

ZIMBABWE

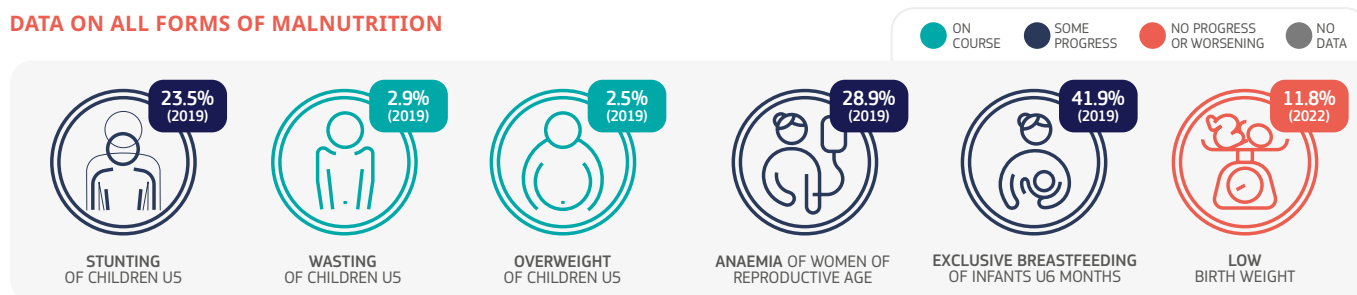
Nutrition situation in Zimbabwe

AT A GLANCE

Zimbabwe has a population of 16.7 million people¹. Zimbabwe is undergoing a protracted economic crisis, aggravated by recurrent climate-related shocks, the COVID-19 pandemic and a cholera epidemic in recent years. A total of 4.9 million people experience insufficient food consumption and 83% of children aged 6 to 23 months live with food poverty^{2,3}. The country faces a triple burden of malnutrition: under-nutrition, over-nutrition and micronutrient deficiencies. Stunting levels vary according to maternal education and wealth and are more evident in households with poor infant and young child feeding practices and inadequate sanitation.

A Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey (2022) found the prevalence of stunting ranged from 17.3% in Kariba district to 31.3% in Mutasa district, while the proportion of children who consumed at least four food groups ranged between 2.3% in Mudzi to 23.7% in Mutasa district⁴. Increasingly households consume a poor diet leading to an insufficient consumption of essential nutrients as well as adult obesity in urban areas, especially among women. Zimbabwe has a Gender Inequality Index value of 0.519 and is ranked at 132 of 166 countries (2022) – a key issue that perpetuates malnutrition.

DATA ON ALL FORMS OF MALNUTRITION



The data reported in the 2023 EU Nutrition Country Profiles is drawn from the UNICEF/WHO/World Bank Joint Child Malnutrition Estimates and the Global Nutrition Report (GNR).

