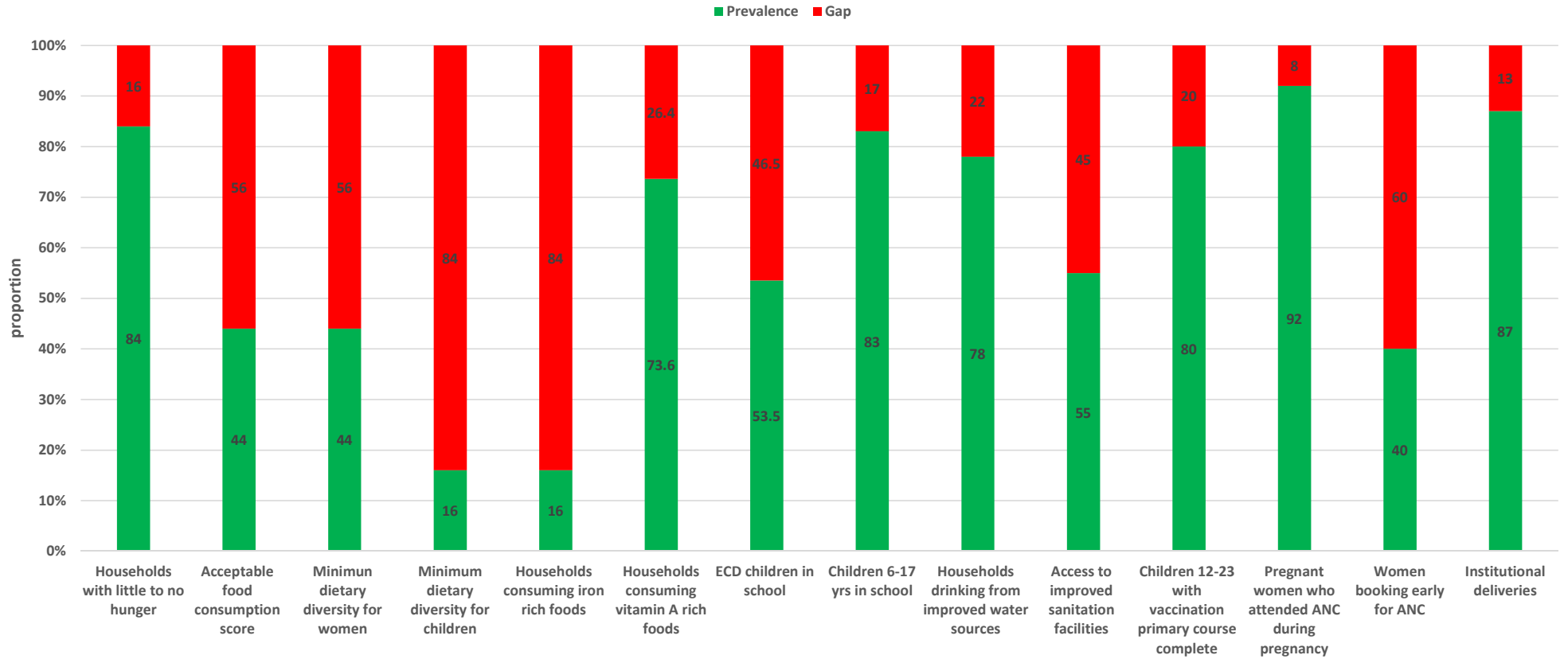
Key Programmatic Interventions



Nutrition Specific Indicators - 2018



Nutrition Sensitive Indicators - 2018



Source: National nutrition survey 2018

Key Food and Nutrition Stakeholders

- **The Office of the President and Cabinet:** Overarching policy direction, coordination, monitoring and evaluation of all stakeholders
- **The Food and Nutrition Council:** Coordinator and convener of food and nutrition stakeholders in Zimbabwe
- **Ministry responsible for agriculture:** Chair of the multi-stakeholder Food and Nutrition Security Committees (FNSCs)
- **Ministry responsible for social welfare:** Co-chair for the FNSCs
- **Ministry responsible for health:** Secretariat for the FNSCs
- **Ministry responsible for local government:** Convener and coordinator of food and nutrition security issues at provincial and district levels

Other stakeholders:

- Ministries responsible for gender, education and environment
- Civil society, NGOs, UN Network, Donors and technical agencies

Programmatic Gaps

- Few interventions are addressing optimal IYCF practices.
- Nutrition interventions are short term, have low coverage rates and are largely centered on screening and treating severely malnourished children and promoting infant and young child feeding.
- Implementation of nutrition programmes is constrained by limited institutional capacities in coordination, implementation and monitoring.
- Donor financing lacks co-ordination and donors do not provide direct funding to the Government. Donors provide assistance, primarily through non-governmental organizations (NGOs) and United Nations agencies.

Programmatic Needs

- There is need for Government to commit more resources towards nutrition specific and sensitive activities. The domestic nutrition budget needs to go beyond staff salaries and disbursements need to be decentralized to district and sub-district level with a focus on programme implementation.
- The country needs to urgently invest in equitable preventive public health programmes, including scaling up investments in child nutrition, and in health promotion and education, all through a multisectoral approach. This needs to be costed.
- There is need for a comprehensive micronutrient strategy that encompasses dietary diversification, micronutrient supplementation, bio-fortification, industrial and home fortification.
- Capacity development of FNC on (i) data management and establishing multisectoral nutrition information system; (ii) capacity development for decentralized structures on management of public health programmes and budgeting; (iii) multisectoral programme planning and co-ordination.

Human Resources for Nutrition Response

Status of Human Resources for Nutrition

Current staffing:

The National Nutrition Unit is headed by Deputy Director under the leadership of Director for Family Health.

- 3 Nutrition Managers
- 8 Provincial Nutritionists
- 54 District Nutritionists
- 1 Logistics Officer
- 1 Principal Tutor
- 1 HFSS training Officer
- 2 Dieticians

Gaps in Human Resources

- Recruitment of staff to fill established posts
 - Vacant nutrition posts at FNC and MoH
 - UBH and other hospitals lack dietitians
 - 6 District Nutritionist's posts not filled
- There is need to carry out an organizational capacity assessment and establishment of relevant posts.
- In-service capacity development
- Advocate for multi-sector nutrition coordinator posts at ward level

Moving Towards

the vision of “every Zimbabwean Free of Hunger and Malnutrition!”

Opportunities

- Existence of a common results framework for addressing food and nutrition insecurity (e.g. the FNSP Implementation matrix).
- Strong political will and commitment for food and nutrition.
- High level recognition of the role of nutrition in development and a correspondingly supportive high level political establishment.
- Sub-national coordination and governance structures in place (Food and Nutrition Security Committees up to ward level).
- Repository of evidence and information on best practices in nutrition intervention programmes.

Way Forward

- Prioritization of nutrition issues on the development agenda as well as country policies and strategies.
- Promotion and strengthening of nutrition sensitive and specific programmes and implementation in all sectors.
- Establishment of Food and Nutrition Security Committees (FNSCs) in all rural and urban districts.
- The multisectoral stunting reduction programme: Build on the current stunting prevention programme and allocate additional funds for scale-up.

THANK YOU