NUTRITION GOVERNANCE

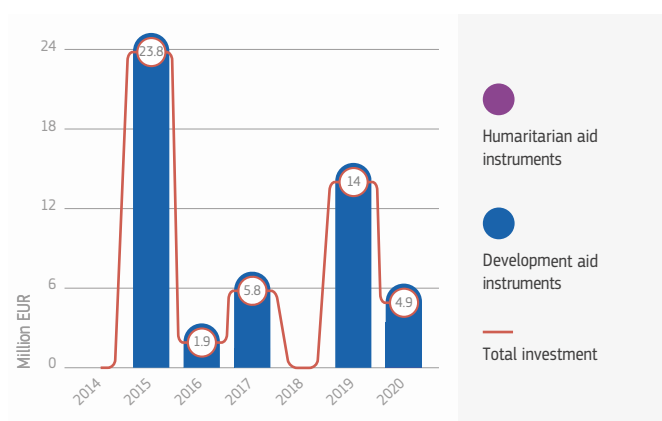
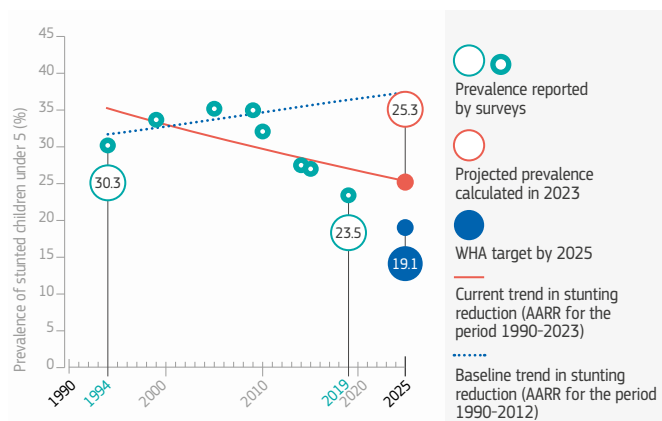
- Zimbabwe joined the Scaling Up Nutrition (SUN) movement in 2011.
- The National Food & Nutrition Security Policy was launched in May 2013. The Multi-Sectoral Food and Nutrition Security Strategy for Zimbabwe (2023-2025) was adopted by Cabinet in October 2023. This strategy is reflected in the National Development Strategy (NDS) for Zimbabwe 2021-2025.
- The Food & Nutrition Council, situated in the Office of the President and Cabinet, leads multi-sectoral coordination at both inter-ministerial and sub-national levels.
- A Food Fortification Act was approved in 2015.
- Mandatory legislation now exists for iodised salt, wheat flour, sugar and maize meal.
- The Zimbabwe National Food Fortification Strategy (2022-2027) targets the fortification of cooking oil, wheat flour, maize meal and sugar and includes the bio-fortification of maize, sweet potatoes and beans.
- Food-based dietary guidelines have been developed with EU support.
- The National Health Strategy 2021-25 aims to strengthen regulatory actions, policies, and strategies related to maternal, infant and young child nutrition, reducing micronutrient deficiencies and addressing overweight and obesity.

Example of EU support

The EU, along with the UK, Ireland, Sweden and GAVI, supported the Health Development Fund (HDF) 2016-2021. This contributed to the reduction of maternal mortality ratio from 614 per 100 000 live births in 2014 to 462 per 100 000 live births in 2019 (a 25% reduction against a target of 50%). Stunting in children under five years decreased from 28% in 2014 to 23.5% in 2019 (MICS, 2019). The prevalence of wasting has been maintained below 5%, the acceptable range according to the WHO thresholds.

The Health Resilience Fund (HRF) 2022-2025 will focus on expanding interventions to prevent all forms of malnutrition through: strengthening the routine inclusion of nutrition interventions in antenatal care; a therapeutic feeding programme for acute malnutrition; micro-nutrient supplementation; strengthening family-led mid-upper arm circumference (MUAC) screening and Village Health Worker (VHW)-led active screening and referral systems; scaling-up micro-nutrient supplementation for children, adolescents, and women; and scaling up care groups at community level. UNICEF recommends addressing all forms of malnutrition through a multi-systems strengthening approach⁵.

Progress on the two EU pledges for nutrition



TREND, PROJECTION AND TARGETS IN THE PREVALENCE AND NUMBER OF CHILDREN (U5) STUNTED

In the National Development Strategy 2021-2025, the Government of Zimbabwe has committed to reducing stunting from 23.5% to 17% by 2025. Since 2007, the prevalence of stunting in Zimbabwe has strongly decreased (as mentioned above, stunting in children below the age of five years decreased from 28% in 2014 to 23.5% in 2019 (MICS, 2019)). Implementation of the Health Development Fund (2016-2021) contributed to this decrease. However, due to high population growth, the number of children stunted remains similar to that in 1994. The rate of decline in the number of children stunted increased from -0.53% in 2012 to 1.06% in 2022; and in 2025 0.6 million children are expected to be stunted, against the WHA target of 0.45 million for Zimbabwe.

EU FINANCIAL COMMITMENTS TO NUTRITION BETWEEN 2014 AND 2020 – TOTAL OF EUR 50 MILLION

Since 2015, the EU has invested significantly in nutrition-focused interventions. These included the agriculture-based Economic Recovery Programme, Resilience Building and Food & Nutrition Security, the Zimbabwe Resilience Building Fund (ZRBf) as well as improving health outcomes through the HDF and its predecessor, the Health Transition Fund (see examples of EU support).

In 2021 the EU committed EUR 2.0 million for nutrition, solely for humanitarian purposes. In 2022, EUR 41.0 million was committed for nutrition, as part of the EU's support for high impact interventions to save lives and protect the health of the most vulnerable⁶.

Planning for nutrition 2021-2027

At the 2021 Tokyo Nutrition for Growth (N4G) Summit, the Government of Zimbabwe committed to reduce the prevalence of iron deficiency anaemia among women of child-bearing age (15-49 years) from 27% to 13% by 2025, as listed among other commitments in the [N4G Compact](#) and its [Annex](#). Moreover in preparation for the 2021 UN Food Systems Summit, Zimbabwe developed the position paper [National Pathways for Food Systems Transformation](#).

Nutrition forms part of the 360-degree approach of the EU's Global Gateway. The Multi-annual Indicative Programme (MIP) 2021-2027 principally focuses on nutrition in the third priority area Social Recovery and Human Development which aims to save lives and improve health outcomes and foster equitable socio-economic inclusion for all Zimbabweans. Through the interventions described above the Health Resilience Fund (2022-2025) aims to:

- reduce stunting from 26.7% to 20%;
- reduce % of infants born with low birth weight from 9.7% to 5%;
- increase % of children who receive Vitamin A from 28.7% to 50%;
- increase % of children with wasting, admitted for treatment, to over 75%;
- number of adolescent girls and boys who receive services for the adoption of good nutrition behaviours, prevention of overweight and/or undernutrition from 60 000 in 2021 to 500 000 in 2025;
- proportion of districts implementing the national strategy to prevent stunting in children – increase from 63% in 2021 to 80% in 2025.

The second priority area on Green Economic Growth adopts agro-ecological practices, promotes biodiversity and promotes the empowerment of women and youth which are conducive to achieving better nutrition through increased availability, accessibility and utilisation of healthy diets. The ZRBf (2016-2023) for which the EU is the main donor, has also supported the Care Group approach on top of climate smart agriculture, WASH, disaster risk management and livelihoods interventions. In the 18 districts supported, 87% of households achieved an acceptable diversity score in 2022, an increase of 20% since 2016. Accessibility and availability of a diverse selection of vegetables, legumes and small livestock were increased for 830 000 beneficiaries. A second phase of ZRBf is under preparation, in line with the Team Europe Initiatives (TEI) and with participation of member States.

One of the TEI for Zimbabwe, Greener and Climate Smarter Agriculture, includes crop diversification, integrating crops with trees, and livestock production, which are beneficial to environmental protection as well as increases food security and nutrition. The EU-funded Enhanced Resilience for Vulnerable Households in Zimbabwe (ERVHIZ) programme implemented by FAO and UNICEF is building resilience in Matabeleland South Province, through integrated nutrition (continuing the ZRBf Care Group approach), food security (dryland crop production, irrigation and livestock support) and WASH interventions.

1 - UNDESA World Population Prospects 2022 population estimate July 2023.

2 - <https://hungermap.wfp.org>. Accessed 8th Nov 2023.

3 - <https://data.unicef.org/resources/child-food-poverty/>

4 - According to WHO/UNICEF thresholds, stunting prevalence of 30% and above is considered 'very high'.

5 - This includes improving household access to nutrient-dense diversified foods for children through strengthening the food system, improving delivery of nutrition education to school-aged children through the education system, including nutrition criteria in social protection programming, mainstreaming nutrition in the primary healthcare system, strengthening WASH interventions and ensuring more effective inter-sectoral coordination for nutrition interventions.

6 - Data in this section excludes some regional, global and policy/research/information commitments that could not be disaggregated by beneficiary country. Data for 2022 are preliminary. The European Commission applied the methodology of the SUN Donor Network for nutrition resource tracking 2014-2020 and the OECD DAC's nutrition policy marker from 2021 onwards.